

## DYSPNEA ASSESSMENT TOOL IN COMFORT CARE

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# DYSPNEA ASSESSMENT TOOL IN COMFORT CARE

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## BACKGROUND

- Dyspnea is defined as a subjective experience of breathing discomfort.
- Dyspnea is prevalent in chronic, critical and terminal illness.
- Dying patients often experience dyspnea but may not be able to self-report symptoms due to the presence of cognitive impairment.
- There is concern for undertreated dyspnea in the cognitively impaired patient population.

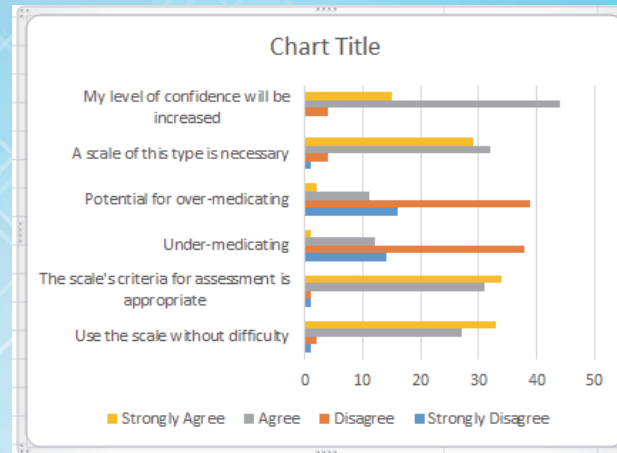
## PICO

- P : MICU/SICU RN's
- I : Use of the Respiratory Distress Observation Scale
- C : objective assessment
- O : Increased confidence in dyspnea assessment to allow for appropriate dosing of ordered meds to treat dyspnea

## EVIDENCE

- RDOS scale detects changes over time, measures response to treatment, simple to use, and scoring takes less than 5 minutes (Campbell, Templin, & Walch, 2010)
- By using the RDOS scale comparable results were obtained between a self report by the patient and the observational scale (Beasley, Stanton, & Aldridge, 2015)
- After receiving RDOS education there was a significant difference in nurse's treatment selection and determination of severity of dyspnea after RDOS education compared to before RDOS education (Birkholz & Haney, 2018)

## OUTCOMES



- The majority of nurses reported the following:
  - an increase in their level of confidence assessing dyspnea using the RDOS scale
  - this type of scale is necessary in dyspnea assessment
  - Disagreement regarding potential for over-medicating/under-medicating the patient when using the RDOS
  - Agreement regarding the scale's criteria and its appropriateness
  - This scale was utilized without difficulty

## IMPLEMENTATION

- Explanation of the RDOS scale was shared with the RN staff during unit-based education sessions
- The investigators created three patient scenarios based on experiences they had when providing end of life/comfort care.
- The RN's were instructed to read the scenarios and use the tool to score the patients level of respiratory distress.
- The RN's were then asked to evaluate the tool in terms of its ability to increase their confidence in providing care that meets the patients' needs at the end of life.

## NEXT STEPS

- Future plans include:
  - Consider the use of the RDOS for cognitively impaired patients at the end of life.
  - Consider a pilot project to determine effectiveness
  - Consider use of the scale house-wide.

## REFERENCES

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