Gasping for Breath: Implementing an Evidence-Based DNP project to Improve Palliative Nursing Care for Patients with Dyspnea

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Background

• Dyspnea is one of the most common noxious symptoms that patients experience at end-of-life (EOL).¹

• Opioids are the gold standard for dyspnea treatment.²

• Nurses are hesitant to use opioids for fear of suppressing respiratory drive and hastening end of life.²

• Staff nurses inconsistently assess, document, and treat dyspnea.

Objectives

• To standardize nursing assessment and treatment of dyspnea for palliative care patients.

• To improve nursing documentation of dyspnea in palliative care patients.

Methods

• Confidential interviews with staff nurses were conducted to assess knowledge gaps of dyspnea management.

• The DNP student and palliative care team created an online dyspnea education.

• The DNP student created a dot-phase tool for nursing documentation in the plan of care notes.

• Nurses were also instructed to use flowsheets to document dyspnea.

• Nurse Champions promoted the project and assisted with cultural integration.

Lessons Learned

• It may be easier to change nursing practice by removing practice barriers, rather than by changing old beliefs.

• Adding new therapies to nursing practice requires interdisciplinary, system-wide support.

• Greater provider support would improve patient outcomes and nursing dyspnea management.

Results

• 99% improvement in documentation in flowsheets of dyspnea by staff nurses

• Opioid administration for dyspnea:
  • Pre-intervention: 38%
  • 2-month Post-intervention: 63%
  • 6-month Post intervention: 60%

• Benzodiazepine administration for dyspnea
  • Pre-intervention: 25%
  • 2-month Post-intervention: 67%
  • 6-month Post-intervention: 75%

Implications

• The intervention improved staff nurse knowledge about managing palliative dyspnea.

• Nurses will significantly improve dyspneic patient’s comfort and quality of life.

References
