



Featured VITAS Expert

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Respiratory Symptoms in the Terminally Ill Patient

GOAL: To educate healthcare professionals on interventions for cough, dyspnea, hemoptysis and the “death rattle” in patients with end-of-life respiratory symptoms. Healthcare professionals will explore effective therapeutic, pharmacological and nonpharmacological options for managing respiratory symptoms and underlying conditions so that advanced illness patients and their families can receive optimal hospice and palliative care.

Key Takeaways:

1. Respiratory symptoms such as shortness of breath, respiratory secretions, and hemoptysis are common end-of-life symptoms and key drivers of emergency department utilization and hospitalization in patients with life-limiting, advanced illnesses.
2. Respiratory symptoms are often linked to underlying serious conditions or diagnoses, including heart failure, COPD, pulmonary fibrosis, pneumonia/aspiration pneumonia, sepsis, cancer, neurologic diseases, pleural effusion, pulmonary embolism and complications from medical treatments.
3. Pharmacologic interventions for dyspnea and cough include oxygen therapy, bronchodilators, cough suppressants, expectorants, antihistamines, decongestants, antacid medications, oral steroids, (occasional) antibiotics, or inotropes, diuretics, thoracentesis, inhaled anesthetics, opioids and gabapentinoids.
4. Nonpharmacologic interventions for dyspnea and cough include improved patient positioning to reduce secretions, chest percussion therapy, air humidifiers, saline nebulizers, lozenges/hard candies and minimal exposure to airborne irritants.
5. For hemoptysis, pharmacologic interventions include cough suppressants, saline nebulizers, interventional radiation, and CT-guided or bronchial arteriogram embolization, laser coagulation or cryotherapy for bleeding; nonpharmacological interventions include visualization therapy, psychosocial support and family/caregiver education.

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