



Dyspnea Assessment

Key Points

- 1) Dyspnea is the subjective sense of breathlessness or smothering

Patients are often able to self-report the severity of their dyspnea. This is an excellent way to assess the degree of distress patients are experiencing from their COPD and to judge the effectiveness of treatment interventions.

- 2) Dyspnea is not the same as Hypoxia

It is important to use objective tests to assess the severity of COPD. These may include Pulmonary Function Tests, Oxygen Saturation and/or Arterial Blood Gasses. However, some patient with “good” test results may still have dyspnea while others with severe impairment on tests may have limited subjective symptoms.

- 3) Patient report of Dyspnea is very important in guiding treatment of COPD

Patients on Home Oxygen and other COPD treatment often continue to have severe symptom burden. It should not be assumed that if a patient is on treatment of Oxygen that their Dyspnea is adequately addressed.

- 4) Dyspnea Symptom scale, if used and recorded over time, records and reflects patient experience of COPD and effectiveness of treatment.

Review and remind patients of ways to assess their dyspnea and record this each time they are seen. Self-assessment of dyspnea is an important self-management tool to help patient know when to modify their treatment or to contact their medical provider for help before a crisis occurs.

- 5) Dyspnea can cause significant loss of function that can lead to Suffering from emotional, social and spiritual reason that are in addition to Dyspnea

If patients have severe dyspnea it is important to assess ADL's, emotional response to illness and social service needs that increase with severe COPD.