

Title	SHORTNESS OF BREATH			Number	CL32
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Version Control

(Only last 3 versions, earlier versions can be found in the appropriate Archive directory for the document)

DATE	CHANGE	CHANGED BY
05.06.19	Reviewed, amended in light of addition to NHS111 pathways assessment and sepsis guidance	FW
14.04.22	Reviewed no change	SMcD
04.04.23	Reviewed, minor change - link to Nice Guidance added	FW

Introduction

Breathlessness is a subjective sensation where a patient feels as though they cannot breathe fast enough or deeply enough. It can be of an acute onset (minutes, hours or days) or a more chronic onset (weeks, months or years). It might be normal given the amount of exertion undertaken or abnormal when that exertion (climbing stairs, lying down etc.) would not usually give rise to laboured breathing. Pathological shortness of breath may have a cardiac, respiratory or other cause.

In the OOH situation it is important to record the degree of breathlessness and hypoxia indicated by features such as respiratory rate, inspiratory expansion, accessory muscle involvement, heart rate, cyanosis, BP, peak flow, oxygen saturation and level of consciousness as well as the likely cause.

Management will depend on likely diagnosis, the degree of breathing difficulty experienced, previous history and patient wishes.

Breathlessness at rest should always be treated seriously including when reported by NHS111. Save in exceptional circumstances should prompt consideration of urgent transfer to A&E or a 999 call. Any decision not to do either of these should be documented along with the rationale for alternative action.

Please also refer to NICE guidance on recognition and management of sepsis
<https://www.nice.org.uk/guidance/ng51>

