Managing EoL Oral Secretions

*Upper respiratory secretions develop at the end-of-life (EoL) when level of consciousness decreases and individuals lose the ability to swallow and clear the airway. Although family and staff might express concern over audible respirations (death rattle), secretions usually do not cause respiratory distress to the patient. Palliative therapies can be implemented to relieve symptoms and promote dignity and comfort. Provide education to family members and staff to increase knowledge and understanding of causes and treatments of EoL secretions.*

### Non-pharmacologic interventions

Position patient (side or semi-prone) to promote postural drainage

<table>
<thead>
<tr>
<th>Frequent oral care (q2h)</th>
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<td>Stop iv fluid (hydration ↑ respiratory secretion which ↑ cough and pulmonary edema)</td>
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<td>Background music or fan to diffuse sound</td>
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<td>Provide education: (reassure family that secretions are not distressing to loved one)</td>
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### Pharmacologic interventions

- **Atropine 1% ophthalmic solution.** Give 2-4 gtts q2h prn
- **Scopolamine transdermal patch.** Apply one 1.5mg patch q72h prn. Takes 24h to reach steady state so other meds should be used for acute symptoms.
- **Hyoscyamine 0.125-0.5 mg sl, sq, or iv q4h prn** (available in short-acting, sustained-released)
- **Glypyrrolate 1mg po or 0.2mg sq or iv q4-8h prn**
- **Expectorants (thin secretions & ease expectoration)** nebulized saline, N-acetylcysteine-given via nebulizer

Suctioning is rarely indicated & is irritating to mucous membranes. If necessary, use bulb suctioning of the oropharynx and only suction what secretions can be seen. Frequent suctioning is disturbing to the patient and family members. **Family & staff education regarding EoL secretions may be as effective as positioning and meds.**

### References