

Management of Terminal Secretions

Management of terminal secretions, or the more ominous term “the death rattle,” is an emotional discussion whether it is educating family/loved ones or on a professional level. However, with the rising cost of Atropine, CMS focus on adverse drug reactions (ADEs), and the push to reduce unnecessary medications in long term care facilities, management of terminal secretions is coming under scrutiny. Recent updates of NICE guidelines state between side effects and cost, using drugs to manage terminal secretions is, “hard both morally and economically to justify if the intention is only to reduce distress of relatives.” All emotions aside, what are the black and white facts on the management of terminal secretions?

<p>Terminal secretions are not experienced by all hospice patients</p> <ul style="list-style-type: none"> * Literature states a 23%-92% occurrence depending on patient selection. * Most likely patients: Male, disoriented, on hospice longer than 9 days, cardiac disease, lung cancer, pneumonia diagnoses, or with tumors in the bone, liver, or brain. * Secretions related to pulmonary conditions or mucus-like secretions are most difficult to control. 	<p>Terminal secretions are NOT distressing or uncomfortable for the patient</p> <ul style="list-style-type: none"> * Treatment relieves distress and discomfort of family, caregivers, and neighboring residents only. * When asked, 87% of nurses and 79% of physicians stated they used drugs to treat secretions not because of effectiveness but because they were able to do SOMETHING. * When properly educated, loved ones find terminal secretions helpful to know when death is near.
<p>Family Education</p> <p>Be proactive</p> <ul style="list-style-type: none"> * Explain what to expect as the time of death draws near BEFORE it happens. * Explain HOW & WHY noisy secretions, noisy respirations or terminal secretions (be consistent) occur. * Emphasize that it is a normal part of the dying process. * Reassure family members that their loved one is not in distress or uncomfortable. * Teach them how to manage the fluid burden and secretions ahead of time and review frequently. 	<p>Non-Pharmacological Management</p> <p>Terminal secretions often resolve spontaneously</p> <ul style="list-style-type: none"> * Elevate head and upper body comfortable with pillows or raising the head of the bed. * Position patient on their side and reposition to other side regularly every 3-4 hours. * Keep mouth moist but not wet - do NOT over hydrate. * Suctioning is not recommended. It has not been shown to help and causes discomfort and mouth irritation. * Most often having a family member or loved one nearby is what matters most.
<p>Medications</p> <ul style="list-style-type: none"> * Not one study found medication management better than placebo. * Medications MUST be started ASAP if used. They prevent secretions from occurring, They DO NOT eliminate secretions already present. * Watch for side effects! agitation, confusion, changes in heart rate, hallucinations, dry mouth, urine retention, visual changes, and sedation. 	<p>Medications</p> <ul style="list-style-type: none"> * Atropine drops and Hyoscyamine SL tabs most cost effective * Scopolamine patches take 12-24 hours to become effective. There is no oral formulation. Should not be used "STAT" or "as needed." * Glycopyrrolate is poorly absorbed by mouth. No commercial sublingual formulation. Relatively least cost effective option.

Patient and family comfort is important

Use the HospiceMed Family Guide - Terminal Secretions to educate patients and families