

UCCH Universitäres Cancer Center Hamburg

UCCSH Universitäres Cancer Center Schleswig-Holstein

UCCH / UCCSH Pathway

Guideline

Palliative Care - Dyspnea

Version June/2023

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Version 09, June/2023

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Implemented

Oct/2015, Feb/2022, June/2023,

Next planned review

April/2025

Legend of Colours



= Therapeutic procedure



= Clinical or diagnostic condition



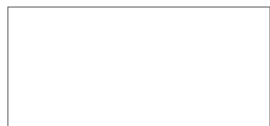
= Diagnostic procedure



= Clinical trial



= Supportive measure

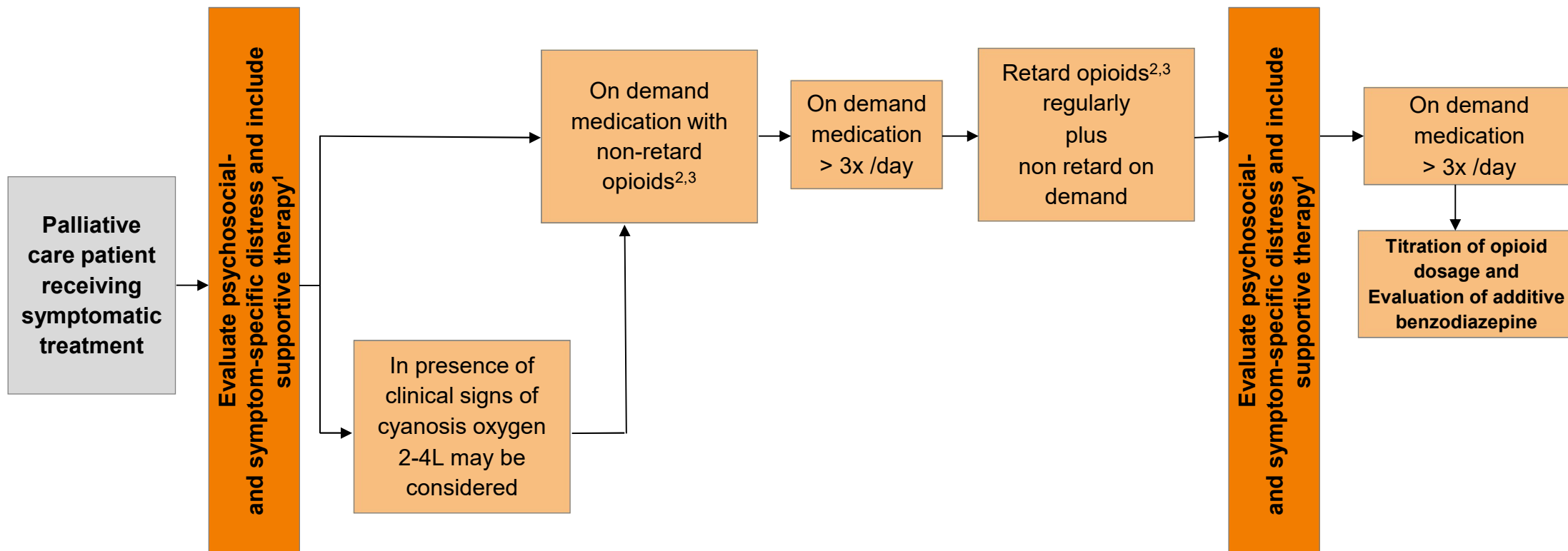


= Referral



= Tumorboard

Pathway page 1: Treatment of dyspnea in palliative care patients



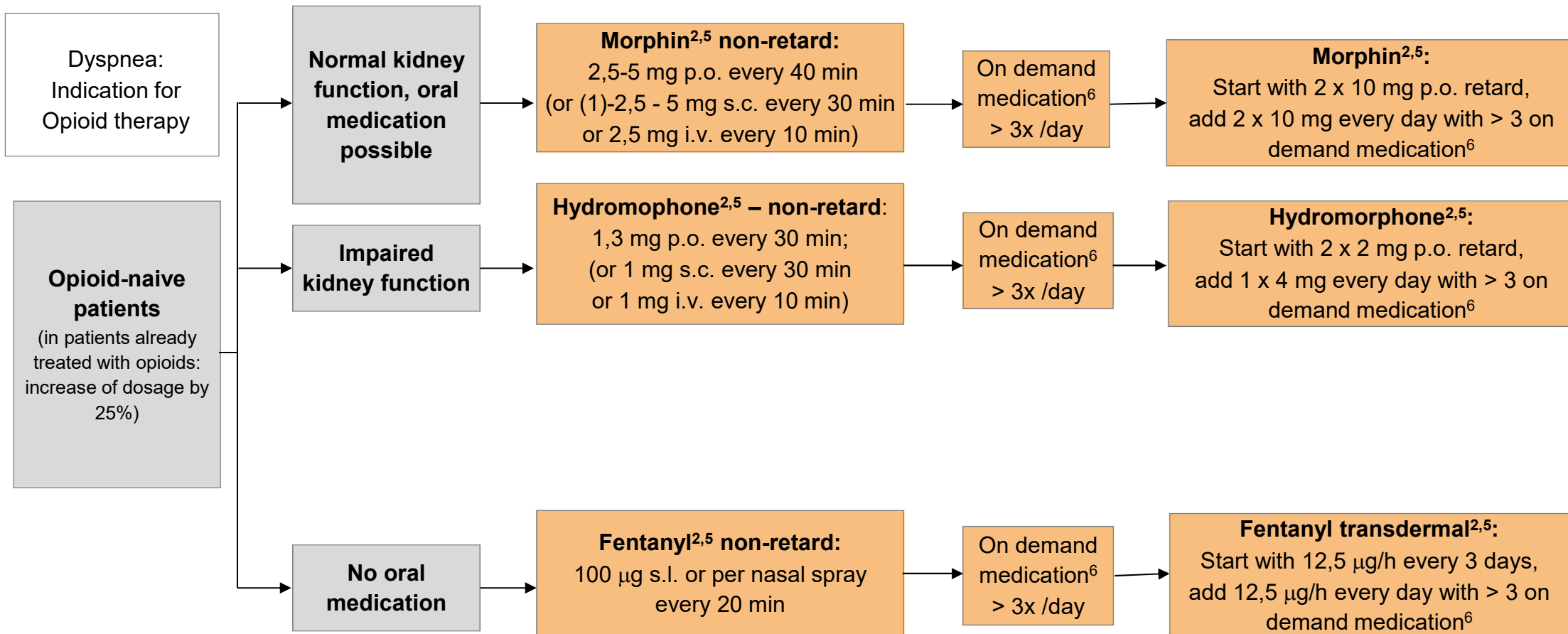
¹ See additional supportive therapy page 6

² Add Antiemesis for 3-5 days and obstipation prophylaxis continuously

³ For choice of opioids see pathway page 2

⁴ For dosage of benzodiazepines see pathway page 3

Pathway page 2: Choice of opioid in treatment of dyspnea

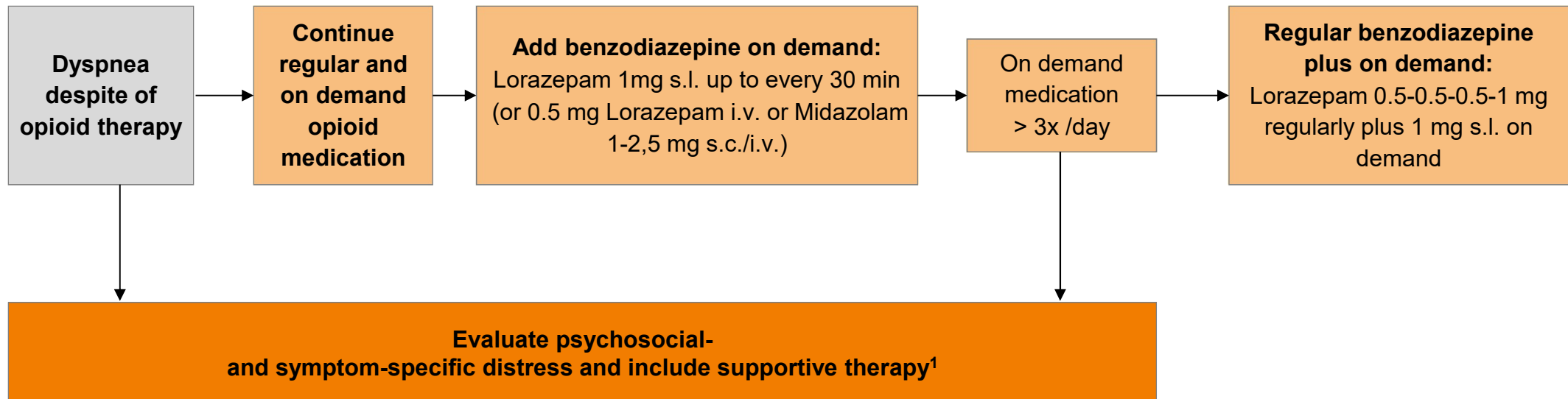


² Add antiemesis for 3-5 days and obstipation prophylaxis continuously

⁵ For dose equivalents see page 4

⁶ For adaption of on demand medication see page 5

Pathway page 3: Treatment of dyspnea despite of opioid therapy



¹ See additional supportive therapy page 6

Page 4: Dose equivalents of strong opioids (dose retard per 24 hours)

substance	type of application	factor	doses										
Tramadol	p.o. [mg]	0,1	300	-	-	-	-	-	-	-	-	-	-
Tilidin	p.o. [mg]	0,1	300	600	-	-	-	-	-	-	-	-	-
Tapentadol	p.o. [mg]	0,4	100	150	200	300	400	450	500	-	-	-	-
Morphin	p.o. [mg]	1	30	60	90	120	150	180	210	300	450	600	900
Morphin	s.c./i.v. [mg]	3	10	20	30	40	50	60	70	100	150	200	300
Oxycodone	p.o. [mg]	2	10	30	40	60	80	80	100	160	200	300	450
Hydromorphone	p.o. [mg]	7,5	4	8	12	16	20	24	28	40	60	80	120
Hydromorphone	s.c./i.v. [mg]	15	2	4	6	8	10	12	14	20	30	40	60
Buprenorphine	TTS [µg/h]	75	15	35	52,5	70	87,5	105	122,5				
Fentanyl	TTS [µg/h]	100	12	25	37	50	62	75	87	100	200	250	300

Page 5: Calculation of on demand medication

Always prescribe on demand medication in combination with regular opioids; Dosage is calculated with about 1/6 – 1/8 of the total daily opioid dose in oral medication and with 1/8 – 1/10 in intravenous application.

No absolute limit in number of on demand dosages, but with off-time breaks according to the total flooding time.

On demand medication (data refer to non-retarded dosage forms):

substance	type of application	factor	doses										
Tramadol	p.o. [mg]	0,1	50	-	-	-	-	-	-	-	-	-	-
Tilidin	p.o. [mg]	0,1	50	100	-	-	-	-	-	-	-	-	-
Tapentadol acute	p.o. [mg]	0,4	50	50	50	50	50	50	50	-	-	-	-
Morphin	p.o. [mg]	1	5	10	15	20	25	30	30	40	50	60	90
Morphin	s.c./i.v. [mg]	3	2	3	5	5	8	8	10	10	15	20	30
Oxycodone	p.o. [mg]	2	5	5	5	10	10	10	15	20	20	30	40
Piritramide	s.c./i.v. [mg]	2	3,75	3,75	7,5	7,5	7,5	15	15	15	22,5	30	45
Hydromorphone	p.o. [mg]	7,5	1,3	1,3	1,3	2,6	2,6	3,9	3,9	5,2	6,5	10,4	13
Hydromorphone	s.c./i.v. [mg]	15	0,5	0,5	1	1	1	2	2	2	3	4	6
Buprenorphine	s.l. [mg]	75	0,2	0,2	0,2	0,2	0,2	0,4	0,4				
Fentanyl	s.l. [µg]	100	100	100	100	200	200	200	300	400	600	600	800

Page 6: Additional supportive therapy

- Thoracentesis in case of pleural effusion
- Breathing therapy
- Inhalation therapy
- Physiotherapy
- Meditation
- Psycho-oncology
- Music therapy
- Art therapy