

## Palliative Pain & Symptom Management Consultation

Program: A program to assist service providers in Northeastern Ontario: LHIN 13

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Program is administered by VON Algoma  
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Sudbury



HEALTH STARTS AT HOME



# Keeping Up

## Northeastern Ontario Palliative Pain & Symptom Management Consultation Services Newsletter

Member of the Palliative Care Consultation Network

### Palliative Secretions

The noise of secretions can be very distressing for the client's caregivers. Often named the "death rattle", this term should not be used when with the client. The noise of the secretions often cause more distress for the family than it does for the client. Secretions are caused by the decrease in the ability of the client to swallow or expectorate. The noise is caused by air passing over or through the secretions when the client is breathing. The patient usually has decreased awareness during this period is often not disturbed by the noise as much as caregivers may be. Suctioning is not usually required for these secretions, and this time is usually an indicator that death is imminent.

The treatment goal is to reduce the secretions to minimize the noisy respirations, providing the caregivers comfort and increased comfort to the client if the secretions are bothering them. Changing positions is vital to assist with decreasing the noise of the secretions by assisting with drainage. Raise the head of the bed and turning from side to side can help with relieving the accumulation of secretions. It is important to educate the caregivers that the client is not drowning.

Medication used to help with the secretions do not usually have effect on present secretions but inhibits the production of further secretions, therefore medication should be started as soon as the secretions are noted. Medications used are anticholinergics. Atropine 1% eye drops can be given under the

tongue and usually provide quick relief and can reduce secretions. This can be started at 1-2 drops every 4-6 hours as needed under the tongue or buccally. Scopolamine, atropine and glycopyrrolate can be given subcutaneously. Glycopyrrolate may not be as sedating as the other two medications listed and may also have less potential to cause confusion. The scopolamine patch may also be used. It is applied behind the ear and changed every 72 hours. The patch requires 12 hours for effect and should be initiated early.

As with any medications there is the potential for side effects. Scopolamine and atropine cross the blood-brain barrier which can cause CNS side effects, of agitation, confusion, hallucinations for example. Atropine is more likely to cause tachycardia.

If you would like further information, please contact the consultant in your area or call 1-800-561-6551 and your call will be directed to the most appropriate consultant.

#### REFERENCE:

Gray MY. The use of anticholinergics for the management of terminal secretions. *Summer 2007*;2(3)

<http://www.hospicepharmacia.com>

**Tip of the Month:**  
Medication treatment for  
secretion needs to be  
started sooner than later

### Meet Your Consultant: **Debbie Sloss-North Bay/Parry Sound**

Debbie Sloss is the consultant for the area reaching from Parry Sound to North Bay and is willing to assist in the north where she was born and raised until a consultant is recruited. She is available 2 days per week in the North Bay/Parry Sound area. She has a variety of nursing experience but the last 20 years has been a visiting nurse in the North Bay area.

Her passion has been for palliative nursing and she has been updating her knowledge in this area. In her role as a consultant, Debbie really wants to support and educate the caregivers so they can deliver excellent palliative care to make death as positive of an experience as it can be.