

Terminal Airway Secretions

Commonly referred to as the death rattle

Terminal airway secretions occur when the patient is stuporous and unable to swallow saliva, has upper respiratory tract secretions from bronchopneumonia or fluid overload which cannot be coughed up, or when there is a deep moist, noisy respiration associated with an ineffective, nonproductive cough.

Common occurrence in the last 12-24 hours of life to which the patient is oblivious, but it is distressing to the family.

Family members may need to be given permission to take a break from a bedside watch, and will feel reassured that it is okay, if they know someone will be present with the patient.

Comfort Measures:

- 1) Position the patient to clear airway
- 2) Dehydration to decrease secretions
- 3) Reassure the family that patient is not sensing discomfort from this expected final stage
- 4) Suctioning

Medical Measures:

- 1) Morphine 2-5 mg SL, buccal, or SQ Q3h PRN
- 2) Scopolamine patch
- 3) Scopolamine or atropine 0.4-1.0 mg SC or IM Q4H PRN. Scopolamine is more sedating
- 4) Diazepam or Lorazepam

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