Aim The intervention aims to reduce the resultant distress from breathlessness whilst improving functional capacity with improving the activities of daily living ability and the overall quality of life.

Method The intervention was compiled using available evidence from published data specifically geared at refractory breathlessness in advanced disease.

Results The group developed a set of objectives, referral criteria and a service specification to replicate across the organisation. Evidence from the literature supports carers managing the “dyspnoea crisis” and inclusion with exploration of their feelings, concerns and expectations and education. Recent work suggested that low intensity (one session) breathlessness management was as effective as high (three sessions) intensity but the wider remit of this intervention and its proposed outcomes, three sessions were employed.

Sessions comprise of components of education with regard to physiological changes that occur during breathlessness, why exercise is important and why breathing control works. Anxiety management including the carer is a fundamental component in managing the dyadic units response to “dyspnoea crisis”. Finally goal setting in terms of the 3Ps (pacing, planning and prioritising) are key to enabling functional improvement. Objective and subjective assessments are completed to help track changes over time for patients/carers and professionals.

Conclusions This breathlessness management intervention has been clearly articulated in a pathway to help internal and external professionals understand the process and the components involved whilst meeting the need for commissioning bodies to see evidence of activity linked to meaningful patient outcomes.

A local composer offered to record our own CD for free. From experience we knew some people prefer music and others only the spoken word. We piloted the CD with 20 people. Overall the feedback was positive with some modifications suggested.

Findings Two people didn’t like the CD but the others continued to use the CD regularly reporting a reduction in insomnia, breathlessness and anxiety.

Conclusions The CD has been very well received and has been reported to improve relaxation using a non-invasive approach.

Implications for practice The CD is now used in the breathlessness group, with our patients and carers and is available on the ward for patients and staff and for sale in our shops.