

The No-Bite V: Proving to be a more comfortable suctioning method in Hospice & Palliative Care for “The Death Rattle”

Abstract

To understand The No-Bite V, one must understand some difficulties and contraindications to nasopharyngeal and nasotracheal suctioning:

- Occluded Nasal Passages/Deviated Septum¹
- Nasal Trauma/Bleeding¹
- Recent Nasal Fractures/Sinus Surgery¹
- Elevated Coagulation Times from Blood Thinners¹
- Coagulopathy or Bleeding Disorders¹
- Frequent Coiling of Suction Catheters Upon Insertion¹
- Basal Skull Fracture/Transphenoidal Neurosurgery (absolute contraindications)¹

Hospice and palliative care provides humane and compassionate care for people in the last phases of an incurable disease. The focus is on patient comfort and symptom management. One symptom, the death rattle, which refers to the gurgling noise of excessive secretions, can be misinterpreted as the sound of gagging or choking to death.² The death rattle occurs in up to (92%) of people actively dying and can be an unnerving experience for the patient’s family as well as the caregivers.³

The standard of care is repositioning of the patient and also the use of muscarinic receptor blockers (anti-cholinergic drugs), but these do not always work.

Another way to treat the death rattle is gentle oropharyngeal, nasopharyngeal, or nasotracheal suctioning. But during oral insertion of the suction catheter, the patient can bite down and stop the process. The catheter can also be ineffective because it cannot reach the secretions due to non-directional method of inserting catheter orally. During nasal insertion of the suction catheter, it can have a tendency to coil in the back of the throat, leading to multiple unsuccessful attempts and nasal bleeding. Compound these issues with a dying patient, a grieving family, fragile mucous membranes, low platelets, or a patient previously on blood thinners, and the situation can go from bad to worse.

Clinicians are all too familiar with situations where a patient is in need of suctioning but the nasal passageways prove to be either difficult or even contraindicated. Never before did an alternative option exist to perform pharyngeal or tracheal suctioning while avoiding the nasal pathways. In the following report, we described two cases of more comfortable suctioning experiences with The No-Bite V in patients where the nasal approach to suctioning was contraindicated and unable to be done.

Case #1

Cardiac ICU, 83 y/o male, pmHx of HTN, CAD, prostate cancer s/p chemotherapy, pancytopenia. Patient was found down in field, resuscitated and brought to CCU. Several days later in CCU, patient diagnosed with severe brain damage and terminal weaning protocol initiated with palliative care team. Post extubation, patient developed death rattle despite the use of anti-cholinergic drugs. Wife and family members were so disturbed by the noises of the death rattle that they had to leave the room. Oropharyngeal suctioning proved ineffective due to the inaccuracy of the catheter placement; caregivers were unable to reach secretions in the vocal cord area, which were causing the noises. The nasal route was contraindicated due to low platelet count and high INR. Respiratory therapist and ICU nurse initiated the use of The No-Bite V, and successfully suctioned out the secretions that were causing the death rattle.

Conclusion: With The No-Bite V the patient could be suctioned directionally, in an effective yet respectful manner, avoiding painful nasal trauma and bleeding. More importantly, the wife and family were able to come back to the room and spend the last peaceful moments with their loved one.

Case #2

Home hospice in a rural area, 77 y/o female, pmHx: end stage pancreatic CA, currently w/ pneumonia, patient in end stages of life and has been enrolled in the Home Hospice program for approximately 7 days. Patient deteriorated more rapidly on her last day due to complications of pneumonia, patient developed the death rattle and secretions were too thick for anti-cholinergic medication to be effective. A nasal trumpet was placed but coiling of the suction catheter occurred frequently so it had to be removed. The family was also uncomfortable with the idea of a rubber device permanently placed in the nose. The patient was in need of suctioning more frequently in her last phase of life so the hospice nurse initiated the use of The No-Bite V with the help of the family, and successfully suctioned the secretions that were causing the death rattle.

Conclusion: With the help of The No-Bite V, the family members suctioned their mother several times throughout the night and she passed away peacefully. The nasal approach was avoided altogether, therefore preventing any nasal trauma and bleeding. In teaching the family how to suction their dying mother, the family stated, “They no longer felt helpless and were grateful that they could take part in their
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mother's care." The family also felt that suctioning their mother was easier and more comfortable with The No-Bite V.

Discussion

Although some hospice and palliative care professionals do not believe in suctioning a dying patient due to the uncomfortable nature of suctioning, sometimes it is unavoidable. All should agree that in cases where a death rattle is so loud that the family cannot stand to be in the room or where copious secretions persist despite the use of anti-cholinergic drugs, suctioning must be done. To those professionals that think suctioning should never be done on the dying patient, it is recommended that they research The No-Bite V as a more comfortable new option.

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