
Shortness of Breath

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Cancer and its treatment may cause shortness of breath or a feeling of not being able to catch your breath (breathlessness). This is called **dyspnea**. Sometimes you can become short of breath quickly, and it can be quite frightening. Other times, it can be mild and bothersome when doing daily activities. When people have trouble breathing, the body might not be getting enough oxygen because the lungs can't take in enough air or the body can't get enough oxygen through the bloodstream.

For many people with advanced cancers, shortness of breath comes on over time rather than quickly. There are [things that can be done to help make people with advanced cancers more comfortable](#).

People with cancer can have different causes of shortness of breath, such as:

- Tumors in or near the lung
- Other lung or breathing disorders
- Side effects of cancer treatment (such as [surgery](#), [chemo](#), [targeted therapy](#), [immunotherapy](#), or [radiation](#))
- Fluid in or around the lungs or heart
- A blocked airway
- Pneumonia (a lung infection)
- Weakened breathing muscles
- Lack of regular physical activity
- Obesity

- [Pain](#)
- Poor nutrition
- Stress or [anxiety](#)
- Allergic or infusion reactions
- [Anemia](#) or changes in [blood counts](#)

What to look for

- Shortness of breath, or a feeling of breathlessness
- Trouble breathing when resting, eating, talking, or with exercise
- Chest pain
- Faster breathing
- Faster heartbeat
- Pale or bluish-looking skin, fingernail beds, and mouth
- Cold and clammy feeling skin
- Nostrils flaring when inhaling
- Wheezing

Sometimes a patient may have chest discomfort or difficulty breathing but may not show obvious symptoms like exertion or rapid breaths and pulse.

What the patient can do

- Stay calm.
- **Call 911 if new shortness of breath starts suddenly and doesn't get better; your skin, mouth, or nail beds look pale or blue; or if you have chest discomfort, trouble speaking, dizziness, or weakness.**
- Sit up or raise your upper body to a 45° angle by raising the bed or using pillows.
- Take medicine or treatments prescribed for breathing (for example, oxygen, medicine for relief of wheezing, inhalers, or nebulizers).
- If you're not in a lot of distress, check your temperature and pulse.
- Inhale deeply through your nose and exhale through pursed lips for twice as long as it took to inhale. (This is called **pursed-lip breathing**.)
- If you're still not breathing easier after 5 minutes, sit up on the side of the bed, with your feet resting on a stool, arms resting on an overbed table (tray table) or side table with pillows on it, and your head tilted slightly forward.

- If you're coughing and spitting, note the amount of sputum and what it looks and smells like.
- Tell your cancer care team how your breathing problem affects you, especially if you avoid some of your usual activities to keep from getting out of breath.
- Try muscle relaxation to reduce anxiety. Anxiety makes breathing problems worse.
- If you keep having trouble breathing, ask about medicines that might help.

What caregivers can do

- Using a watch with a second hand or timer to check the patient's pulse, count the number of beats per minute. (If you also count the number of breaths per minute, do it without telling the patient. If the patient knows you're counting, they may slow down or speed up breathing without realizing it.)
- **Call 911 if new shortness of breath starts suddenly and doesn't get better; if the patient's skin, mouth, or nail beds look pale or blue; or if they have chest discomfort, trouble speaking, dizziness, or weakness.**
- Check the patient's temperature to see if they have a [fever](#).
- Offer medicines or inhalers prescribed for shortness of breath.
- If home oxygen is prescribed, be sure you know how to set it up, use it safely, and what flow rate to use. (Do not change the flow rate without first talking to the health care team.)
- When the patient feels short of breath, remove or loosen tight clothing.
- Have the patient sit up in a resting position that feels comfortable to them.
- Remind them to breathe in slowly and deeply, then exhale slowly.
- Remove the patient from extreme temperatures, especially heat, which can make it harder to breathe.
- Notice when the patient gets out of breath. (During normal activity, while talking, or when they are at rest?) Also note if it happens when they're standing, sitting, or lying down.

Call 911 if new shortness of breath starts suddenly and doesn't get better; if the patient's skin, mouth, or nail beds look pale or blue; or if they have chest pain or pressure trouble speaking, dizziness, or weakness.

Call the cancer care team if the patient

- Has trouble breathing or chest pain
- Has thick, yellow, green, and/or bloody sputum
- Develops pale or bluish skin, nail beds, or mouth; or if their skin feels cold and clammy
- Has a temperature not related to a cold or the flu, that's above what's considered normal for the patient or above a certain level as instructed by the cancer care team
- Has flared nostrils during breathing
- Becomes [confused](#) or restless
- Has trouble speaking
- Has dizziness or weakness
- Has [swelling](#) of the face, neck, or arms
- Starts wheezing

References

National Comprehensive Cancer Network (NCCN). *Palliative Care*. Version 2.2019. Accessed at https://www.nccn.org/professionals/physician_gls/pdf/palliative.pdf on September 19, 2019.

Oncology Nursing Society (ONS). *Symptom interventions: Dyspnea*. Accessed at <https://www.ons.org/pep/dyspnea> on September 19, 2019.

Stover DE, Bender MT, Pillai MV, Kaner RJ. Pulmonary toxicity. In DeVita VT, Lawrence TS, Rosenberg SA, eds. *DeVita, Hellman, and Rosenberg's Cancer: Principles and Practice of Oncology*. 11th ed. Philadelphia, PA: Lippincott Williams & Wilkins; 2019:2109-2119 .

Machtay M, Teba CV. Pulmonary complications of anticancer treatment. In Niederhuber JE, Armitage JO, Kastan MB, Doroshow JH, Tepper JE, eds. *Abeloff's Clinical Oncology*. 6th ed. Philadelphia, PA: Elsevier;2020: 715-724.

Last Revised: February 1, 2020

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