Hyperventilation

IMAC guidelines for a pre and post-vaccination hyperventilation event.

Hyperventilation is an acute anxiety event that usually subsides quickly. As with fainting, hyperventilation is not related to the vaccine itself per se, rather to the procedure. While the incidence is higher in young women, anxiety is not specific to this group. If the patient seems anxious, ask them (prior to the vaccination), if they have ever had a panic attack or hyperventilation event. Requesting this information will not increase the likelihood of a hyperventilation event. Below are suggested methods which have proved useful in management of a patient presenting with anxiety that progresses into a hyperventilation event.

- Sit patient down, if not already seated.

- Reassure patient.

- Encourage patient to breathe slowly through pursed lips.

- Practice diaphragmatic breathing with the patient. Encourage patient to place one hand on their belly just below the ribs and the other hand on their chest. This helps them physically focus on where they should be breathing and less on their anxiety.

- Direct / instruct patient to cover mouth and one nostril and breathe through other nostril.

- Encourage patient to cough.

- Encourage patient to talk – say alphabet (or count) slowly out loud.

- Stay with patient until respirations return to normal.

- Slow breathing to 1 breath every 5 seconds, or slow enough that symptoms gradually go away.