Introduction
Breathlessness is prevalent and distressing in advanced pulmonary diseases. Non-pharmacological intervention for breathlessness is under-utilised. Evidence shows that hand-held fan (HHF) therapy is effective in reducing breathlessness.

Objectives
This study aims to evaluate the effects of a single session of hand-held fan (HHF) therapy to relieve breathlessness.

Methodology
Patients were recruited from the palliative care (non-cancer) clinic of Haven of Hope Hospital. The primary outcome measure was breathlessness numeric rating scale (NRS) ranging from 0 to 10. Point 0 indicates “no shortness of breath” and point 10 indicates “shortness of breath as bad as can be”. Baseline Breathless NRS, Emotion NRS, Confidence NRS in managing breathlessness, SpO2, heart rate per minute (HR) and respiratory rate per minute (RR) were recorded. A single session of 5 minutes of HHF therapy was applied at a comfortable distance from their face, directing the airflow to the region innervated by the second and third branches of the trigeminal nerve. Breathlessness NRS, SpO2, HR and RR were recorded. Paired samples t-test (SPSS version 21) was employed for statistical analysis.

Result
42 patients were recruited from the palliative care (non-cancer) clinic of Haven of Hope Hospital from November 2013 to July 2014. 40 (95.2%) of those recruited were male and 2 (4.8%) were female. The mean age was 75.2 years (ranging from 64 to 93). There was no adverse events during the study. A comparison of the pre- and post-HHF therapy data showed significant improvement in all variables (p < 0.01). Breathlessness NRS improved from 4.4 +/- 2.0 to 2.5 +/- 2.1 (p < 0.001); SpO2 improved from 96.3% +/- 2.6% to 97.3% +/- 2.4% (p < 0.001); HR improved from 84.3 bpm +/- 14.6 bpm to 81.4 bpm +/- 13.9 bpm (p = 0.001) and RR improved from 20.4 +/- 4.2 to 18.5 +/- 3.5 (p < 0.001). Conclusion: Hand-held Fan therapy is an effective non-pharmacological intervention for breathlessness in patients with advanced pulmonary diseases receiving palliative care. It should be advocated as part of a palliative management strategy for reducing breathlessness associated with advanced pulmonary diseases.