

CHANGES TO HOW PERSON LOOKS

Often people become drowsy and begin to spend much of their time sleeping. As they get more unwell they will be awake less and have very little interest in their surroundings. This is part of the natural process and may even be accompanied by feelings of tranquility. Eventually they may become unconscious, for some this period will be short but for others it may last several days. Though unconscious they may still be aware of your presence, your voice and your touch. Their skin may become pale and moist and their hands and feet feel cold.

INCONTINENCE

As someone gets closer to death they may lose control of their bladder and bowels. The nurses on the ward will use equipment such as pads. Alternatively a catheter (a tube that goes into the bladder) may be used.

BREATHING CHANGES

When the patient is getting closer to death their breathing pattern may change. Sometimes there are long gaps between breaths, or breathing may become fast and shallow. Occasionally breathing may become noisy due to fluid collecting in the airways. Whilst this can be distressing to those at the bedside this does not usually cause the person distress, and happens because they are comfortable with this fluid and do not feel the need to cough. Medication or a change of position may help.

The nurses will keep checking regularly that the patient is comfortable and their family and carers feel well supported and informed.

THE FINAL MOMENTS

For most people the final moments are peaceful. Breathing becomes slower and more irregular with long gaps in between breaths. Finally they stop breathing altogether, this may take a long time for some people and for others it might only take a few minutes. Often the person's body will relax completely and they may look very peaceful.

AFTERWARDS

Following the death of a loved one you may feel very shocked even if you were well prepared. In most cases there is no need to do anything straight away and if you want to you can just stay with your relative or friend for a while. If you are aware that the person had any specific religious or cultural wishes about the care of their body after death please let the nurses know. The nursing team will explain what to do next when you are ready.

If you are worried at any time that your relative or friend seems to be distressed or the they have uncomfortable symptoms please tell the nursing staff

Care and support in the last days of life
Version 1
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Produced Date: 07 2014
Review date: 04/2022
Next Planned Reviewed Date: 04 2024
Directorate: DCSC/Macmillan EOLC senior matron

Care and support in the Last Days of Life

Information to help you understand what usually happens and how care is managed when someone is believed to be in the last days and hours of their life



This leaflet has been designed to provide information to patients and their relatives about the changes that may happen, and the care and support we give when we believe someone may be in the last days of their life. It will hopefully answer some of the questions you may have, but please ask the doctors and nurses if there is anything you do not understand or you have any more questions.

Where possible we will communicate any changes in condition or discuss decisions regarding care with patients themselves but we recognise that patients who are coming to the end of their life will often be too unwell to communicate with us. The views and wishes of the patient and their family and friends are very valuable to us in planning and giving the best care we can.

We believe at such a difficult time that it is important for the patient's relatives and close friends to be involved and feel part of the care we give. We encourage those who feel able to take part in care giving; an example of this may be by giving drinks, mouth care or talking to us about their likes and dislikes. The nurses will help and support you to do this as much or as little as you feel able.

It is always difficult to know how long someone has left, sometimes people die very quickly with little warning and other people become gradually less well over several days. Occasionally people we believe are dying improve and stabilise. Each day we will check to make sure the care we are giving is correct for the patient's current situation and condition. If we decide any changes are needed to the care, or there have been significant changes in the situation we will talk to you about it.

When it is believed that a person is dying it is very important that care be provided according to the persons individual wishes and needs. Some people may have already thought about their wishes and shared them with their loved ones.

PLACE OF CARE

Some people have a clear idea of where they wish to spend their last days and may have made their wishes known. If not the doctors & nurses will be keen to know where you believe they would want to be. They will talk to you about what options are available and do their best to accommodate individual wishes.

RELIGIOUS & SPIRITUAL NEEDS

There may be particular practices or prayers that your relative may have wanted. It's important to do whatever you feel is right. This may include asking a spiritual advisor to attend.

CHANGES TO MEDICATIONS

The doctors will assess which medications remain helpful, and also ensure that they are given in a way that makes them easy to administer, such as by an injection. Also a range of "Just in case" drugs will be prescribed that can be used if any troublesome symptoms occur. Sometimes a device called a syringe driver is used to help control distressing symptoms.

It is important for both the person who is ill, and their family and friends to know what to expect when someone nears the end of life. Nothing can take away the feelings of pain and loss, but having information can help you to cope during this anxious and difficult time. For most people dying is a very peaceful process. There may be a gradual loss of consciousness followed by breathing changes, until breathing stops.

LESS NEED FOR FOOD AND DRINK

It is normal for the patient to feel less like eating and drinking. At this time assisting with feeding and frequent small amounts of soft diet and sips of fluid may be helpful. We will help the person to take food and fluids for as long as they are able and want to. There may come a time when the person is unable to take food and drink. The use of frequent mouth care will help them feel more comfortable and at this time the doctors will also consider if a drip or feed would be helpful.

There is little evidence to guide us about whether giving food or fluids by artificial means such as drips and feeding tubes makes any difference to people in the last days of life. While there are some specific circumstances where they may do harm or good in other cases we are guided by what the person wants, If you know the persons views on this or have any concerns yourself please tell the doctors or nurses.

PAIN

People in the last days of life may not be able to tell you if they are in pain. Common signs to look out for are grimacing (screwing up their face) moving as if they are distressed, and sweating. If any of these occur or you are worried your relative or friend may be in pain, inform the staff caring for them who will be able to give medication to relieve the pain.

RESTLESTNESS

Sometimes the patient will become restless. This is usually caused by chemical changes in the body, which affect the brain. Medications may be useful in reducing the distress caused. Sometimes restlessness is due to emotional distress and in such cases it may be helpful to talk to a trusted health care professional, close friend or spiritual/religious leader.