

HOSPICE PATIENT AND FAMILY EDUCATION AND TRAINING

UNDERSTANDING THE LAST STAGES OF LIFE

The experience we call "death" occurs when the body completes its natural process of shutting down, ending when all the physical systems cease to function. Usually, this is an orderly and progressive series of physical changes which are not medical emergencies requiring invasive interventions. These physical changes are a normal and natural way in which the body prepares itself to stop, and the most appropriate kinds of responses are comfort-enhancing measures.

What are the signs and symptoms that the patient is close to death?

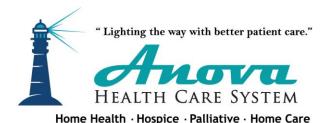
As death nears, the patient may:

- Sleep more
- Speak to people not present
- Talk about leaving or taking a trip or journey
- Withdraw from people or have little to say
- Eat or drink less
- Have trouble swallowing
- Become more confused
- Make moaning sounds
- Lose control of urination and bowel movements
- Have moist breathing or sound congested
- Have changes in the pattern of breathing such as long periods without breathing followed by several quick, deep breaths
- Have blurred vision
- Not hear as well as usual
- Have less pain
- Have cool feeling hands and arms or feet and legs
- Turn blue around nose, mouth, fingers, toes

What should you report to the Hospice and Palliative Care Team?

- Changes in the patient such as:
 - Restlessness or anxiety
 - o Changes in breathing
 - Pain or discomfort
- Need for spiritual support or guidance for the patient or family
- Concerns that may need help from the social worker, chaplain or other members of the hospice team
- Religious, cultural or ethnic traditions important to your family
- At the time of death, the hospice team will want to know:
 - o Name of the funeral home you want to use
 - o Whether the body will be embalmed or cremated

Website: www.AnovaHomeHealth.com



Names of family members to be contacted

What can be done?

The team will work with you to relieve symptoms and increase comfort. Comfort is tfor the patient and for your family is the goal of the hospice and palliative care team.

Things you can do:

- Allow the patient to sleep as much as they wish
- Include the children in your family in the experience of the patient's death
- Turn the patient if it makes him or her more comfortable
- Moisten the patient's mouth with a moist washcloth or cotton ball
- If the patient has a fever or is hot, apply a cool rag to the forehead
- Give medications ordered by the doctor to decrease anxiety, restlessness, agitation or moist breathing
- Write down what the patient says such messages may comfort you later
- Continue to talk clearly to the patient and say the things you need or want to say. Remember that the patient may be able to hear even when not able to respond.
- Keep a light on in the room. The patient cannot see well and may be scared by darkness and shadows.
- Play the patient's favourite music softly
- Encourage visitors to talk directly to the patient and tell the patient who they are
- Keep things calm around the patient
- Open a window or use a fan in the room if the patient is having trouble breathing
- Continue to touch and stay close to your loved one

The last stages of life can be very stressful for the dying person and those caring for him/her. You will observe changes that may be upsetting. Learning about these changes can help both you and the dying person.

It is helpful to understand the common symptoms experienced in people who are dying. Not all these signs and symptoms will occur with every person, nor will they occur in any particular sequence. You may observe none, some, or all of these symptoms. It is helpful to understand the common symptoms experience in people who are dying. These symptoms may be physical, emotional, social or spiritual in nature.