

Being with a person who is dying is an emotional time. This information may help you to prepare for a death that is expected. If you understand the normal changes to expect and how to help, it may make this time easier.

Changes to expect when death is near and ways you can help

The body begins to shut down its systems as it prepares itself to stop working. These changes are normal and natural. The best way to help during this stage is to give support and comfort. Each person is different so not all these signs and symptoms will occur, and they may not occur in the same order.

Sleeping

The person may speak less, spend more and more time sleeping and be difficult to wake up. This is normal as the body's energy level goes down.

Tell the person that it is okay to sleep. Sit and hold their hand. Speak softly and naturally. Plan to spend time together when they are most awake and aware. At this point, it is more important to 'be with' them than 'do for' them. Don't assume that the person cannot hear; hearing is said to be the last sense to be lost.

Confusion

The person may become confused about time and place. They may not recognize people around them including close friends and relatives.

Speak calmly and clearly. Tell the person who you are, the time and who is in the room.

Restlessness

The person may be restless and repeat movements such as pulling at the bed linens or picking at unseen objects in the air. They may see people who are not there. This happens partly because of the reduced flow of blood to the brain and other changes in the body. Medications for comfort may be recommended to help settle restlessness if required.

Do not be afraid. Speak quietly and naturally. Try to reassure them. Do not try to hold the person down or stop their movements unless it is necessary. A gentle massage or some relaxing music may also help.

Less desire to be with others

Some people like to have others with them all the time. Some want to be alone or with just one person.

Don't feel that you must talk or always be there. Sometimes it is good just to sit quietly together or let the person be alone. *Continued inside...*

If you have any questions or would like more information about Hospice services please contact the Vancouver Home Hospice Palliative Care Service Office or your local Community Health Centre/Office:

Vancouver Home Hospice Palliative Care Service

300-999 West Broadway
604-742-4010

Robert and Lily Lee Family Community Health Centre

1669 East Broadway
604-675-3980

South Community Health Office

6405 Knight Street
604-321-6151

Evergreen Community Health Centre

3425 Crowley Drive (at Joyce)
604-872-2511

Pacific Spirit Community Health Centre

2110 West 43rd Avenue
604-261-6366

Pender Community Health Centre

59 West Pender Street
604-669-9181

Three Bridges Community Health Centre

1292 Hornby Street
604-736-9844

Raven Song Community Health Centre

2450 Ontario Street
604-709-6400

Palliative Access Line

604-263-7255

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When Death is Close at Hand

How to know & what to do

Vancouver Home Hospice
Palliative Care Service

Loss of appetite and swallowing

The person may want less to eat and drink as the body slows down. This is a normal way to respond to disease.

Let the person decide what and how much food or drink they want. If the person is still eating and drinking, offer small servings of favorite food or drink without “forcing”. Small ice chips or frozen juices may be refreshing. Focus on enjoyment rather than amount.

The person may lose the ability to swallow. At this point, food or drink can pass into the lungs rather than the stomach. The person will not feel thirsty if you keep the mouth moist.

Wipe inside the person’s mouth with a wet swab to satisfy thirst and help keep the mouth clean.

Incontinence

The urine may look darker (more tea coloured) as the person drinks less. They may need to move their bowels less often, although bowel movements still need to occur. The person may lose control of the bladder or bowels as the muscles in those areas begin to relax.

Keep the person clean and comfortable. The nurse can help with suggestions for padding or a catheter (ordered by the doctor) if this is needed.

Changes in breathing pattern

The person’s regular breathing pattern may change. Breathing may be irregular or shallow or rapid. It may stop for 5 – 30 seconds and then start again. Sometimes there is a moaning-like sound when the person breathes out. This does not mean the person is in distress, but is just the sound of air passing over relaxed vocal cords. The person may make gurgling sounds as saliva pools in the back of the throat. This usually does not bother them and can be reduced with medication.

The person may be more comfortable if you raise the head of the bed or turn them on their side. Hold their hand. Speak gently and reassuringly.

Colour and temperature changes

Arms and legs begin to cool as the circulation slows down to these areas. This is a normal sign that the body is saving blood for the vital organs. The face may look paler and hands and feet may take on a purple-blue colour. The underside of the body may become darker. The person’s temperature may go up and down because the brain is sending unclear messages.

Use just enough covering to keep the person comfortable.

Giving “permission” to die

The dying person may sometimes try to hold on, even though it makes them very uncomfortable. The person may need to hear that those left behind will be okay.

If the family can reassure and release the dying person from this concern, they are offering a great gift.

Saying goodbye

When death is close, it is time to say goodbye in personal ways. This allows the person to let go.

It may be helpful to just lay on the bed, hold a hand, and say what you need to say. Do not be concerned if tears appear. They are a natural part of making peace and saying goodbye. There is no need to apologize or hide them.

At the time of death:

- the person cannot be awakened
- breathing stops
- heartbeat and pulses stop
- the eyes will be fixed in one direction and may be open or closed
- the mouth may be open as the jaw relaxes
- the bowel and bladder may release their contents

What to do if you think death has occurred:

- **DO NOT** call 911, the police or the fire department. These calls are not necessary when death is expected.
- Call your family doctor to come and pronounce death.
- If you are not sure about what to do, call the Community Health Nurse (CHN) or the “on call” service.
- Call any family members, friends or spiritual advisor if you would like them to be there with you.
- Call the funeral home when you are ready. There is not a rush to call if you wish to take extra time with the person who has died. Once you call the funeral home, they usually come within one hour.
- Call the CHN if you have any concerns about the death or expected death.

This pamphlet has been adapted from the material provided by:
Neighborhood Visiting Nurses Association
of West Chester, Pennsylvania