

Thank you....

We at Hospice thank you for the privilege of assisting you with the care of your loved one.

We salute you for all you have done to provide your loved one with understanding care and to enable your loved one to leave this world with a special sense of peace and love.



If you would like additional information about VNA Health Group Hospice services or other services and programs we provide, please call us at: 1-800-843-2220 or visit our web site at www.vnahg.org

Supportive Care for patient & caregivers



Preparing for Approaching Death

Anticipation of the unknown brings many questions to mind. In an attempt to answer some questions, we present the following information to Hospice teams and families of the terminally ill. It consists of the signs which precede death in most people as their body system slows down and finally cease functioning. For some people, these signs appear a few hours before death: for others it can be

days. There is no particular order in which these events occur, and some people will not experience all of them. We hope that by knowing what to expect, Hospice teams and families

will be comfortable in continuing to provide the same loving support which has sustained a patient during illness. We have included some suggestions for promoting the comfort of patients as these signs occur. We feel that during this final stage of life there are no "rights" and "wrongs". If you can free yourself from anxiety and fear, then you can help the terminally ill to experience the final stage of life in an atmosphere of greater calm and peace.

When a person enters the final stage of the dying process, the body begins the final work of shutting down. This will end when all the physical systems cease to function.

Usually, this is an orderly and undramatic series of physical changes which are not medical emergencies requiring invasive interventions. These physical changes are the normal, natural way in which the body prepares itself to stop. The most appropriate kinds of responses are comfort-enhancing measures.

When a person's body is ready and wanting to stop but the person is still unresolved or unreconciled over some important issue or with some significant relationship, she/he may tend to linger, even though uncomfortable and debilitated, in order to finish whatever needs finishing. On the other hand, when a person is emotionally-spiritually-mentally resolved and ready for this process, the person will continue to live until the physical shutdown is completed.

The experience we call death occurs when the body completes its natural process of shutting down and the "spirit" completes its natural process of reconciling and finishing. These two processes need to happen in a way appropriate and unique to the values, beliefs and life-style of the terminally ill person.

The physical and emotional-spiritual-mental signs and symptoms of impending death which follow are offered to help with understanding the natural kinds of things which may happen and how to respond appropriately. Not all these signs and symptoms will occur with every person nor will they occur in this particular sequence. Each person is unique and needs to do things in his/her own way. This is not the time to try to impose change, but the time to give full acceptance, support and comfort.

The following signs and symptoms describe how the body prepares itself for the final stages of life:

Fluid and Food Decrease

The person may have a decrease in appetite and thirst, wanting little or no food or fluid. The body will naturally begin to conserve energy instead of spending it on eating, drinking and digestion. Do not try to force food or drink into the person nor try to use guilt to pressure them into eating or drinking. Normal hydration is eventually not feasible. Small chips of ice, frozen juices / Popsicles may be refreshing to the mouth. Be careful of the decreasing ability to swallow, and do not force fluids if the patient coughs soon after. Reflexes needed to swallow will become sluggish. The person's body lets him/her know when it no longer desires nor can tolerate food or liquids. The loss of this desire is a signal that the person is making ready to leave. Dehydration no longer makes them uncomfortable. Wet swabs may keep the mouth moist and clean. Apply Vaseline to the lips. Your Nurse can show you how to give mouth care.

Decrease Socialization

The person may become withdrawn and want to be alone or just have one companion at a time. It is natural to not feel like socializing when one is weak and fatigued. Reassure the person that it is alright to sleep.

Sleeping

The person may spend an increasing amount of time sleeping and appear to be uncommunicative, unresponsive and at times difficult to arouse. This normal change is due in part to changes in the metabolism of the body. Sit with the patient, hold their hand, and do not shake or speak loudly, but rather speak softly and naturally. Plan to spend time when he/she is most alert. At this point,

being with is more important than doing for. Speak directly and normally, even though there may be no response. Never assume that the person cannot hear; hearing is said to be the last of the senses to be lost.

Restlessness

The person may make restless and repetitive motions such as pulling at bed linens or clothing. This often happens and is due in part to the decrease in circulation to the brain and metabolic changes. Do not be alarmed, interfere nor try to restrain such motions. To have a calming effect, speak in a quiet, natural way, lightly massage the head/forehead, read to the person or play soothing music.

Disorientation

The person may seem confused about the time, place and identity of the people surrounding him/her including close family and familiar people. Identify yourself by name before you speak, rather than asking the person to guess who you are. Speak softly, clearly and truthfully when communicating something important for the patient's comfort, such as "It's time to take your medication," and explain the reason for the communication, such as "So you won't begin to hurt."

Urine Decrease

The amount of urine that a person puts out normally decreases and may look dark tea-colored. This is due to the decreased fluid intake, as well as decreased circulation to the kidneys. The Nurse can determine if there is a need to insert a catheter.

Incontinence

The person may lose control of urine and/or bowels as the muscles in the pelvis begin to relax. Protective measures should be taken to keep the patient clean and comfortable. Disposable bedpans and undergarments as well as disposable "wipes" are very useful at this time.

Respirations

The person's regular breathing pattern may change with the onset of a different breathing pace. The pattern consists of breathing irregularly with shallow respirations or periods of breath for 5 to 30 seconds followed by a deep breath. The person may also have periods of rapid, shallow, panting type breathing. Sometimes there is a moaning-like sound upon exhale. This is not distress, but rather the sound of air passing over relaxed

vocal cords. These patterns are very common. Elevating the head and/or turning onto the side may bring comfort.

Congestion

The person may develop gurgling sounds coming from the chest like a percolator. Sometimes these sounds become very loud and they can be distressing to hear. Watch your loved one closely and note that he/she is usually unaware of the bodily processes. It is probably harder for you to watch than it is on the patient. Suctioning is usually ineffective and can be hard on the patient. Raise the head of the bed so the secretions pool low. Turn the person onto his/her side periodically and the secretions may drain out naturally.

Coolness, Color Changes, Temperature Changes

The person's arms and legs may become cold, hot or discolored. The underside of the body may become discolored as circulation decreases. Irregular temperatures can be the result of the brain sending unclear messages. Keep the patient warm if he/she appears cold, but do not use an electric blanket. If the person continually removes the covers, then allow them just a light sheet. The nurse will instruct you about using medication to relieve fever if it occurs.

Vision-like Experiences

The person may speak or claim to have spoken to persons who have already died or see things not visible to you. This does not indicate a hallucination or a drug reaction. Do not contradict, explain away, belittle or argue about what the person claims to have seen or heard. Just because you cannot hear it does not mean it's "pretend" to your loved one. Affirm his or her experiences. They are normal and common. If they frighten your loved one, explain to him/her that they are normal.

Unusual Communication

The person may make a seemingly "out of character" or non-sequitur statement, gesture or request. This indicates that he/she is ready to say "goodbye" and is "testing" to see if you are ready to let him/her go. Accept the moment as a beautiful gift when it is offered. Kiss, hug, hold, cry and say whatever you most need to say.

Permission to Go

Some families give permission to a loved one to go. A dying person will commonly

try to hold on even though it prolongs the discomfort in order to be assured that those left behind will be alright. A family's ability to reassure and release the dying person from that last concern is the greatest gift of love they can give at this time.

Saying Goodbye

When the person is ready to die and the family is able to let go, this is the time to say good-bye in personal ways. This closure allows for the final release. It may be helpful to just lie in bed with the person, hold a hand and/or say everything you need to say. Tears are a natural part of making peace and saying goodbye. They do not need to be hidden or apologized for; they are an expression of love.

At the Time of Death

- Breathing stops
- Heartbeat stops
- The person cannot be aroused.
- The eyelids may be partially open with the eyes in a fixed stare.
- The mouth may fall open as the jaw relaxes.
- There is sometimes a release of bowel and bladder contents as the body relaxes.

When death has occurred, please call Hospice. Take the time needed to call a supportive person or to adjust to the situation. There is no emergency. Taking care of yourself is what is most important now.

A Hospice Nurse will come to assist you and pronounce the death. The body does not have to be moved until you are ready. If the family wants to assist in preparing the body by bathing or dressing, that may be done. A call to the funeral home will be made when you are ready to have the body moved. The Hospice Nurse will notify the physician (and local police department in some cases).

