

Breathing

As death approaches it is common for the person's breathing to change. Breathing patterns may become irregular, with 10 seconds to several minutes where no breathing occurs. This indicates a decrease in blood circulation. If the person is having oxygen then the need to continue this will be discussed.

Saliva and mucus may increase and collect at the back of the throat, as the person's cough or swallowing reflex diminishes. This sometimes causes a moist "rattle type" noise, which is unpleasant for the carers, but is usually not distressing for the person.

Elevating the head of the bed and the use of pillows, and turning the person from side to side may relieve breathing problems.

At times medication may need to be used to minimize secretions or relieve shortness of breath.

How will you know the person has died?

- Breathing has stopped
- There is no heartbeat
- There is no response when you touch them or talk loudly
- Their eyes are fixed, pupils are dilated and eyelids may be open
- Jaw relaxes and their mouth stays open
- There is possible loss of control of bladder and bowel

What to do when someone has died?

You don't have to do anything straight away. Together with friends/family/whānau you may wish to spend time with the person that has died and if you need longer this can be arranged with the nurse. If you wish, you can assist with washing, dressing and preparing the person's body.

- The nurses will contact the doctor to confirm the death and prepare the death certificate.
- You may want to contact friends/family/whānau to be with you to say goodbye to person and to give support.
- You may want the help of your spiritual support person. You could call him/her for assistance.
- You will need to contact the Funeral Director of your choice, or ask a friend or family member to do this for you. If you have not already arranged one, you can find them in the yellow pages.
- You may feel you need more support and help. The nurses can provide assistance with this.

When someone has an advanced illness, death usually comes gradually and peacefully.

Your local hospice bereavement coordinator and volunteers are available to assist you to cope following your loss.

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Understanding the Process of Dying

Caring for our community since 1987



To reduce the anxiety that comes from the unknown, this brochure describes some typical features of dying.



Understanding the Process of Dying - Guidelines for Families:

The last few days of a person's life can be viewed with apprehension if you don't feel prepared.

This can be a difficult and sad time. You are losing someone you love or care for. It is often hard to know what to say to each other at a time like this. Try to reassure the person by talking calmly, saying who you are and holding their hand.

At this time you may like cultural and spiritual/religious support. The nurse can arrange for the appropriate contact person to visit if you wish.

No symptoms mentioned here will appear at the same time for everyone, and some may never appear at all. The symptoms described below indicate that the body is preparing itself for final stages of life.

Some of the common symptoms are outlined below:

Change in Awareness

This is usually a gradual process. Often the dying person loses interest in their surroundings and they may begin to spend more time in bed, sleeping. Eventually the person may lapse into unconsciousness. This time can be very short or several days.

Never assume that the person cannot hear you; hearing is the last sense to be lost and letting them know you are there will give them support and comfort.

Not Eating or Drinking

There will be a decreased need for food and drink because the body naturally begins to conserve energy.

Occasionally fluids are given via a subcutaneous (under the skin) drip. As the process of dying continues the body has a reduced need for extra fluids. Extra fluids can build up in the lungs causing increased breathlessness. The health team will discuss with you whether it is appropriate to continue them.

This is a natural process, and attempting to feed a person who is unable to swallow at this time may cause distress. If swallowing is impaired, caring can be continued in other ways. Moist swabs or tiny amounts of crushed ice will help to relieve feelings of thirst.

Increased Confusion / Restlessness

The person may become increasingly confused about time, where they are and the identity of family and friends who are normally familiar to them. They may also become restless or agitated 24 - 48 hours before they die.

Talk calmly and confidently with the person to reassure them, and to prevent startling or frightening them. Identifying yourself by name may lessen confusion. The use of a night-light may also help.

At times medication may be needed to calm and soothe agitation.

Change in Colour / Temperature

As a result of blood circulation slowing down, the skin may become pale, moist and cool to the touch, and look patchy and dark in colour.

If the person feels cold, use one or two blankets to keep them comfortable. Avoid too many bedclothes as this may lead to overheating, and increased restlessness.

Reduced Need to Void / Incontinence

Loss of control (incontinence) of urine and/or bowel movements may occur when the person is very close to death.

Incontinence pads and sheets are available to help protect the person and bedding, to maintain comfort, cleanliness and dignity.

If urine output is decreased, the person may need to be assessed by a doctor or nurse for retention of urine, which may require draining.