



Supporting a Loved One When Death is Near



Helpful information for caregivers

When death is near

This pamphlet describes:

- the normal changes that happen as the body naturally shuts down in the days to weeks before death
- what you can do to help a dying person be comfortable
- how you can prepare for these changes

Changes in the body close to death

Each person is different. The symptoms described here may or may not happen and can happen in any order. Please ask your healthcare provider when you need help.

Sleep changes

It is common for a dying person to sleep more, or have difficulty waking up. They may not have the energy to talk or do other activities.

What you can do: Sit with a person to provide some comfort. Speak softly and naturally, even though he or she may not be able to talk to you. Do what feels right for you and your family; this might include: reading, playing music, sharing memories, and praying. Ask a health care provider about changing the person's position every few hours for comfort and to prevent sores.

Skin changes

Arms, legs and underside of the body may become cold, hot or change colour as circulation changes. The face may become pale. It tells us that the body is sending blood to the most vital organs only.

What you can do: If you notice the person keeps removing the blanket, use just a light sheet as a cover or use a fan to cool them. If the person appears cold, use blankets for comfort. If you think the person has a fever, sometimes medication can help.

Swallowing changes

As the body gets weaker, swallowing may be slower or weaker. The person may only be able to manage small amounts of food and drink and may need another form of medication if pills are too hard to swallow.

What you can do: Make sure the person is sitting up to swallow food, fluid or medication. You can give fluids with a spoon when the person is awake and stop if they start to cough.

Eating and drinking changes

A dying person may not be hungry or thirsty. Near the end of life, the body cannot use nutrients in food. People do not become stronger or live longer when more food or fluid is given. When this happens, giving fluids by IV (intravenous) is not helpful and can lead to other problems.

What you can do: Keeping the person's mouth moist will help to make them comfortable.

- Offer food or drinks when asked.
- Offer small chips of ice or frozen juices/popsicles if he or she is able to swallow.
- Use mouth swabs or mouth moisturizer to keep the mouth and lips moist. Ask a health care provider to show you how.

It is natural to want to feed someone. There are other ways to nurture and care for someone such as hand holding, sharing memories, listening to music.

Going to the bathroom changes

As the body systems slow and with less food and drink, you will notice less pee (urine) and poop (stool). You may also notice the urine becoming darker. The person may lose control of urine and/or stool as the muscles in that area relax. A nurse can decide if a pad or brief should be used or if it is better to put in a tube (catheter) to drain urine.

What you can do: Keep the skin clean and dry to prevent sores and odours.

Breathing changes and congestion

Breathing may change. This can include how fast and regular the breathing is and how deep the breaths are. You may notice long pauses in breathing (for 5 to 30 seconds) followed by a deep breath. Sometimes there is a moaning like sound with breathing. This is the sound of air passing over relaxed vocal chords. These breathing changes do not mean that the person is in pain or uncomfortable.

The person may develop gurgling sounds coming from the chest. These sounds are from spit or saliva (secretions) that would normally be swallowed. Sometimes these sounds become very loud and you may find this upsetting to hear. Generally, this is not uncomfortable for the person.

What you can do: Raise the head of the bed and/or turn the person onto their side. Hold their hand. Speak gently and calmly. Sometimes the secretions can be reduced with medication.

Becoming restless

As death nears, like other systems in the body, the brain experiences some changes that can cause restlessness. You might see the person pulling at the sheets or clothing, or trying to get out of bed.

Sometimes restlessness is a sign of pain, needing to pee, or uncomfortable position.

Becoming confused

When a person is confused, they might not know where they are or what they say does not make sense. It can be very upsetting to families to see and hear their loved one act out of character.

What you can do:

Try not to be alarmed. Do not try to restrain the person because you could hurt yourself. Seeing someone you love in a confused state can be upsetting. You may find it helpful to take time away from the situation. Create a calm environment, for example use low lights, speak in a quiet, natural way and play soothing music. If you think restless behaviour is due to pain, shortness of breath, or an uncomfortable position, speak with your health care provider. Sometimes medications can help.

Emotional, mental and spiritual changes

End of life may bring a wide variety of feelings and experiences for everyone involved:

- sadness
- fear
- anger
- peace
- anxiety
- stress
- exhaustion
- isolation
- conflict
- denial
- relief
- regret

Some people experience a peaceful feeling and are ready to say goodbye. Others feel afraid, have regrets, and even express anger. Some people reflect on their life and share their memories. Others do not want to talk about their situation at all. Some people have planned for this time, while others worry about being a burden or what the future holds. Some people hold religious/spiritual beliefs which comfort them; while others might question their religious/spiritual beliefs.

Saying goodbye to a loved one

A dying person can be offered comfort through words of love and through being present. You and your family may have ways of coping that work for you. This may include limiting visitors.

Saying goodbye to someone you know and love is very personal. There are many different ways to do it. It might be a time to tell the person things you want to say. Hug, touch and cry - whatever seems right for you and your family. If you have difficulty with your feelings or experiences, we have team members who may be able to help you. Let us know.

If the dying person is part of a spiritual community, it may be helpful to have a spiritual leader or elder visit. If you are able, let your healthcare provider know ahead of time if there are any rituals or beliefs the dying person has so that we can do our best to support them. There are no right or wrong feelings, thoughts or beliefs during this sensitive time.

The moment of death

Even though you know your loved one is dying, when someone takes their last breath and their heart has stopped, it can still feel like a shock.

The muscles of the face relax. Sometimes eyelids may be half closed. The mouth may fall open as the jaw relaxes. When you think your loved one has died, let the nurse know.

The body of your loved one is still soft and warm for a few hours. You can touch or hold them if this is what you wish to do. Some people like to stay with the person after death, and others do not. Spend as much time with the body of your loved one as you need.

At the moment of death, shock, relief and/or intense grief are common reactions. Your reactions will be very personal and you may need people around you to help with practical matters like driving or making funeral plans. It is important to take care of yourself during this time. If you need help selecting a funeral home or cremation service, let us know.

If you would like ongoing grief support, contact your local Hospice Society.

For more information, go to the Canadian Virtual Hospice Website www.virtualhospice.ca

For any further questions, please contact:

www.fraserhealth.ca

This information does not replace the advice given to you by your healthcare provider.

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