

A DIFFICULT TIME

Our Hospice staff realizes that the nearing death period is one of the most difficult times for the family to live through because “fear of the unknown” is often greater than fear of the known.



We are here to be as helpful as possible to assist you through this period. We offer this information to help you prepare and identify symptoms which are indicative of approaching death.

Your physician and the Hospice nurse are available to address any concerns you have about this information. We have described the possible symptoms that may occur in order to decrease your fear if one should appear suddenly. This will give you some guidelines about what you can do about the symptoms.

The symptoms described are indicative of how the body prepares itself for the final stage in life; any one of the symptoms may be present, all may be present or none may be present.

HOW TO KNOW THAT DEATH HAS OCCURRED

No breathing

No heartbeat

Loss of control of bowel or bladder

No response to verbal commands or shaking

Eyelids slightly open

Eyes fixed on a certain spot

Jaw relaxed and mouth slightly open



Bonner General Health
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Helping The Person
Approaching Death

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WITHDRAWAL: Withdrawal is normal for the dying patient as they become less concerned about their surroundings. Separation begins first from the world - no more interest in newspaper or television, then from people - no more neighbors visiting, and finally from the children, grandchildren and perhaps even those persons most loved. With this withdrawal comes less of a need to communicate with others.

FOOD: Your loved one will have a decreased need for food and drink as the body is preparing to die. This is one of the hardest concepts for a family to accept. There is a gradual decrease in eating habits. Nothing tastes good. Cravings come and go. Liquids are preferred to solids. Please remember that it is okay for your loved one not to eat, if that is their choice.

SLEEP: The Hospice patient will gradually spend more and more time sleeping. It may be difficult for them to keep their eyes open. It may then be difficult for you to arouse the patient. This is a result of a change in their metabolism. Plan to spend more time with the patient during the times when they are most alert.

DISORIENTATION: Your loved one may become increasingly confused about time, place and the identity of the people around them. Gently remind the patient what day it is, what time it is and who is in the room. Provide your loved one with a comfortable, quiet environment and filtered light.

RESTLESSNESS: You may notice your loved one becoming restless and pulling at the bed linens. These symptoms are also a result of a decrease in the oxygen circulation to the brain and a change in their metabolism. Talk calmly and assuredly with the patient so as to not startle or frighten them.

DECREASED SENSES: Clarity of hearing and vision may decrease. You may want to keep soft lights on in the room when vision decreases. NEVER assume that the patient cannot hear you, as hearing is the last of the five senses to be lost. Nothing should be said that would distress the patient should the conversation be overheard.

INCONTINENCE: Incontinence (loss of control) of urine and bowel movements is often not a problem until death is very near. Your Hospice nurse or CNA can help direct you to where you can obtain pads to place under the patient for more cleanliness, or the doctor may order a catheter. The amount of urine will decrease and the urine will become darker as death becomes near.

PHYSICAL CHANGE: There are changes that occur that show the physical body is losing its ability to maintain itself.

- The blood pressure often lowers and can cause dizziness.
- There are changes in the pulse, either increasing rapidly from a normal rate to having no pulse at all.
- The body temperature can fluctuate between fever and cold.

- There is increased perspiration, often with clamminess.
- The skin color changes; flushed with fever, bluish with cold. A pale yellowish color (not to be confused with jaundice) often accompanies approaching death.
- Breathing changes also occur. Respiration may increase or decrease. Breathing may become irregular with periods of no breathing (apnea). This symptom is very common and indicative of a decrease in circulation and build-up in body waste products.
- Congestion can also occur, and a rattling sound may be heard in the lungs and upper throat. This occurs because the patient is too weak to swallow (saliva) secretions and/or cough them up. The congestion can be affected by positioning, may be very loud, and sometimes just comes and goes. Your doctor might order medication to dry these secretions. Elevating the head of the bed and swabbing the mouth with oral swabs gives comfort.
- The arms and legs of the body may become cool to the touch. These symptoms are a result of decreased circulation. Cover your loved one with a light blanket.
- Generally a person becomes non-responsive (unable to respond to their environment) sometime prior to death.

Please inform Hospice if you believe your loved one has passed. 208.265.1179