When Death is Close at Hand

How to know & what to do

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Vancouver Home Hospice Palliative Care Service

Promoting wellness. Ensuring care.
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 bowls 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