Caregiving at Home
Caring for Someone with a Serious Illness

» North Shore Palliative & Supportive Care Program
604-984-3743
**Useful Phone Numbers**

If you are caring for someone seriously ill at home, you may wish to write down the names and telephone numbers of people you might want to contact regularly or in an emergency.

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Introduction

The booklet aims to assist those who are caring for a seriously ill family member or friend at home. It is not unusual for those who are very ill to want to be cared for in their own home. Often family members and friends can find it a very rewarding experience that may also help strengthen relationships. Some people’s needs may become too much for a home setting, and other options may be explored.

Vancouver Coastal Health (VCH) recognizes the need to support caregivers through this challenging time and aims to achieve this through individualized patient and family-centered care with a variety of services.

Deciding to care for a seriously ill relative or friend at home is not easy. At first, you may feel overwhelmed or nervous at the amount of care they will need. Even so, you may still wish to make your relative or friend as comfortable as possible in familiar surroundings.

Depending on the person’s needs, it may involve around-the-clock support and be too much for one person to take on. For that reason, getting help from others and sharing the work is important.

Before your relative or friend is discharged from hospital, planning and preparation are needed to make the change from hospital to home as easy as possible.

This booklet talks about the practical aspects of caring for someone who is seriously ill. It explains how to give the care that is needed and helps to make you aware of the resources in the community that are available to you as a caregiver.

As a caregiver, it is very important to look after yourself and be aware of your own needs and emotions. Be open to offers of help and get as much support as you can during this time.

Who and Which Services Can Help You?

If you decide to care for your relative or friend at home, many healthcare professionals can give you practical help and support.

Services can vary in different geographical locations.

You may hear people talk about ‘palliative care’. This refers to a specialized layer of medical care that is available to people living with a serious illness. The focus of palliative care is on providing relief from the physical symptoms and emotional stress associated with serious illness. The goal is to improve quality of life for both the patient and those close to them.

Your GP/primary care provider or Community Health Nurse can tell you what palliative care services are available to you locally.

The following list includes healthcare professionals who can help you give the best possible care to your loved one.

GP/Primary Care Provider (PCP)/Nurse Practitioner

Your Family Doctor, PCP, or Nurse Practitioner is an important part of the team that will take care of your relative or friend. The PCP is medically responsible for their care at home.
Community Health Nurses

Community Health Nurses are Registered Nurses or Licensed Practical Nurses and work in collaboration with the PCP and other professionals in the community.

Once a referral has been received and processed, the Community Health Nurses will perform an assessment to identify the physical, functional, and psychosocial needs of the seriously ill person. The frequency of ongoing assessments (visits, phone calls, or clinic visits) will be scheduled based on the individual’s needs.

The Community Health Nurse will discuss what other services your friend or relative may benefit from and may ask other VCH professionals or services to be involved in their care. These services can include occupational therapy, speech therapy, physiotherapy, social work, or dieticians.

Home Support

Community Health Workers (CHWs) come to your home and help with personal care tasks that can include, but are not limited to, washing, dressing, and helping your relative or friend take their medications. The Community Health Nurse will let you know if this service is available to you.

Palliative Care Resource Nurses (PCRN)

The Palliative Care Resource Nurse supports nurses in delivering palliative care services. You may meet one of the PCRNs on a joint visit with a Community Health Nurse, or in Long-Term Care if the facility has activated a palliative referral.

Palliative Care Service in the Hospital

A palliative care service is available in most general hospitals.

This service can provide consultations to palliative patients in hospital, even when they are not in a designated palliative care unit. If the Palliative Care Team has not been involved, but you feel it would be beneficial, please discuss this with your loved one’s Most Responsible Provider (hospitalist, internal medicine physician, etc.) while in hospital.

Palliative Care Inpatient Unit

A palliative care inpatient unit may be available in your local hospital to support acute medical and symptom management and to help stabilize acute issues.

Hospice

Admission to a hospice at a certain stage of your loved one’s illness may be a good option. Hospice is an option for those in the last few short months/weeks/days of their life and home is not an option due to care needs, symptom management needs, or patient and family goals. You can discuss this in more detail with any member of your palliative care team who can determine if Hospice is appropriate and if there are beds available.
**Respite Care**

Respite care is the temporary relief from the emotional and physical demands of caring for a loved one at home. The program can provide overnight care for those living with a serious illness for up to two weeks, to allow their caregiver rest and relief so they can provide the best care upon the client’s return. For more information on Respite, talk to your Community Health Nurse.

**Community Pharmacist**

Your community pharmacist will make sure that all the medication ordered on the doctor’s prescription, or bought over the counter, is correctly and safely supplied to you. They can also make sure that any new treatment prescribed for your relative or friend is safe to take with other medications.

Your pharmacist can provide information and advice on how and when the medications should be taken and on any common side effects to expect.

If you need more supplies, they can help arrange this for you and if there are any problems, they can discuss them with your primary care provider or community care team.

**Physiotherapist**

The physiotherapist is a specialist in movement and can help your relative or friend relearn to move safely, preserve strength, and increase range of motion. They can also help with symptoms such as pain or excess fluid in the tissues or lungs.

At home, they can teach you how to move someone gently and position them in bed or a chair. This is important because it will reduce pressure on sensitive areas.

**Occupational Therapist (OT)**

Occupational Therapists are experts in movement in relation to function. They will assess to make suggestions about equipment or home adjustments that can make your relative or friend safer and more comfortable.

The OT’s goal is to safely maintain the client’s independence and ensure your safety while providing care.

This is done by helping them to do everyday tasks like bathing and dressing, eating and drinking, working, and enjoying quality time when possible.

**Palliative Social Worker**

Caring for a relative or friend at home can be difficult. Social and emotional burdens, financial concerns, and parenting considerations can all present unique challenges. The social worker can provide an array of meaningful supports to connect you or your relative with the right resources.

**Support Programs**

There are several voluntary organizations that may provide help and support for you and your relative or friend. A Palliative Social Worker or Palliative Care Resource Nurse can help you navigate local supports.
Preparing Before Going Home

Once you decide to care for a seriously ill relative or friend in their home, it is important that you understand exactly what is involved.

Being a caregiver may mean helping your relative or friend with mobility, bathing, and dressing, going to the toilet, giving meals and medications. It is important that you make sure to ask the nurses for advice with any of these tasks.

Before the person you are taking care of is discharged from hospital, sit down with the hospital staff and plan what you need in advance.

Involve your relative or friend, if possible, so they can provide their input. This means finding out information about:

- **Medication**: How often they must be taken.
- **Diet**: Any special food or drink that must be taken.
- **Mobility**: Advice about lifting or moving and any concerns about mobility specific to your home setting.
- **Practical arrangements**: How to get groceries and medications.
- **Aids and equipment**: Special beds, mattresses.
- **Nursing services**: Available to you at home.

The hospital team will typically contact your PCP and Community Health Nurse to involve them in your relative’s or friend’s care once they are discharged from hospital. The hospital team will update them on the care and needs of your friend or relative.

You may want to consider booking the first follow-up PCP appointment, even before discharge, particularly if there is often a delay in getting an appointment.
Medication
There may be new prescriptions at discharge. Ensure you ask questions about medications and understand any changes before you leave.

Practical arrangements

Toileting Considerations:
- Is the bathroom far from the bedroom?
- Will you need a urinal or bedpan?
- Do you have disposable undergarments?

Mobility Considerations:
- Are there stairs? Are they manageable?
- Do we need to move furniture to accommodate coming home?
- Is there room around the bed for helpers to do care?
- Would a monitor or bell improve safety, particularly at night?

Sharing Responsibility
If the seriously-ill person has a large family, it can be useful to plan a schedule so that everyone is not there at the same time. That way everyone gets rest time and is included in caring for your relative or friend.

Aids and Equipment

Various items of equipment may be available to help you care for your relative or friend at home. Upon discharge, hospital staff can arrange for appropriate equipment and community health teams can support if needs change once the person is at home.

Beds
It is important that your relative or friend is comfortable in bed. The Occupational Therapist or Community Health Nurse will help arrange the most suitable bed and mattress for your relative or friend. It also helps to have a good supply of pillows at home to help with repositioning – your Community Health Nurse and Occupational Therapist can provide you with more information.

Commodes, Bedpans and Urinals
If your relative or friend has difficulty getting to the toilet, they may need a commode, bedpan, or urinal. The Community Health Nurse or Occupational Therapist will be able to arrange getting a commode for you. It is also possible to buy a urinal or a bedpan at the local pharmacy.

Wheelchairs and Walking Aids
Depending on their condition, your relative or friend may have difficulty walking. Various members of the care team can assist you with accessing equipment such as wheelchairs and walkers.
Personal Care

Washing

Washing your relative or friend regularly is important for many reasons. Not only is it good for their hygiene and comfort, but also for their morale. It is also a good way to check for early signs of skin redness and prevent infection. For those with a serious illness, it often takes longer for bruises, infections, or wounds to heal.

Many people who are in bed for long periods may sweat, get sticky and become uncomfortable. If your relative or friend cannot get out of bed or wash themselves, they will need to be given a bed bath. Discuss this with your Community Health Nurse, who can offer advice and support. It may be possible to arrange for someone to come to the home to help with bathing.

When you wash your relative or friend:

- Be as gentle as you can
- Rinse the soap off fully and dry their skin gently but thoroughly
- Change the water in the bowl several times during the wash and avoid the use of powder or strongly scented soaps as this may cause dryness and irritation
- Keep your relative or friend covered as you wash each part of their body and only expose the parts that you are washing to keep your relative or friend warm and maintain dignity
- Look for dry or red skin areas, particularly on the ears, back of the head, shoulder blades, elbows, spine, hips, heels and soles of the feet and use a mild moisturizer on these areas

Moisturizing and Massage

It can be very soothing for your relative or friend to have limbs gently massaged with a light moisturizing cream. Discuss with a member of the team caring for your relative or friend what are the most suitable creams or products. You may also need advice on caring for any areas of the body that have been treated with radiotherapy.
Mouth Care

Clean your relative’s or friend’s mouth or dentures gently, every day, or more often if needed. If their mouth is too sore to use an ordinary toothpaste and toothbrush, use a fine baby toothbrush instead. It is best to avoid mouthwashes as they can dry out the mouth and cause stinging.

Papaya or pineapple juice can be very effective in keeping a person’s mouth clean and has a much softer flavour.

You may find that your relative or friend develops thrush or mouth ulcers. These are very common when someone is very ill and/or immunocompromised. Thrush looks like white patches or spots on the tongue, gum, or inside the cheek that can cause pain, altered taste, decreased appetite, and nausea. Notify your PCP or Community Health Nurse if you notice signs of thrush. It is best to clean dentures in the normal way. Often when a person is very ill, their dentures can become loose and cause mouth ulcers. If the mouth or tongue becomes very sore or coated, tell the Community Health Nurse or PCP, who can give you advice on what to do. If the lips are dry, a flavoured lip balm can be used to moisten them.

Helping with a poor appetite

- Give small meals often to your relative or friend instead of set times of the day or give meals whenever they feel like eating
- Make sure the food looks as attractive as possible
- Try moist food as it is often easier to take and helps to prevent a dry mouth
- Offer meals when your relative or friend is sitting upright in bed or a chair, if possible
- If they have difficulty taking solid food, try blending foods or a meal replacement drink instead
- You can discuss meal replacement drinks with the visiting nurse as there is a range available
- Give them a glass of crushed ice or a bowl of ice cream as it can be refreshing and can help to keep their mouth moist
- Use a straw for drinking as it may help if the mouth or tongue is sore
- Consider using a baby feeder cup as it can sometimes be too hard to sit up to drink
- Don’t feel upset if they eat very little of your carefully prepared meal
- Talk to the visiting nurse if your relative or friend is unable to take any food as nausea or vomiting may prevent them from eating and drinking
Hair Washing and Grooming

Being in bed all the time may make it hard for your relative or friend to feel or look well. Washing their hair can make them feel better.

Discuss with the Community Health Nurse how best to wash their hair as this may not be easy to do if they are confined to their bed.

Encouraging women to apply some make-up can boost morale too. Also, encouraging men to shave with an electric or hand razor can keep their spirits up. If your relative or friend is unable to do this by themselves, talk to the Community Health Nurse.

Mobility

When moving someone, be as gentle and careful as you can. It is very important that you first discuss this with your Community Health Nurse the correct way to lift and move someone. You do not want to cause injury to yourself or your relative or friend.

It is important that your relative or friend does not stay in the same position all the time. Encourage and help them to move and change their position, if possible. This will boost not only their physical comfort but also their morale. It is important to help them feel independent for as long as possible.

Make sure that the floor is cleared of all obstacles such as shoes, rugs, or other items that may cause them to trip. If they need to use a commode or sit on a chair, make sure it is placed close by or as near as possible to the bed.

If you are looking after someone who needs help getting in and out of the bed, you will need guidance on how to move and lift them safely.

Pressure Sores

When your relative or friend is confined to bed or sitting in a chair for long periods, they can become sore and numb at certain pressure points.

Any bony part of the body can become sore if pressure on it is not relieved frequently. People who are very ill and thin are most at risk of developing sores. These can be uncomfortable and can increase the risk of infection.

Overall, it is better to prevent pressure sores from developing at all. Discuss with your Community Health Nurse the most suitable way to relieve pressure. It can be done by using a special mattress or cushion and these may be available from the Palliative Benefits Program at no cost to you or the patient. If you notice any change in the texture of their skin, such as redness or blistering, tell the nurse.

Poor Appetite

Often people who are very ill have a limited appetite or may feel nauseous. Sometimes they may have little or no energy to eat, have a sore or dry mouth, or find swallowing difficult. Do not try to force them to eat if your loved one is struggling to swallow or unable to stay alert as this can put them at risk.

The visiting nurse or the PCP may be able to offer advice.

Speech Language Pathologist (SLP)

The SLP can provide communication and swallowing assessments and interventions to clients in their homes when required.

Registered Dietician (RD)

RDs are healthcare professionals who apply their unique knowledge and expertise to support people in understanding and applying principles of nutrition and diet.

They provide Medical Nutrition Therapy to those at nutritional risk with the goal including to enable clients and their families to remain independent and living in their homes for as long as possible.
**Toilet Needs**

It can be embarrassing having to talk about this subject with your relative or friend. In fact, it can be one of the most difficult aspects of caring. Even so, do talk to your nurse if you would like more advice on this matter.

Many things can affect bowel and bladder function. These can be changes in eating habits, loss of appetite, lack of mobility, and some medications. Discuss with the visiting nurse and/or pharmacist about any difficulties they are experiencing. It is important that you ask for advice early. If the person you are caring for has no problems eating, it is helpful to encourage extra drinks. You can also add more fruit and high-fiber foods to their diet.

**Incontinence**

At some stage of their illness, your relative or friend may lose some or all control of their bladder or bowels. If this happens, ask the nurse for advice on incontinence. It may be possible to reduce the problem by making sure the bedroom is not far from the toilet or keeping a commode or urinal near the bed at all times.

The nurse can give you information about using incontinence products and protective measures for the bed. This is to make sure that your relative or friend is dry and comfortable and the bed is clean. If this does not work, the nurse may recommend a catheter. This is a tube placed in the bladder so that the urine can be drained away into a special bag.

The catheter’s bags and tubes can easily be hidden by bedclothes. For men with incontinence, it is also possible to drain urine using a tube connected to a sheath that fits over the penis, known as a condom catheter.

Incontinence and using commodes in the bedroom can also cause concerns over strong smells. Talk to your Community Health Nurse about ways to prevent this.

**Sleep Problems**

Your relative or friend may find it hard to sleep at night. This can be due to pain, sleeping a lot during the day, or being anxious and finding it hard to relax.

There are many ways to help them relax and fall asleep at night. For example, listening to music, reading, meditating or a warm drink in the late evening may help. Make sure the bedroom is quiet and not too hot or cold. Discuss ongoing sleep problems with the PCP or nurse.

**Pain or Distressing Symptoms**

If your relative or friend experiences pain or distressing symptoms, please notify the Community Health Nurses, their PCP, or a member of the palliative care team. It is important that your relative or friend takes their medications as prescribed.

Gentle massage is also a good way to relieve pain. It may be helpful to keep a record of when they are in pain, how long it lasted, and what helped to relieve it or not.

**Paperwork**

Speak to your Most Responsible Provider (GP, NP) about eligibility for BC Palliative Care Benefits (Pharmacare Plan P), for them to review and sign a Medical Order for Scope of Treatment (MOST) that best reflects the wishes of your friend or relative and the appropriateness of an EDITH (Expected Death in the Home) form.
Emotional Support

It is natural for people with a serious illness to feel sad, anxious or depressed at times. They may experience a range of emotions and sometimes get mad or irritable with you. It is possible for your relative’s or friend’s feelings to change from day to day or even hour to hour. Remember, their emotional well-being is just as important as their physical health.

Some ways to help with their emotions and feelings can include listening and talking, touch or simply being with them.

When to Listen and When to Talk

When faced with the prospect of the death of a family member or friend, it can bring a strange mixture of feelings. It can be hard to know what to say to your relative or friend because the future is so uncertain.

You may be afraid of saying the wrong thing and want to protect them and keep them free from worry. As a result, you might pretend that everything is fine and carry on as normal.

People with a serious illness can sometimes become anxious and depressed. However, it can be hard to tell if their symptoms are part of their illness or part of their anxiety or depression. They may lose interest in their surroundings, lose their appetite, be angry, irritable, cry, or have problems sleeping.

If you feel concerned about low mood, discuss it with the Community Health Nurse or PCP.
**Listening**

Listen carefully to what your relative or friend is saying and respond to it. You may not think you are doing much by just listening, but in fact, it is one of the best ways to help. By listening carefully, you allow them to share their feelings which can help you to understand their concerns better.

They may speak about ‘tying up loose ends’ or may be worried about finances such as wills, mortgages, or insurance. They may want to speak to family and friends to make amends or just to catch up.

Don’t make your relative or friend feel lonely and isolated by not talking to them or brushing off what they say lightly.

They may not want reassurance, but just to be listened to as they talk about their fears and hopes. Even when there is no hope of recovery, they may just want to know that they will not be abandoned and alone. Be as honest as you can and be prepared to face the truth if that is what your relative or friend wants.

Often people who are dying do not want to focus on what is going to happen to them. But at the same time, they want those around them to be honest.

Sometimes they may speak about dying, state they are going to die, or ask awkward questions such as ‘Am I going to die?’ or ‘Am I dying?’ In this situation, it is very hard to say an outright ‘yes’ to such questions. In fact, it is rarely easy to talk about death. You may find it easier to respond by asking them a question instead. For example, ‘Why did you ask that?’ or ‘Do you think you are dying?’

This can give them an opportunity to express their worries.

Sometimes your relative or friend may not want to talk. Respect this. Just knowing that you are always ready to listen to them should reassure them. Sometimes they may just want to sit in silence with you for company.

**Touch**

Communicating with someone who is seriously ill does not always need to be verbal. As their condition becomes worse and their strength weaker, your friend or relative may speak less and less or you may find it increasingly difficult to understand what they are saying.

You may also find it hard to express your thoughts and feelings to them. At this time, touch can be a good way to express your love and appreciation. Giving them a hug, holding their hand, or gentle stroking or massaging can help them to relax. Sometimes, it may even relieve pain and sleeplessness. Your presence can also bring them great comfort and peace.

**A Peaceful Environment**

It helps to have a peaceful and soothing environment for your relative or friend when they are seriously ill and getting weaker. Music can be especially helpful and playing their favourite CDs or tapes can be very calming. If your relative or friend has pets, such as a cat or a dog, they can bring comfort. A calm atmosphere should be encouraged and avoid crowding the room with family members and visitors. A room that has fresh or circulating air is also better than a hot, stuffy room.

If your relative or friend has used complementary therapies in the past or is thinking about using them, talk to your Community Health Nurse or PCP about how appropriate they are at this stage.
Spiritual Care

When faced with a serious illness, your relative or friend may start thinking about the meaning and purpose of life, of God, and the afterlife. They may have ‘unfinished business’ like spiritual or religious needs they did not get a chance to deal with during their life. As a result, they may now want to put their ‘house in order’.

In times of stress and sadness, many people find that their religious faith can be a great comfort to them. Your relative or friend may ask to speak to a local priest, minister, or religious leader for spiritual support. The illness of your loved one may even affect your own spiritual well-being. You too may wish to make contact with a religious leader.

Looking After Yourself

Taking care of someone with a serious illness can be both a challenging and rewarding experience. It can bring great personal satisfaction, but it can also be tiring, frustrating, distressing, and isolating.

You may become a caregiver overnight and feel that you are not experienced to handle the care of your relative or friend and because their illness is unpredictable, you may be fearful or anxious about the future.

Caring for a loved one may result in you wanting to be at home all the time in case something happens. You may feel guilty or reluctant to take a break, or you may have few opportunities to relax.

You may feel angry or come to resent your relative or friend for the changes their illness has brought to your lifestyle. However, it is important that you look after your health so that caring does not result in you getting overly stressed or sick.

Make time for a break each day: a walk to the shops, a trip to the hairdresser/barber, the library or cinema, or an evening out with friends. Give yourself little treats at home: read a favourite magazine or newspaper, sit down for a leisurely cup of tea, or have a relaxing soak in the bath.

If you have any of your own health concerns, see your doctor sooner rather than later.
It may help to think about the following questions and, even if the answers are no, they can help you to focus on your needs too.

- Do I know someone who is a good listener?
- Can I trust them when talking about my feelings?
- Do I get enough rest and sleep?
- Do I eat regular meals and a healthy diet?
- Do I get regular exercise?
- Have I got regular times for relaxation?
- Am I allowing others to provide care and help too?

Family and Friends

Remember to ask family and friends for help when you need it. Take up offers of help, especially with cooking, housework, shopping, or even company for yourself. Discuss any concerns you might be having about balancing your own needs with the needs of your loved one with the Community Health Nurse.

Talking to Children

When there are young children involved in the care of your friend or relative, they may have many questions for you. In this situation, it is best to obtain professional advice. In many areas, there are Patient and Family Support teams or Counselling services available that have special programs for children. Ask a member of your Palliative Care Team for further information.

How much you tell children about the illness will depend on how old they are. Very young children don’t understand illness and need a simple explanation as to why their parent or friend has to go to hospital or why they are ill at home and needs taking care of. Slightly older children will need to be told more. An open, honest approach is usually the best way for children. Even very young children can sense when something is wrong. Don’t keep them in the dark – reassure them and talk to them in their own language.

Practical Matters

By knowing the wishes of your relative or friend, it can make dealing with several practical matters easier. To lessen any stress for you and your family when your relative or friend has died, it is a good idea to prepare beforehand.

It does help to think about some practical issues that can affect your friend’s or relative’s future.

It is best to encourage your relative or friend to make a will if they have not done so, or at least provide an opportunity to talk about it. Inheritance problems can often arise when no will is made.

It is also useful to know where important documents belonging to your relative or friend are located. This can include such things as the deeds of their house; their will; passport; driver’s license; birth, marriage or divorce certificates (where applicable); details of bank or building society accounts; insurance and pension policies.
When Death is Close

When death approaches, it is natural for it to be a sad and stressful time.

Dying at home may seem like the most peaceful, safest place but in practice this is not always possible for many reasons. Your PCP or nurse can offer advice and guidance in deciding the best place of care for your relative or friend at this time.

How Do I Know if My Relative or Friend is Dying?

If you are caring for your relative or friend for some time, you may notice a change in their condition. Their nurse or PCP will be able to answer any questions you have about this change and will advise you about any signs that your relative or friend is dying.

As death draws near, their appetite will reduce or they may have difficulty swallowing. Offer small servings of a favourite food or drink but do not force them. Do not worry if your relative or friend stops eating and drinking altogether, this is normal and expected as the body prepares for the end of life.

Your relative or friend may sleep more and sometimes be drowsy or difficult to wake. It is best to plan conversation times for when they are more alert. They may also have difficulty seeing and may develop a fixed stare. In this case, it can help to leave a dim light on in the room.

Sometimes they can become restless or confused. For example, they can pull at the bed linen and become confused about the time, or may not recognize familiar faces. It is best to speak calmly so as not to frighten them. Remind them of the day, the time, and who is in the room. It can be a comfort to them for you to hold their hand, even if they cannot respond.

When someone is drowsy or unresponsive, don’t assume that they cannot hear you. They may be aware of people close to them and recognize familiar voices. For this reason, it is important not to discuss their illness or changing condition in their presence.

As your relative or friend becomes weaker, their breathing may change and become irregular. When breathing becomes shallower, secretions can build up at the back of the throat. These may sound noisy like a rattle but it does not mean that your relative or friend is uncomfortable.
**Time of Death**

It is very hard to predict when death will occur. If it seems like it’s near, you may want to have someone with you. Continue to sit by your relative or friend and you will notice when they are no longer breathing.

When death occurs, you may wish to sit with your relative or friend for a while afterward. Naturally, you will have many emotions and feelings at this time. You may feel shocked or it may all seem unreal.

When a death at home is expected, it is not necessary to call 911. In your own time, call your Community Health Nurses. The PCP or Most Responsible Palliative Care Provider will also need to be notified so that they can complete the death certificate. Call the Funeral Home when you feel ready. They will help and guide you with the aftercare of your relative or friend and the funeral arrangements.

**Bereavement**

When someone close to you has died, there is a natural period of sadness and loss. You may experience a range of emotions from shock, relief, guilt, and grief for a long time afterwards. These are all normal reactions and some days you may feel better than other days.

It is best not to try to do too much too soon. You will need time to get used to the loss of your relative or friend and adjust to a new routine.

There are many organizations available to help you during this difficult time. If you have concerns or find it hard to cope, contact your PCP or local palliative program.

**Community Resources**

North Shore Palliative & Supportive Care Program
604-984-3743

Every Day Counts Program
everydaycounts@vch.ca
604-363-0961
everydaycounts.ca

EDC offers wellness activities and access to support and information to anyone on the North Shore living with or affected by a serious, life-limiting illness. We are here to be the bridge to support you and those close to you through this journey.
Donations

Donations are gratefully accepted for the North Shore Palliative & Supportive Care Program and these funds support necessary programs, education, and the purchase of equipment that makes life better for clients and families.

The Lions Gate Hospital (LGH) Foundation receives donations and raises funds on behalf of our program. To provide a donation, make your cheque payable to Lions Gate Hospital Foundation and on the memo line write “Hospice & Palliative Care”.

Donations can be dropped off at the Hospice, 7 West Floor (at LGH), at the Lions Gate Hospital Foundation office, or made online through the LGH Foundation website.

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