

The Last Hours of Life - What to Expect

Names and Phone Numbers You May Need

Name	Phone
Family Dr. _____	_____
Palliative Dr. _____	_____
After Hours _____	_____
Access Centre _____	_____
Visiting Nurse _____	_____
Hospice _____	_____
Clergy _____	_____
Funeral Contact _____	_____

Please Do Not Call 911



For more information please contact:

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Grief and Healing

This booklet talks about the physical changes that may happen when someone is close to death and about the care you can give. Throughout this time, you will be feeling many different, powerful emotions. No one is ever fully prepared for the death of a loved one, even when it is expected. How could we be?

Grief is the term we use to describe the feelings of loss and sadness that we feel in our hearts and souls at the time of death and afterwards. Often our healing is helped by knowing that what we have witnessed and been a part of is normal.

This booklet is an overview of some of the changes that occur in the last hours of life. There may be other changes as well. Encourage everyone to ask questions and to understand what is happening. Knowledge frees us to give the best possible care to the one who is dying and helps in our grieving after the death.

We all die. We die in a variety of ways – in youth or in old age, from an illness perhaps, or an accident of some kind.

The death described here is the expected death of one who is at the end of a terminal illness – such as cancer or heart disease. The setting of this death could be a hospital, a nursing home or at home.

Each person's birth, life and death are unique. However there are similarities in the way we die that make it possible for us to plan for the care that will be needed.



In our society, we rarely witness death and it may be that the first dying person we care for is someone very close to us. To be present at death, especially for the first time, is an experience that changes us forever.

At each stage of dying, there is care that is given by family, friends and volunteers. This care is a gift to the dying person. Just as love flows both ways, the care that is given and received is a gift.

There are three general stages of dying:

The signs of each stage reflect the decreasing amount of oxygen reaching the cells of the body. When the heart stops beating and breathing stops, oxygen no longer reaches the cells and death occurs.

The signs mentioned in this booklet may appear and then go away. You may not notice all of them. Some may not happen until the last few minutes of life.

The First Stage of Approaching Death

CHARACTERISTICS

1. Someone who is dying usually begins to withdraw more and more into his or her own world. She/he is still conscious and able to communicate but various behaviours may appear – restlessness, disinterest in people or activities previously enjoyed, impatience, or sleeping more often. It's important not to take this withdrawal personally. It is normal.
2. There is a decreased ability to grasp ideas.
3. All the senses decline, even hearing.
4. Very little food and liquid is desired or needed by the body at this stage. Swallowing may be difficult.
5. Pain perception decreases. If present, it is often perceived as pressure or vague discomfort.
6. The person's skin feels cool to the touch, especially the feet and lower legs.
7. The person may be too weak to move or turn, especially the lower body. Discoloured areas (pink or red) appear on the skin where pressure has been applied.
8. A pattern of interrupted breathing called "Cheyne-Stokes breathing" may occur and for some there may be noisy breathing sometimes called "the death rattle".
 - Cheyne-Stokes breathing is a pattern of breathing often present in dying. The person takes several breaths followed by a pause in breathing of several seconds. Regular breathing then resumes. The pauses are referred to as "periods of apnea."
 - Noisy breathing is caused by a weakened cough reflex and occurs because the dying person is unable to clear his or her throat. Patients do not seem distressed by this. Repositioning often helps with the sounds and there are some medications that may also be helpful.



CARE TO BE GIVEN

Speak in a calm, encouraging manner. Always assume that the person who is dying can hear. Present ideas simply, one at a time and allow time in between. Always explain what you are going to do before you start. Avoid loud noises and sudden movements

When speaking, stand close to the bed where you can be easily seen and heard. Touch when speaking, so that all senses are involved in communication. Having a light on in the room may be important to some people. Positioning the bed so that the person can look towards a window may be comforting. Be careful, however, that he/she is not facing directly into a glaring light source. This could be very uncomfortable.

Playing favourite music, touching and talking are ways to decrease anxiety and discomfort. Night hours can be long and this is often the time when company would be appreciated.

Do not insist that the person eat or drink. If there is a particular desire for something, you might try to provide it.

Offer frequent sips of water or ice chips, but stop if the person cannot swallow or coughs on the liquid. Moisturize the lips often, and keep the room at a comfortable temperature.

If the person has a fever, light blankets can be used and wiping their forehead with a cool cloth can be helpful. Change the sheets, pillow cases, pyjamas and underclothing as often as necessary for comfort. Try to smooth out the wrinkles.

Assist with all turning or moving and ensure that arms and legs rest in a comfortable, natural position. Put a pillow between the legs if the person is lying on his side and use pillows to support the upper arm and back. If possible turn him/her every 2-3 hours to relieve the pressure on one side. Reddened areas on the skin can be rubbed lightly with lotion.

Although the skin may be cool to the touch, the person is not aware of feeling cold. Extra blankets and comforters are not necessary – they just add weight.

The Second Stage of Approaching Death

CHARACTERISTICS

1. The person is now unconscious and unresponsive. He/she is in a coma.
2. The senses are not present, although hearing is always considered to be present.
3. Pain is decreased until absent.



4. The heart rate may double – be irregular and light; the pulse will be weak.
5. The skin is cool to the touch and very pale or “waxy” in appearance.
6. The skin, beginning with the feet and lower legs, appears purple and mottled due to slowing circulation.
7. Cheyne-Stokes breathing continues and becomes more frequent and obvious.

CARE TO BE GIVEN

There is still time for family and friends to say what they would like to say, to encourage, to make peace, to say goodbye.

Continue the care as before.

The Final Stage

CHARACTERISTICS

In the final few minutes of life there may be some body reactions caused by chemical imbalance . There may deep sighing or twitching of muscles, but the patient will no longer be aware of this.

1. Breathing may stop before the heart stops.
2. The pupils of the eyes completely dilate. If the eyelids are open at death, close them gently.
3. All the muscles of the body completely relax. The face will relax and often look peaceful and serene. Within a short while, a rush of air may be released from the lungs. The muscles of the bowel and bladder will relax. Urine and stool may be passed.
4. Death has now occurred.

CARE TO BE GIVEN

Do not call 911.

When you are ready, call the doctor or nurse who has been designated to come and pronounce death.

Notify family and friends.

Feel free to stay with the person’s body as long as you wish before calling the funeral home.

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