

## Signs & Symptoms of the Dying Process for Care at the Time of Death

Time	Signs & Symptoms	Why does this happen?	What you can do
<b>Early Sign of Dying Process</b>	<p><b>Loss of Appetite</b></p> <p>Lack of interest in eating and drinking. Person may report feeling full or that foods don't taste right.</p>	<p>The ability to digest food and maintain the proper balance of fluid gradually slows as the body begins to shut down. The body does not require the fuel it once needed.</p>	<p>Help person to sit up comfortably at mealtimes. Make the atmosphere as cheerful and appetizing as possible. Don't lose the social ritual of sharing meals together. Encourage caregivers to join the patient at mealtimes, even if the patient can only eat a bite.</p> <p>Offer small amounts of favorite "comfort" foods. Help caregivers remember that a few bites of a favorite comfort food are an important gift. Recognize that it may take time and energy for the person to get the food down. Try cool, soft foods like applesauce, pudding or ice cream. Nutritional supplement drinks may be tolerated.</p> <p>Respect the changes the body is signaling. Urging someone to eat or drink when they don't feel up to it won't make them feel better and can make them uncomfortable. Show care in other ways.</p>
<b>Later Sign of Dying Process</b>	<p><b>Difficulty Swallowing</b></p> <p>Coughing, gagging and choking are signs that the swallowing reflex is failing.</p>	<p>The natural slowing of the body's physical systems includes neurological and muscular changes which affect the ability of a person to swallow, digest and eliminate food and fluids.</p>	<p>Offer ice chips or small sips of fluid if the person is awake and able to swallow without coughing.</p> <p>Provide mouth care every few hours to relieve drying mouth membranes and bad taste.</p> <p>Moisten lips with a damp cloth and use lip balm.</p> <p>Medications can be given in other ways when the person is not able to safely and comfortably swallow them. This is the time to focus on medications that are related to comfort.</p>

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<p><b>Early Sign of Dying Process</b></p>	<p><b>Sleeping more, increasing fatigue and weakness</b></p>	<p>Normal slowing of body rhythms. Sedation can also be temporarily caused by an increase in pain medications. Changes in a person's level of conscious awareness and function are a common response to the failing circulatory system.</p>	<p>Alert caregivers to be attentive to the times when the person is more alert, use those times to engage in life closure talks.</p> <p>Offer hospice aide to assist with activities of daily living in order to save energy for things most important to the patient.</p> <p>Consider use of bedside commode, electric bed, walker or other assistive devices to ensure comfort and safety.</p> <p>Encourage family and caregivers to spend this time with the person by reminiscing, sharing loving feelings and retelling stories that invoke happiness and humor.</p>
<p><b>Early Sign of Dying Process</b></p>	<p><b>Disorientation and confusion</b></p>	<p>Changes in a person's level of conscious awareness and function are a common response to the failing circulatory and metabolic systems.</p> <p>In a person with pre-existing cognitive impairment or a related dementia disease, confusion and memory loss may increase.</p>	<p>Speak calmly and offer reassurance. Don't argue or try to correct. When a person says something happens yesterday and it was two weeks ago, it is not necessary to re-orient them.</p> <p>Try to avoid asking questions that are difficult to answer. Instead of asking, "Do you remember seeing Sue yesterday?" say "Sue enjoyed seeing you."</p> <p>Let the person repeat a story as many times as they need. Encourage happy memories.</p> <p>Help families and caregivers adjust and allow for increased supervision needs and increasing care needs.</p>

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<p><b>Early Sign of Dying Process</b></p>	<p><b>Feeling Afraid</b></p>	<p>Fear is normal as people come to terms with the reality of death.</p> <p>Common concerns and fears include:</p> <ul style="list-style-type: none"> <li>● Pain and physical suffering</li> <li>● “Falling apart” emotionally</li> <li>● Losing control</li> <li>● Being alone</li> <li>● Leaving something undone</li> <li>● Leaving loved ones</li> <li>● The moment of death</li> <li>● What happens after death</li> </ul>	<p>Listen to the person’s concerns with an open mind. Allow them to express what they are worried about. Avoid the pitfall of gratuitous reassurance. “You shouldn’t worry about that.</p> <p>Provide information to address their concerns and information about the dying process and the person’s end stage disease process. Tailor education to a person’s ability and readiness to understand.</p>
<p><b>Early Sign of Dying Process</b></p>	<p><b>Withdrawal from friends and family</b></p> <p>People sleep more, talk less and lose interest in things they used to enjoy, such as TV shows, reading the paper, hobbies. Later they may not feel like talking to friends or care for a favorite pet.</p>	<p>The patient’s focus turns to inner concerns. This withdrawal is a preparation for the final separation that death represents.</p>	<p>Help friends and family understand that what is happening is a natural part of letting go and not a personal rejection.</p> <p>Encourage caregivers to let the patient set the pace for being around others or participating in activities.</p> <p>Help caregivers consider ways to say goodbye. Provide psychosocial and spiritual support as needed to help them share their feelings and adjust to the changes that are occurring.</p>

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<p><b>Early – Late can occur at any time</b></p>	<p><b>Skin Breakdown</b></p>	<p>The combined effect of immobility from weakness and decreased blood circulation can easily lead to bedsores. Staying in the same position puts pressure on skin and can cause breakdown in a few hours. Bedsores first appear as a reddened or discolored area. Back, buttock, heels and shoulders are common points of pressure.</p>	<p>Add cushioning to chairs and wheelchairs. Whether sitting or in bed, reposition at least every two hours.</p> <p>If repositioning causes discomfort, give pain medication before moving. Keep skin clean, dry and apply moisturizer.</p> <p>Learn ways to relieve pressure and maintain comfortable body alignment by proper positioning with pillows, pads, and blankets.</p>
<p><b>Primarily Late, but can occur at any time</b></p>	<p><b>Near Death Awareness</b></p> <p>Appear confused, state they have seen or spoken to someone who has already died.</p> <p>Speak to people and see places or things not visible to you.</p> <p>Describe seeing spiritual beings, lights, or other symbolic or meaningful visions.</p> <p>Talk about going on a trip, going home or leaving. Tell you when they will die.</p>	<p>These messages may be a symbolic communication asking for permissions to die or address an end of life need.</p> <p>These behaviors do not necessarily indicate the person is confused or hallucinating. They may be trying to communicate the dying experience or describe the transition from life to death.</p>	<p>Listen. Do not contradict or try to explain away or correct.</p> <p>Be present and open to the person’s attempt to communicate to you what is happening to them. Sit with the person. Respectful, attentive listening is important at this time, even if the person appears to be confused.</p> <p>If appropriate, ask questions that connect to the feeling of the experience, “Who are you seeing?” “Are you happy about what you are seeing?” Are you looking forward to going on the train?”</p>

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<p><b>Later signs of Dying Process</b></p>	<p><b>Change in Level of Consciousness</b></p> <p>Sleeping increases and consciousness diminishes – profound weakness occurs. Transient episodes of confusion are common</p>	<p>Day and nighttime sleep patterns get mixed up and the person may drift in and out of sleep around the clock. Metabolic, cardiac and respiratory systems are failing to maintain normal neurological and functional processes.</p>	<p>Always assume that the person who is ill is still able to listen even if they appear to be sleeping and unable to respond. Identify yourself and encourage caregivers to do the same, even intimate partners. “Hello Dan, I’m Doris from hospice here to sit beside you for a while today.</p> <p>Offer comfort by speaking calmly. Let the person know what you are doing. “We are going to turn you over now so you can rest more comfortably.”</p> <p>Promote dignity by maintaining respect for the person’s privacy when providing personal care.</p> <p>Suggest family use a monitor so they can rest in another room. Encourage caregivers to accept help with tasks and chores so they can save their energy for things most important.</p>
<p><b>Later Sign of Dying Process</b></p>	<p>Restlessness, Agitation and Confusion</p> <p>Constantly moving in bed or trying to get out of bed</p> <p>Unable to rest or sleep without tossing and turning.</p> <p>Pulling or picking at bed clothes</p> <p>Attempting to remove clothing</p> <p>Crying out, calling for help, clenching teeth, grimacing</p>	<p>Common in patients with coexisting cognitive impairment or dementia disease. Be sure to eliminate pain as the cause in dementia patients</p> <p>Metabolic changes, infection, pain, constipation, urinary retention.</p> <p>Circulatory and respiratory changes that decrease oxygen to the brain.</p> <p>Unresolved spiritual and/or emotional issues.</p>	<p>Keep the room as peaceful and quiet as possible. Reduce noise levels, turn down bright lights, close curtains to reduce glare and muffle sounds.</p> <p>The hospice nurse will assess for pain, constipation, urinary retention and/or fever as cause for restlessness which can be relieved.</p> <p>Talk to the patient in a calm, quiet voice. Hold the person’s hand. When giving care, always explain what you are about to do. Give the patient time to talk, even if they are confused.</p> <p>Try playing soft music that is soothing to the patient. Provide or arrange prayer, chanting, and scripture or rituals if that is appropriate.</p> <p>Make sure the patient is not wet or soiled. Adjust room temperature and covering to help keep them comfortable. Reposition the person every two hours at minimum.</p> <p>Increase hospice presence and visits to offer support, education and reassurances to family and caregivers.</p>

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<b>Last days to hours of life</b>	<p><b>Changes in skin color</b></p> <p>Bluish, mottled appearance especially of lower extremities and hands – sometimes visible around mouth and mucous membranes.</p>	<p>Circulatory failure. Multiple organ system failure ultimately causes cardiac/circulatory collapse</p>	<p>Encourage family and caregivers to say last goodbyes.</p> <p>Provide light covering if not disturbing to the patient. Provide active, responsive, sensitive support to patient and family. Meet religious and spiritual needs as requested and appropriate. Ensure quiet and respectful environment.</p>
<b>Last days to hours of life</b>	<p><b>Breathing changes</b></p> <p>Shallow, irregular breathing with periods of no breathing (apnea) for 5 to 30 seconds or more.</p> <p>Noisy, rattling, gurgling sounds</p> <p>Panting, rapid breathing</p> <p>Heavy deep breaths</p> <p>Silent, gasping movements of the mouth without taking in air may happen in the last minutes of life</p>	<p>Gurgling and rattling sounds are caused by air moving through the natural accumulation of saliva in the upper airway. It does not mean the person “is drowning or suffocating.” In the dying process, the natural reflex of swallowing and clearing the throat is impaired.</p> <p>As heart and respiratory functions slowly shut down, breathing rate and effort will change.</p>	<p>Breathing changes can be very distressing to family and caregivers.</p> <p>Provide a calm and reassuring presence. Elevate the head of the bed. Turn the person on their side.</p> <p>Give family and caregivers permission, encouragement and support in taking breaks from bedside vigils if they are disturbed by breathing changes.</p> <p>For gurgling or rattling sounds, avoid suctioning, which has little effect and will often cause more mouth secretions and an increase in symptoms.</p> <p>Medications which help dry up moisture can be provided, but will also dry other mucous membranes. Be sure to provide eye drops and frequent mouth care.</p>