

An Educational Document: AS DEATH APPROACHES

As a person approaches death, changes occur. This is a time when final communications may be seen. Often there are important messages for those who are leaving this world, as well as those whom they are leaving behind. Frequently, people who are dying say things that seem hallucinatory, jumbled or confused. If we listen carefully and gently, we may be able to understand their final messages. Sometimes they are telling us what they are seeing or feeling. Sometimes they are asking for something that will help them die peacefully. The following are some signs that may be present as the end draws near.

1-3 months prior to death:

- Withdrawal from the world and people around them – the beginning of separation.
- Decrease in appetite – when the body is preparing to die, it is perfectly natural that eating should stop. Liquids are preferred to solids. Provide light meals with high calories and protein content (milkshakes, condensed soups). Supplements may be used. Accept decreased appetite as normal and avoid forcing to eat. It is okay not to eat. Spiritual energy is now needed, rather than physical energy.
- Increase in confusion – the person may start to talk to people and about places or events that are unknown to others. Mention day and time frequently. Identify yourself when entering a room. Refer to people in the room by name.
- Increase in sleep – cannot seem to keep their eyes opened, but can be awakened. Plan your time with patient during times of greater alertness.
- Decrease in strength in arms and legs. Assist patient with daily activities. Use wheelchair and bedside commode. Protect patient from falling. When bedfast, turn every two hours to prevent pressure sores and to increase comfort.
- Incontinence of bladder/bowels. Place pads under patient. Use good hygiene techniques.

Several Weeks:

- Disorientation.
- Weak voice. Avoid tiring patient with prolonged visits and conversations.
- Decreased blood pressure.
- Difficulty swallowing. Give semi-liquids – easier to swallow than liquids (puddings, soups, ice cream). Give small amounts. Elevate head of bed.
- Restlessness. Speak calmly and with assurance. Do not startle or frighten patient. Accept “unseen” people and things.
- Body temperature fluctuates between fever and cold. May use blanket or sheet to cover patient. (Do not use electric blankets.)
- Increased perspiration, often with clamminess.
- Breathing pattern changes – may be rapid or may decrease to few breaths per minute, however it generally becomes irregular.
- Decrease in the urinary output.

Days or Hours:

- Increased restlessness. Speak calmly and with assurance. Do not startle or frighten patient. Accept “unseen” people and things.
- Breathing pattern becomes slower and more irregular. Periods of apnea (no breathing) lasting 10-30 seconds or longer. Respirations become rapid and shallow. Elevate head of bed slightly (oxygen does not help).
- Unable to swallow.
- Congestion or gurgling sound. Elevate head of bed. Use humidifier (suction machine does not help). Turn patient on his/her side (reposition patient frequently). Remember patient is not in discomfort (harder for caregivers to hear this).
- Unable to close eyes – or may have glassy look or far away look
- Surge of energy followed by no activity
- Skin color changes – hands and feet may become purplish. Knees, ankles and elbows become blotchy.
- Relaxed earlobe or entire ear
- Relaxed lower jaw. Keep mouth moist. Use humidifier, ice chips, moist cloths, small drops of water, artificial saliva or artificial tears.
- Hyper-extended neck
- Weak pulse
- Body temperature changes from hot to cold

Minutes:

- Unable to awaken
- “Fish out of water” breathing

When these signs and symptoms occur, they are indicators that your time with your loved one is limited. This is a good time to tell your loved one those things that are in your heart, to speak of memories shared, say thank you, how much he/she has meant to you and goodbye.

Recurring Themes of the Dying:

Being in the presence of the Dead

The dying often talk or “see” someone who has died.

Preparing to travel

Dying patients often talk of going on a trip, pack their bags to begin their journey, etc.

Seeing a place

Many dying people have glimpses of “another world”. Others speak of having a “dream” or a “feeling of being in another place”. This can occur weeks before the time of death or when death is imminent.

Choosing when to die

It is not uncommon for the dying to seem to cling to life until a loved one arrives. They may also wait until a loved one leaves before dying.

Knowing the time of death

Many times the message the dying give is that they are about to die. They may say goodbye to their loved ones directly or indirectly.

- * How we approach death will depend upon our fear of life, our participation in that life and how willing we are to let go. Fear and unfinished business are two big factors in determining how much resistance we put into meeting death.

Helpful Hints:

Do not contradict, explain away, belittle or argue with them. These experiences can be discomforting to the patient.

Be present with the person. Simply sit at their bedside and be open to their attempts to communicate.

Talk to the patient. We believe they can still hear what is going on around them. Do not say anything you do not want the patient to hear.

Ask gentle questions about what your loved one is saying or doing. Questions such as: “Who do you see?”, “What are you seeing?” and “How does that make you feel?” Allow the person to share this experience with you.

Ask them to repeat statements if you don’t understand what they are trying to say. For example, you might say, “I’m not sure I follow what you are telling me. Can you explain that a little more?”

Accept them regardless of how they appear to be responding to the impending death. For example, if they are having difficulty “letting go”, don’t deny the problem. Acknowledge it and offer help.

Signs of Death

No breathing

No heartbeat

Loss of bowel and bladder control

No response to shaking or shouting

Eyelids slightly open

Eyes fixed

Jaw relaxed and mouth slightly open



Hospice Care
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