

After Death

This final leave-taking can be a difficult time. You may wish to spend time with the body of the person who has died, reminiscing and saying good-bye.

Before the funeral home attendants arrive, you may want to bathe and/or dress the person or send special objects or notes with him or her. You may prefer to choose the clothes you want the person to wear and give them to the attendants, or you can bring them to your meeting at the funeral home.

When the funeral home attendants arrive, they will move the body to a stretcher in preparation for leaving. The body will be placed in a special zippered bag made for the purpose of transport.

Consider whether or not you wish to be present when the person's body is removed. You may wish to remain with the body or you may want to leave, go into another room or go for a walk while the stretcher is taken out.

Memorial or funeral plans can be made or confirmed at an appointment with the funeral home the next day.

Ask your health care team about local bereavement resources available from the hospice society or other services in your community. Even normal grieving can have a profound impact on you and support can be beneficial for your on-going health.

For more information contact your local health care team or your family physician.

Health Care Team: _____ Phone: _____

Family Physician: _____ Phone: _____

Hospice Society: _____ Phone: _____



As Death Approaches

Practical advice and comfort measures for caregivers present during the final days of life.



In the final weeks and days when a person nears the end of life, a number of changes may occur. These changes are normal and to be expected. Listed below are typical changes in the order in which they often happen. However, because we are all unique, everyone's experience will be different. If you have questions or concerns at any time, please talk to one of the health care team members.

Sleep Longer

The person may sleep for longer periods and sometimes have difficulty waking. Some experience periods of wakefulness followed by hours or days of deep sleep.

What you may do to help ...

- Plan visits for times when the person is more wakeful and alert.
- Encourage visitors to sit quietly at the bedside. Physical touch, such as holding hands, may be a good way to connect.
- Avoid overtiring the person. Limit the number and length of visits.

Eat and Drink Much Less

It is normal at end of life for people to have very little appetite or thirst. If a person eats or drinks more than is wanted, nausea, vomiting and other unpleasant problems frequently occur. The person most likely will not be interested in food or drink. This is a natural part of their body preparing for death.

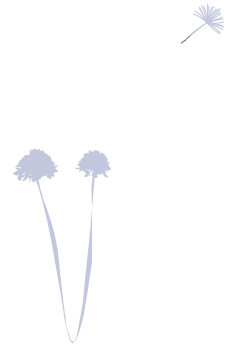
What you may do to help ...

- Allow the person to be your guide about what to eat or drink.
- Serve small portions of soft light food or fluids.
- Clean the person's mouth with a damp cloth or mouth swab, and apply moisturizer to the lips to help with dryness.
- If mouth dryness is bothersome try a commercial product, like 'Oral Balance'. Ask one of your health care team members about products.

At the Time of Death

You will notice that the person's:

- Breathing and heartbeat have stopped.
- Eyes are not moving and may be open or closed.
- Mouth may fall or remain open as the jaw relaxes.
- Skin becomes pale and waxy looking.



When Death has Occurred At Home

- DO NOT call 911, Police or Ambulance. Emergency Medical Personnel may try to revive the person and will transport them to the hospital emergency department. This response can be very distressing.
- DO CALL your community care team. They will arrange for the most appropriate nurse or doctor to come to your home if needed.
- DO CALL family members, friends or your spiritual advisor if you would like someone to be with you.
- DO SPEND as much time with the person who has died as you wish. Remember there is no need to rush. Take time to absorb the reality of death and say goodbye.
- DO CALL the funeral home when you are ready. If pre-arrangements have been made with the funeral home you may not want or need a visit from the nurse or doctor to pronounce the death.
- If you have not chosen a funeral home, do so at this time.



Become Confused and/or Restless

Some people are unable to recognize familiar people or surroundings, may see things that you cannot see, pull at their sheets and clothing or reach into the air.

What you may do to help ...

- Speak calmly, slowly and in a manner that is familiar to the person.
- Offer reassurance about their safety and your confidence in their care.
- Consider playing calm and soothing music, gently placing your hand on the person or offering a gentle hand or foot massage.
- Keep the atmosphere quiet and turn down the lights. Try to minimize stimulation.
- Give gentle reminders about the time, where they are and who is present in the room. Use caution when attempting to correct or discount what appears real to the dying person as this may increase distress.
- Ask the health care team for guidance if confusion and restlessness increase. The person may need medications to help calm and settle him/her.

Experience Emotional and Spiritual Changes

Sometimes a person may use symbolic language, for example, people may talk about going somewhere, ask to go home, or see and speak to people you do not see. Also strong emotions, such as fear or anger, may be expressed. Although not everyone will experience these responses they are normal and expected.

What you may do to help ...

- Continue to respond in your usual way.
- Realize the person may be working through important issues such as life review, saying goodbye and letting go.
- Talk to a member of the health care team if unusual language or behaviour is noticed.
- Ask to be connected with the team member who can support you through this; a counselor, social worker, hospice volunteer or chaplain. As well, ask your own spiritual advisor if they will visit to discuss these changes.

Have Difficulty Swallowing

A person may be unable or have difficulty swallowing as weakness increases. Foods and fluids with the consistency of yogurt are easier to swallow than thin water-like fluids.

What you may do to help ...

- Give only small amounts of food and fluid. Too much may cause choking and/or vomiting.
- Remind the person to swallow.
- Ask the health care team to suggest how medications can be given when the person can no longer swallow.

Develop Wet Sounding Breathing

As the body weakens, saliva may collect at the back of the throat and cause wet-sounding breathing. This wet sound may also be caused by congestion deeper in the person's body.

What you may do to help ...

- Discuss what you are hearing with the health care team; there are medications that decrease congestion or provide relief if pain is a concern.
- Change the person's position, perhaps by turning him or her to one side, raising the head of the bed or using pillows to prop the person up.
- Administer prescribed medications to decrease congestion or provide relief if pain is a concern.

Moaning

Moaning as the person breathes in or out may or may not be an indication of discomfort. Look for other signs of discomfort, such as frowning of the brow.

What you may do to help ...

- Change the person's position, perhaps by turning him or her to one side, raising the head of the bed or using pillows to prop the person up.
- Administer prescribed medications to provide relief if pain is a concern.



Have a Change in Body Temperature

When a person is dying they may feel unusually hot or cool to the touch. A person will feel hot if the temperature-regulating part of the brain is not working or a fever has developed. Arms, legs, hands and feet may feel cool and the skin may look patchy or bluish in colour as circulation slows.

What you may do to help ...

- If a person feels warm to touch, remove some blankets or place cool cloths on their forehead.
- Put a fan in the room.
- Use mouth swabs or damp cloths to prevent dryness in the mouth.
- If the person states they are cold use a warm blanket; do not use a heating pad or any device that requires controlling the heat, as the person may not be able to tell you if the heating pad becomes too hot.

Saying Goodbye



Saying goodbye is important and people need to find ways to express their love, gratitude and sorrow to each other. Some people may choose to say goodbye through conversations, letters, and rituals, or simply by being together.

Some people at the end of their life seem more comfortable with loved ones around, while others may be more at ease with quiet and privacy. Usually the amount of stimulation and contact with others that people prefer is similar to when they were well. Sometimes it seems like people choose the time to die, perhaps when particular people are present or when they are alone.

You may wish to:

- Talk about shared experiences, offering and receiving love and forgiveness.
- Remember that tears are a natural and healing release of sadness.
- Give your permission for the person to die whenever he or she is ready.
- Let the person know that you and your family will be okay.

Have Irregular or Shallow Breathing

Rapid shallow breathing is common. There also may be pauses between breaths of 10 – 30 seconds or longer. Changing breathing patterns are normal and usually the person is unaware of and untroubled by these changes.

To help yourself through this difficult period, you may:

- Need to remind yourself to breathe. Sometimes caregivers forget to breathe when they notice changes in the breathing pattern.

Become Unresponsive

The person may no longer be able to respond to voices or touch and sometimes may appear to be sleeping with eyes open.

What you may do to help ...

- Continue to speak as you normally would. Your familiar voice is likely to be comforting. It is generally believed that people can still hear even when they cannot respond.
- Tell the person what you are going to do before you do it, such as a position change, personal care or giving medications.
- Ask the health care team for eye drops to prevent drying.

Lose Control of Bladder or Bowels

If the person has stopped eating and drinks very little, loss of bowel and bladder control may not be an issue. Decreased urine output and bowel movements are normal at the end of life.

What you may do to help ...

- Ask the health care team for information about protective padding and whether a urinary catheter is appropriate.



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