



**St Peter's
Hospice**

Understanding the changes when someone is reaching the last days of their life.

**A leaflet for relatives or carers of
patients being cared for in the
Inpatient Unit at St Peters Hospice.**

This leaflet is to help you know what to expect when someone is thought to be in the last hours or days of life. Please feel free to ask staff questions or request help at any time, as we are here to support you all.

Our aim is to offer individualised care to every patient and to support to family and friends, so please let us know what is important to you and your loved one.

Often what is important to people at this time is spending time together and letting the person know you are there and care about them. Talking about special memories or holding hands can be of comfort. As someone nears the end of their life they usually spend more time sleeping and will often be drowsy when awake. You should not be discouraged if the person does not respond to you, they may know you are there, as hearing is one of the last senses to fail. This is a natural change, not usually caused by medication.

Reduced need for food and drink

Being able to eat and drink is part of our usual day to day life. Lack of interest in food and drink is a normal part of the dying process and a physical sign that the person we care for is not going to recover. Even when we know someone is near the end of their life and they no longer want to eat and drink, we may find this hard. As someone grows weaker the effort needed to eat and drink may become too much so help may be needed. Food and drink will continue to be offered to someone who is dying until they lose their natural ability to swallow.

Continuing or starting fluids through a drip is not usually helpful in this situation and may add to someone's physical discomfort. You may want to discuss about fluids with a member of the In-Patient Unit team as they will listen to your concerns and explain the reasons for our decisions.

Changes in breathing and other signs

As someone nears the end of their life, their breathing often becomes uneven and may sound laboured. Occasionally there may be a noisy rattle with each breath. This is due to fluid in the airways which cannot be coughed up. As people are usually drowsier at this stage, this is often more distressing to family and friends than to the person themselves. Medication may be used to reduce the noise and changing someone's position may also help. The emphasis at this time is on ensuring that someone is not distressed by the changes in their breathing through the use of medication and reassurance.

As someone's condition changes their skin may feel cold and possibly moist. Sometimes the skin changes colour and become slightly blue or white. This is normal and due to changes in the blood circulation.

Sometimes people appear restless as death gets nearer, reassurance and medication can be used to reduce any distress this may cause.

Medication

There will be medication available to help ease pain and any other symptoms. The aim of these medications is to relieve symptoms and not change the natural course of the dying process.

If continuous medication is needed, the nursing team will start a syringe pump which delivers medication continuously through a small plastic needle under the skin.

Not all medicines are helpful during the last stages of someone's life; the main aim at this time is comfort. The team caring for your relative or friend may therefore suggest changes to their usual medication.

Spiritual/religious needs

We want to make sure that the care we give is right for every person we look after. To help us do this, we will check about any specific spiritual, religious or cultural beliefs, as you may wish to obtain comfort and support from our Multi-Faith Team Leader. The staff on the Inpatient Unit can also help you contact your own community chaplain or cultural advisor if you wish. Please tell those helping to care for your relative/friend if there are any specific personal, faith or cultural traditions that are important to observe before, at the time of or after death. They may be able to help facilitate this and would not wish to cause you any added distress.

Information

The Inpatient team will be assessing your relative or friend regularly. We want to make sure you have the information you need about their care and are aware of how to obtain further information if or when you feel you need it. Please discuss with staff members any concerns or questions you have about their care or what may happen before or immediately after your relative or friend dies.

It is natural to forget some of what you are told and the staff will be happy to answer any questions or arrange for a more appropriate member of the team to speak with you.