Patient Care Information

Preparing for Death

As death approaches, there are irreversible changes in some of the bodily functions. It is important to understand these physical changes so that the dying person's comfort is maintained. It is a time of close partnership between the dying person and those taking care of him or her.

Breathing

Changes That May Occur:

- The person may breathe with his or her mouth open and the mouth may become very dry. Thick secretions may accumulate in the back of his or her throat. There may be a "rattling" sound at the back of his or her throat due to these secretions.
- Breathing may be fast or slow, deep or shallow.
- There is sometimes an absence of breathing for 5-25 seconds. This is not painful for the patient.

What You Can Do:

- Use mouth swabs dipped in ice water to swab teeth, gums and tongue.
- Prop the person's head up with pillows.
- Give the medications prescribed to dry up secretions.
- Oxygen may be used. However, it does not always make the person more comfortable. The mask may increase a person's agitation.
- Always tell the person what you are going to do before doing it. For example, "I am going to wipe your mouth now."

Circulation

Changes That May Occur:

- The person's arms and legs may be cool to the touch.
- The arms and legs may look pale or mottled.

What You Can Do:

The change in color and coolness of the person's arms and legs is not painful.
Turn the person as instructed and gently massage the area on which the person was previously lying.

Confusion

Changes That May Occur:

- The person may not be aware of the time of day.
- The person may not be able to recognize people, places or familiar objects.
- Speech may be slurred or make no sense.

What You Can Do:

- Stand where the person can see you when you speak.
- Gently remind the person what time of day it is or who you and others are.
- Encourage the person to speak slowly.
- Do not show your distress at the person's inability to remember things.

Restlessness

Changes That May Occur:

- The person may move about in bed.
- The person may pull at the bed linens.
- The person my reach out or pick at the air.
- Muscle twitching may occur from imbalances in the blood.

What You Can Do:

- Elevate bedside rails if there is a danger that the person may fall out of bed.
- Do not try to stop the person from picking at the air; this may increase his or her agitation.
- Muscle twitches are not painful and no action is needed unless it is affecting the person's comfort.

Dreams

Changes That May Occur:

- The person may talk about contacts with loved ones who are deceased.
- The person may have 'visualizations' about going on a long trip.

What You Can Do:

• Encourage the patient to share their dreams with you.

Eyes

Changes That May Occur:

- The person's eyes may become dry and crusty.
- A person who is in a coma may have eyes that are partially or totally open; generally, blinking is absent.

What You Can Do:

- Cleanse the eyes with a warm, wet wash cloth to remove any crusted matter.
- If the person's eyes remain wide open, artificial tears can be used periodically to soothe them.
- You may try to close the person's eyes. However they will usually open again.