

Pain

Pain is not always experienced when someone is dying but we must ensure that the patient is comfortable. You may be worried that there are signs of pain if the patient is restless, calling out or grimacing. Please let the nurses know as we will have pain relieving medicine already prescribed 'just in case'. This will be administered as an injection under the skin. If the symptoms recur, we may suggest giving the medicine continuously using a syringe driver. The ward staff may also ask the Supportive and Palliative Care Team to review your loved one's condition to give advice on this medication if it is needed.

Agitation

As a person is dying, it is natural for them to become sleepier and less aware of their surroundings. Some people may also become restless or agitated. Hearing your voice and feeling your touch can be very comforting and reassuring. The nursing staff can give medication under the skin to relieve restlessness if needed. They will also regularly reposition your loved one, ensure bed clothes are clean and comfortable, and check for other causes of discomfort, such as urinary retention, to help keep them as comfortable as possible.

Breathing

The pattern of breathing may change as death gets closer. It may become irregular with longer gaps in between. There may also be a noise due to secretions and fluid building up in the air passages. This doesn't always cause distress to the patient; however, we appreciate it can be distressing for loved ones. The nurses may wish to reposition your

loved one or give medication under the skin to help to ease this symptom.

As the breathing pattern changes you may also notice that the colour of the skin around the mouth and hands may become darker, and their extremities such as hands and feet may feel cold to touch.

Final moments of life

Not all patients show the changes described above. We aim to do our best to keep you fully informed about your loved one's condition, but on occasion things can change quickly and without much warning. For most patients the final moments are very peaceful. Breathing stops altogether and often the body relaxes completely.

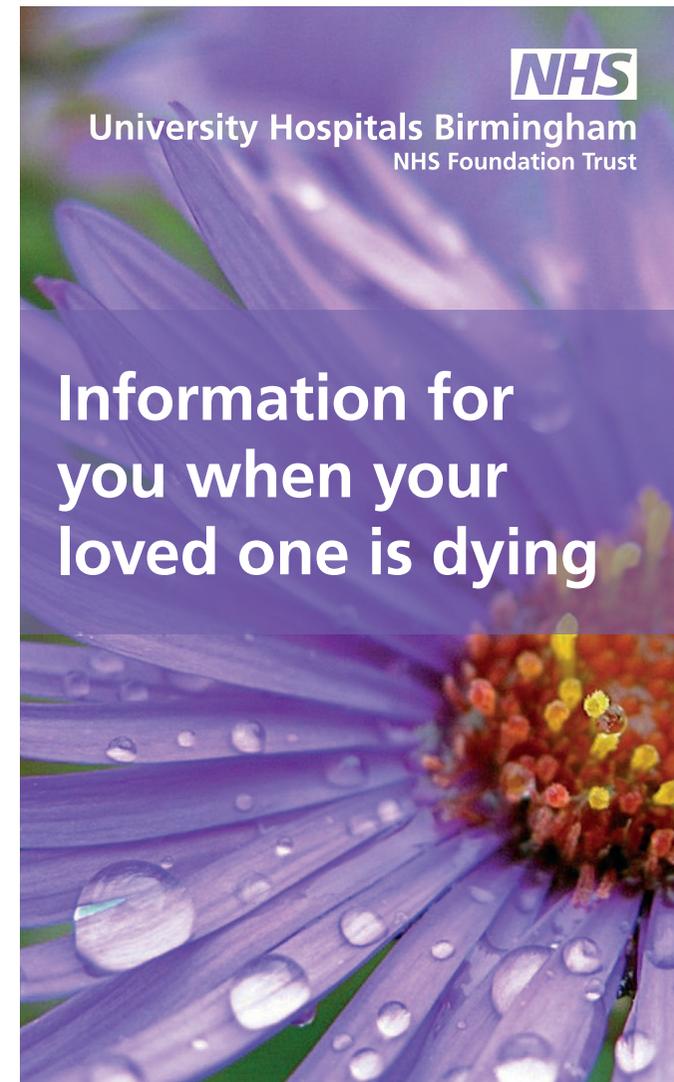
What happens next

After death has occurred, the nursing staff will need to carry out essential care for your loved one. A doctor or an appropriately trained senior nurse will also attend to examine them and formally confirm (verify) the death.

Time with your loved one

We will do our best to ensure you are given privacy and time to be with your loved one, if you wish, before leaving the hospital. Please let the nursing staff know if you need anything during this time.

Our staff are available to offer comfort, support, and to answer any immediate questions you may have. Before you leave the hospital, you should be given clear information about the next steps.



Accessibility

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The medical and nursing teams caring for your loved one have discussed with you that their condition has changed, and recovery is not thought possible and sadly your loved one is dying.

We hope this leaflet helps to support you during this difficult time. It is not meant to replace the face-to-face discussions you may wish to have with nursing and medical staff. We will focus on comfort and control of symptoms.

Please request to speak to a nurse or doctor if you have any questions.

As a family member or friend, what can we do to help?

You may wish to help with your loved one's care, please talk to us about this so we can support with your wishes, answer your questions and include you in care planning if that is what you would like. As your loved one becomes less responsive it is important for them to still hear your voice, so please carry on talking to them and to each other.

Where possible we will offer you a camp bed to rest on as it is important that you try and rest yourself, especially if you are spending long periods of time at the bedside. We will also try and offer you a single room so that you and your loved one have private family time together.

Please tell us about your loved one's life as we may not have known them when they were well.

When can we visit?

You can visit at any time so you support your loved one, but please respect that staff may ask you to leave the room on occasions, if they are offering personal care to your loved one.

We will offer you refreshments whenever possible however there is also refreshment facilities within the hospital that offer meals and drinks for relatives and visitors. Please ask a member of the ward team for further information.

Preferred place of care?

It is important that we discuss with you any preferences that you or your loved one may have regarding where they wish to be cared for at this time. It may be the hospital team feel it is safer for your loved one to stay in hospital for end of life care. It may be possible for the hospital team to explore continued care at home, or it may be appropriate to discuss a care setting such as a care home or Hospice. Any decisions about moving your loved one to their preferred care setting will be discussed fully with you and the ward team may refer to other specialists to help co ordinate this.

Emotions and feelings

Many of us find it difficult to talk about dying but we would like to listen to any thoughts you want to share with us. Crying is natural and normal, as are feelings of anger and frustration. We may suggest that other specialists come to see you to help you at this time. Whether you are religious or not, if you would like a visit from a member of the multi-faith Chaplaincy Team for some support, please ask a member of staff to make contact with the Chaplaincy Team or visit the Faith Centre located at the hospital.

Fluids and food

Changes in eating and drinking often cause concern for families, and this is completely understandable. As the end of life approaches, the body's need for food and fluids naturally decreases, and it may no longer be able to absorb or digest them. The nurses will support your loved one to eat and drink by mouth for as long as it is safe and comfortable to do so.

As your loved one becomes weaker and less awake, it may appear that they are hungry or thirsty, but this is not always the case as the body is slowing down. Giving fluids through a drip does not usually relieve thirst and, in some situations, can cause more harm than benefit. Regular mouth care, including moistening the mouth and lips, can help to provide comfort, and the nurses can show you how to help with this if you wish.

At this stage, the medical team will review medications. Tablets may be stopped if they are no longer helpful or are difficult to swallow. Other medicines will be prescribed and given by injection if needed, to relieve pain, restlessness, sickness, or noisy breathing. In some cases, these medicines may be given continuously via a syringe driver.

Observations

At this time, we do not wish to cause distress by repeatedly taking blood pressure measurements, but we do need to monitor pulse and breathing rate as these observations help us to monitor comfort of your loved one. These observations will be taken at least once a day.