About your Loved One's Last Days

The death of a loved one is stressful for family and friends. The stress can be lessened if you understand some of the changes your loved one may go through when death is near. This information will tell you about these changes and what you can do to help. The changes may begin to appear weeks, days or hours before death. You may not see these changes at the same time, or in the same order in which they are listed here. You may not see some of them at all.

Often, the best thing that you can do for a dying person is simply to be there with them. It is an important time for family and friends to gather. Share good memories. Share thoughts and feelings of love with the dying person. This may be a time of healing for some families.

SPIRITUAL NEEDS

Meeting spiritual needs is important to some families. Some patients and families are comforted by a visit from a member of their clergy during this time. A priest, minister or spiritual leader can be included as a member of the caregiving team to provide guidance and counseling along the way.

FAMILY NEEDS

Talk with your loved one about wishes for the last phase of life. These talks can be uncomfortable and difficult. But they provide your loved one with the ability to maintain control and help in planning. Ask your healthcare provider for suggestions about how to start such a conversation. The following are types of care one can have:

- **Home care.** Many people choose to die in their own home or the home of a family member. This might require you to take on the role of caregiver. You might choose to have home care services assist you.
- **Hospice care.** Hospice care focuses on providing comfort. It can take place in a variety of settings. Most hospice care occurs at home. Hospice services might also help in a 24-hour residential care setting. Hospice personnel may also offer services at a nursing home, where they add to the nursing home's care.
- **Hospital.** Some people prefer the comfort of having nurses and doctors nearby at all times. In a hospital, your loved one is cared for by nurses though you can help with some of the caregiving if you wish.
- **Nursing home.** Like hospitals and in-patient hospices, nursing homes have medical staff on duty at all times. As noted above, nursing home care can be combined with hospice care.

It is important that your loved one be as comfortable as possible. Let the doctor or nurse know if pain or any other discomfort is a problem.

THESE ARE SOME OF THE CHANGES YOU MAY SEE

Sleeping more

- This is because the body is slowing down.
- Let them sleep.
- Your loved one may not be able to see as well as before, so you may want to keep a light on in the room.
- Give any needed medicine when they wake up. Plan to spend time together when he or she is more alert.

Confusion

- Your loved one may seem more confused about time, people and where they are. They may also talk to people who are not in the room, or people who have already died.
- Comfort your loved one if they seem scared, but do not try to correct them.
- You may see restlessness and unusual behavior, such as pulling on the sheets.

Less thirst and hunger

- Loss of interest in food is normal when nearing death. This is because the body is slowing down and may no longer be able to absorb nutrients.
- Do not try to make your loved one drink or eat.
- Keep their mouth moist for comfort. Offer chips of ice if they are still able to chew.
- Do not force any medicine. There are other, more helpful ways to provide comfort now.
- You can put Vaseline on your loved one's lips to keep them from being too dry.
- Gently touching or caressing, or holding their hand may be comforting also.
- Talk to your loved one in a normal tone of voice. You do not need to whisper or change your style of talking. Hearing is thought to be the last sense to be lost. Always assume you can be heard.

Less urine and bowel movements

- Your loved one may pee less, or they may not be able to control their urine and bowel movements.
- You may need to put pads under them, and change them when needed to keep them clean and dry.
- If your loved one expresses a need to pee and cannot, call a doctor.

Fluid in the mouth or throat

- Fluids may become thick in the mouth because of less eating and drinking. Sometimes, thick mucous in the throat will build up. It may help to raise the person's head and shoulders on pillows.
- You can also gently wipe out their mouth with the wet mouth sponges. These are available from your doctor.

Cold arms, legs and body

- Your loved one's body is not able to stay normally warm. Arms, legs and feet may feel cold and may look blue in color. Lips may also look blue.
- The underside of the body may look much darker in color. At times, the dying person may feel like they have a fever.

Breathing changes

- Breaths may not be as deep, or breaths may become deeper, like snoring. This is normal.
- Noisy breathing can be upsetting to family and friends, but at this point, there is often no awareness of discomfort.
- Later, there may be as much as 30 seconds between breaths. This change may last awhile and it may come and go.

At the time of death:

- Breathing stops.
- The heart stops beating.
- Your loved one cannot be awakened.
- His/her eyes may be part way open.
- The mouth may drop open a little.

Do not be afraid. These are all natural occurrences. Feelings of grief or relief at this time are normal. Talk to your caregiving team about any questions or needs you have.

Easy-to-Read style based on content from Parkland Health & Hospital System, Dallas, Texas

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