



Issue 01 | Provided courtesy of Your Agency Name

Preparing for Approaching Death

When a person enters the final stage of the dying process, two different dynamics are at work. On the physical plane, the body begins the final process of shutting down by exhibiting physical changes that are a normal, natural way in which the body prepares itself to stop. The most appropriate kinds of responses are comfort-enhancing measures. The other dynamic of the dying process at work is on the emotional-spiritual-mental plane. The spirit of the dying person begins the final process of release from the body, its immediate environment, and all attachments. The most appropriate kinds of responses to the emotional-spiritual-mental changes are those that support and encourage this release and transition.



As you seek to prepare yourself as this event approaches, the members of your Hospice care team want you to know what to expect and how to respond in ways that will help your loved one accomplish this transition with support, understanding, and ease. This is the great gift of love you have to offer your loved one as this moment approaches.

The following emotional, spiritual, mental, and physical signs and symptoms of impending death are offered to help you understand the natural kinds of things that may happen and how you can respond appropriately.

The following signs and symptoms described below are indicative of how the body prepares itself for the final stage of life.

Coolness

The person's hands and arms, feet, and then legs may increasingly be cool to the touch, and at the same time the color of the skin may change. This is a normal indication that the circulation of blood is decreasing to the body's extremities and being reserved for the most vital organs. Keep the person warm with a blanket, but do not use one that is electric.

Sleeping

The person may spend an increasing amount of time sleeping, and appear to be uncommunicative or unresponsive and at times be difficult to arouse. This normal change is due in part to changes in the metabolism of the body. Sit with your loved one, hold his or her hand, but do not shake it or speak loudly. Speak softly and naturally. Do not talk about the person in the person's presence. Speak to him or her directly as you normally would, even though there may be no response. Never assume the person cannot hear; hearing is the last of the senses to be lost.

Disorientation

The person may seem to be confused about the time, place, and identity of people surrounding him or her including close and familiar people. This is also due in part to the metabolism changes. Identify yourself by name before you speak rather than to ask the person to guess whom you are. Speak softly, clearly, and truthfully when you need to communicate something important

for the patient's comfort, such as, "It is time to take your medication," and explain the reason for the communication, such as, "so you won't begin to hurt." Do not use this method to try to manipulate the patient to meet your needs.

Incontinence

The person may lose control of urine and/or bowel matter as the muscles in that area begin to relax. Discuss with your Hospice nurse what can be done to protect the bed and keep your loved one clean and comfortable.

Congestion

The person may have gurgling sounds coming from his or her chest; these sounds may become very loud. This normal change is due to the decrease of fluid intake and an inability to cough up normal secretions. Suctioning usually only increases the secretions and causes sharp discomfort. Gently turn the person's head to the side and allow gravity to drain the secretions. You may also gently wipe the mouth with a moist cloth.

Restlessness

The person may make restless and repetitive motions such as pulling at bed linen or clothing. This often happens and is due in part to the decrease in oxygen circulation to the brain and to metabolism changes. Do not interfere with or try to restrain such motions. To have a calming effect, speak in a quiet, natural way, lightly massage the forehead, read to the person, or play some soothing music.

Urine Decrease

The person's urine output normally decreases and may become tea colored — referred to as concentrated urine. This is due to the decreased fluid intake, as well as decrease in circulation through the kidneys. Consult with your Hospice nurse to determine whether there may be a need to insert or irrigate a catheter.

Fluid and Food Decrease

The person may have a decrease in appetite and thirst, wanting little or no food or fluid. The body will naturally begin to conserve energy, which is expended on these tasks. Do not try to force food or drink into the person. To do this only

makes the person much more uncomfortable. Small chips of ice, frozen Gatorade or juice may be refreshing in the mouth. If the person is able to swallow, fluids may be given in small amounts by syringe (ask the Hospice nurse for guidance). Glycerin swabs may

help keep the mouth and lips moist and comfortable. A cool, moist washcloth on the forehead may also increase physical comfort.

Breathing Pattern Change

The person's regular breathing pattern may change with the onset of a different breathing pace. A particular pattern consists of breathing irregularly, e.g., shallow breaths with periods of no breathing from five to thirty seconds and up to a full minute. This is called Cheyne-Stokes breathing. The person may also experience periods of rapid shallow pant-like breathing. These patterns are very common and indicate decrease in circulation in the internal organs. Elevating the head, and/or turning the person onto his or her side may bring comfort. Hold your loved one's hand. Speak gently.

Normal Emotional, Spiritual, and Mental Signs and Symptoms with Appropriate Responses:

Withdrawal

The person may seem unresponsive, withdrawn, or in a comatose-like state. This indicates preparation for release, a detaching from surroundings and relationships, and a beginning of letting go. Since hearing remains all the way to the end, speak to your loved one in your normal tone of voice, identifying yourself by name when you speak.



Vision-like Experiences

The person may speak or claim to have spoken to persons who have already died, or to see or have seen places not presently accessible or visible to you. This does not indicate a hallucination or a drug reaction. The person is beginning to detach from this life and is being prepared for the transition so it will not be frightening. Affirm his or her experience. They are normal and common. If they frighten your loved one, explain that they are normal occurrences.

Restlessness

The person may perform repetitive and restless tasks. This may in part indicate that something still unresolved or unfinished is disturbing him or her, and prevents him or her from letting go. Your Hospice team members will assist you in identifying what may be happening, and help you find ways to help the person find release from the tension or fear.

Decreased Socialization

The person may only want to be with a very few or even just one person. This is a sign of preparation for release and affirms from whom the support is most needed in order to make the appropriate transition. If you are not part of this inner circle at the end, it means you have already fulfilled your task with your loved one, and it is the time for you to say goodbye.

Unusual Communication

The person may make a seemingly out of character or non sequitur statement, gesture, or request. This indicates that he or she is ready to say goodbye and is testing you to see if you are ready to let him or her go. Kiss, hug, hold, cry, and say whatever you most need to say.

Giving Permission

Giving permission to your loved one to let go, without making him or her feel guilty for leaving or trying to keep him or her with you to meet your own needs, can be difficult. A dying person will normally try to hold on, even though it brings

prolonged discomfort, in order to be sure those who are going to be left behind will be all right. Therefore, your ability to release the dying person whenever he or she is ready is one of the greatest gifts you have to give your loved one at this time.

Saying Goodbye

When the person is ready to die and you are able to let go, then that is the time to say goodbye. This final gift of love to your loved one, for it achieves closure and makes the final release possible.

It may be as simple as saying, "I love you." It may include recounting favorite memories, places, and activities you shared. It may include saying, "I'm sorry for whatever I contributed to any tension or difficulties in our relationship." It may also include saying, "Thank you for...."

Tears are a normal and natural part of saying goodbye. Tears express your love and help you to let go.

How Will You Know When Death Has Occurred?

The signs of death include such things as no breathing, no heartbeat, release of bowel and bladder, no response, eyelids slightly open, pupils enlarged, eyes fixed on a certain spot, no blinking, jaw relaxed and mouth slightly open. A hospice nurse will come to assist you if needed or desired. If not, phone support is available.

The body does not have to be moved until you are ready. Call the funeral home when you are ready to have the body moved, and identify the person as a Hospice patient. The police do not need to be called. The Hospice nurse will notify the physician.

Thank you

We of Hospice thank you for the privilege of assisting you with the care of your loved one. We salute you for all you have done to surround your loved one with understanding care, to provide your loved one with comfort and calm, and to enable your loved one to leave this world with a special sense of peace and love.

Your Logo Here!

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Hospice Care —

Physical, Emotional, Social, and
Spiritual Support at the End of Life

Why Choose Hospice Care?

When curative treatment is no longer available, hospice can be a beneficial care option for patients and a tremendous source of emotional and physical support for the family. Hospice allows the patient and family to remain together in the comfort and security of their own home, or wherever the patient may reside, including nursing home, long-term care facility, or even hospital.

Eligibility

Patients are eligible for hospice care when the physician determines the patient has a life expectancy of six months or less.

Payment

Hospice care is a covered benefit under Medicare Part A and Medicaid for patients with a prognosis of six months or less.

Your Text Here!

Copy in this space will automatically default to a listing of your agency's services. However, you can insert any content you choose into this space. Examples to fill this space include, testimonials from patients or stories about employees going above and beyond for the patient. You may also use this space to spotlight a referral source with a Question and Answer segment or invite a referral source to write a short article.

Text is limited to approx. 650 characters.

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