

Death and Dying

Introduction

In this section we discuss some of the physical aspects of death and dying. We describe the common signs of approaching death, and suggested things you can do to make your client more comfortable. We also provide some guidelines on what to do after your client dies.

First, it is very important to understand that every death is very different. No two individuals will experience death in the same way. Some people may die very suddenly and unexpectedly. Others will die just as predicted. Some may linger for months. It's important to remember that there are no timetables with death. People usually die when they are ready, not when they think they will be.

Signs of Approaching Death

Here are some of the most common physical signs of approaching death. These signs may appear and go away. You may see all of these signs or only a few. You may not see them until just before a person dies. You may not see these signs at all.

Appetite

Many people will lose their appetite as they approach death. Their will to eat and drink slowly disappears, and some people have difficulties swallowing. With less food and drink going in, people who are dying may urinate and defecate less frequently and without any control.

What to do:

Offer smaller portions of light foods and try to encourage fluid intake. Crushed ice may be all your client can tolerate. The ice can prevent choking when swallowing is difficult, and it cools and refreshes the mouth.

~ Give your client only what he/she wants and can handle. Forcing him / her to eat or drink could cause vomiting or choking.

~Remind your client to swallow

~ Check bed and diaper for urine and feces every two hours.

Sleeping patterns

A dying person will sleep more often and for longer periods of time. When he/she is awake, it is often during the night. Eventually, it will be difficult to arouse him/her as he/she slips in and out of consciousness. When he is very close to death, it may be impossible to arouse him at all; he will be in a coma. Many people who care for the dying believe that the senses of hearing and touch remain until death. So remember your client may still be able to hear you speak and feel your touch, even though he/she will not be able to respond.

What to do:

~ Plan conversation for times when your client is more wakeful and alert.

~ Keep visits brief if client appears restless.

~ Continue to speak in calm, natural way; everything you say may be heard. Include your client in the conversation and use his/her name. Don't talk about your client in the third person as if he/she is not there.

Movement and senses

Most people become very weak and eventually lose the power to move their arms and legs. Some parts of the body (often the neck) will become quite rigid. Other times you may notice some nervous twitching and limb movements that seem to have no purpose. This is normal, and in some cases, people become confused and restless. They may see or hear things or be unable to recognize familiar people or surroundings.

What to do:

Support weak or rigid limbs with pillows. Turn and reposition your client every two hours. Support a rigid neck with small pillows or folded towels to keep it from becoming hyper-extended.

~ If your client is confused, speak calmly and naturally. Remind him/her who you are. Even when he/she is unconscious, explain to him what you are doing as you provide care.

~ If your client is restless, reassure him/her. Avoid restraining him/her at all costs. Calm and soothing music or gentle massage may ease a restless person.

~ If there is a hospital bed in the home, keep the bedside rails up when you are out of the room. Contact the nurse or local Compassion HomeCare office if safety becomes a concern.

~ If your client can't see very well, keep a soft light on in the room.

Circulation

With less body movement and a gradual shutting down of vital body systems, circulation throughout the body diminishes. Your client's skin may feel cool and moist, starting with the hands and feet. The skin may become pale and waxy and, in some areas, may look quite swollen. Fingernails, toenails and lips may turn blue; they're getting less oxygen as the heart slows down.

What to do:

Use the usual amount of bed coverings to keep your client comfortable. If he/she is unconscious, he/she will not be feeling cold.

~ Turn and reposition him/her every two hours.

~ Keep his/her arms and legs relatively straight to help promote circulation.

Breathing Patterns

Changes in breathing patterns are very common as death approaches. Most people who are dying will start to take fewer breaths per minute. They may go for long periods without taking a breath at all. This is called *Apnea*. These periods of apnea are usually followed by a series of irregular and labored breaths. This is called *Cheyne-Stroking*. Your client's mouth, throat or lungs may fill up with fluid, which makes the sound of her breathing very noisy and rattled because he/she is no longer able to cough or get rid of saliva. Muscles in the chest and upper abdominal may take over to facilitate the breathing process, so it will look like he/she is working very hard to breathe. This is not painful, but natural.

What to do:

Keep your client lying on his/her side, turning him/her every two hours. This prevents choking from collected fluid and saliva.

~ Raise the head of the bed or raise your client's upper body with pillows. This will make breathing a little easier.

~ The doctor may order oxygen. Ensure the mask fits snugly around the nose and mouth (not too tightly); or that the nasal prongs are sitting inside the nostrils.

~ A suctioning machine may also be ordered to help remove built-up secretions. Only people who have been trained can use this equipment.

~ A drug called Scopolamine might be used to help clear built-up secretions. It may come as a small round patch that is applied to the skin, or as an injection. Talk to the nurse or doctor about this. This will require teaching by the company Nursing Supervisor.

Eventually, the pulse will feel weak. It may be slow or fast. Blood pressure will gradually drop until it is almost impossible to obtain. This is a normal process.

Death

When someone dies, his/her breathing may stop first while the heart goes on for another few minutes. Some people breathe for a short period after the heart stops. Very often, when someone dies and the muscles relax, the bladder and bowel may empty. The eyes may remain open and be fixed in one direction or may be shut and suddenly open now of death.

What to do:

Stay with your client until he/she dies.

~ You can help your client die by giving him permission to do so. Examples of things to say: "Just relax, everything is ok". "Let go when you're ready". "I'm fine and I'm going to be ok, you can leave now, just let go".

~ Once your client has died and you feel enough time has passed, follow the instructions at the end of this section.

Being there at the time of death

People vary tremendously in their comfort with death and dying. The same applies with the body after death. Some people will spend hours sitting beside the body, others will not wish to see or touch the body again. On rare occasions, some people will react with great intensity and may need support. On a whole, people respond to the death very differently. No response is right or wrong.

Most of us find being with someone when they die is an extremely moving experience. Very often it leaves us feeling numb and sometime frightened. These are normal reactions. People present at the time of death should be encouraged...

~ To do as they feel, not as they or others think they should

~ To go into the room as many times as they want, or not to go in at all if they choose not to.

~ To stay in the home a short or long time afterwards, if they feel comfortable.

~ To hold or touch the body, or to not touch the body at all.

~ To cry or not to cry. *Just be who you are.*

Privacy, silence, and goodbyes

Always respect a person's need for privacy at the time of death. Some people may want to be alone with the body. Give them the opportunity to do so. Long periods of silence are not uncommon and should be respected. Say only what you feel, not what you *think* you should say. Make sure people say their goodbyes in the way they want. Some people will need support at this point, a hand to hold, or a hug. You may need it too, reach out, and let people know what you need.