



## Signs of Approaching Death and What To Do To Add Comfort

The Home Health United Hospice staff wants to support your staff in order to help your residents die in familiar surroundings and not have to leave the facility. This information is to help you prepare for, anticipate, and understand symptoms that you may observe as your resident approaches the final stages of life. Not all of these symptoms will appear at the same time, and some may never appear. Home Health United - Hospice staff is always available for information, support, and service.

1. The resident will tend to sleep more and more and may be difficult to awaken. This is a result of changes in the body and of the metabolism slowing.  
DO: Plan activities and communication at times when he/she seems more alert.
2. You may notice the resident having confusion about time, place, and identity of people. This is also a result of changes in the body.  
DO: Remind the resident of the time and day and identify yourself and those around him/her. Maintain surroundings with familiar or favored things. Pets can be an asset to keep the person oriented.
3. Loss of control of bowel and bladder may occur as death approaches, as the nervous system changes and the muscles become weaker.  
DO: Pads may be placed under the resident. Ask for information on skin care. There may be a possibility of collecting urine drainage by use of a catheter.
4. Arms and legs may become cool to the touch and the underside of the body may become darker as circulation slows down.  
DO: Use warm blankets to protect the resident from feeling cold. Do not use electric blankets since circulation of blood slows down and there is a danger of burns. Re-position the resident on side periodically and move arms and legs gently from time to time.
5. Because of drinking less, the resident may not be able to cough up secretions. These secretions may collect in the back of the throat causing noisy breathing. This has been referred to as the “death rattle”.  
DO: Reposition the resident on the side or elevate the head of the bed (if using a hospital bed) or add extra pillows. Ice chips (if the resident can swallow) or a cool, moist washcloth to the mouth can relieve feeling of thirst. A cool mist humidifier may help keep secretions loose.

6. Hearing and vision will lessen as the nervous system slows.  
DO: Keep lights on in the room. NEVER assume the resident cannot hear you. Always talk to him/her as if hearing were intact. Explain who you are and what you are doing. Encourage visiting loved ones to say the things that have not yet been said and to show their feelings. Do not exclude children. They may want to talk to the resident or have a chance to say goodbye in their own way.
7. There may be restlessness, pulling at bed linens, having visions you cannot see. This happens as a result of slowed blood circulation and less oxygen to the brain.  
DO: Stay calm, speak slowly and assuredly. Do not agree with inaccuracy to reality, but comfort with gentle reminders to time, place, and person. Provide a safe environment. Bedrails may be needed and a soft blanket may be used to cover the rails to prevent any chance of bruising.
8. There may be increased difficulty in controlling pain or other symptoms.  
DO: Provide the pain medication as liberally as the physician has prescribed. Consult the Home Health United Hospice Nurse, who can contact the physician if this is not adequate. Try massaging his/her back or painful joints. Relaxation techniques are available. Explore different approaches with the nurse.
9. The resident may not take food or fluids as the need for these becomes less.  
DO: Moisten mouth with a moist cloth. Wipe inside of mouth every 1 to 2 hours with wet Q-tips. Keep lips wet with a lip balm.
10. You may notice irregular breathing patterns and there may be spaces of time (10-30 seconds) of no breathing. This is a common symptom of decreased circulation.  
DO: Elevate the head by raising the bed or using pillows.
11. If the resident has a bladder catheter in place, you will notice a change in the color of the urine or a decreased amount of urine as kidney function slows.  
DO: You may need to irrigate the tube to prevent blockage. If this becomes necessary, the HHU - Hospice nurse will teach you how to do it.