

# WHAT TO EXPECT

*Understanding the Dying Process*





## The final days

### THE DYING PROCESS

Hospice of Michigan staff realize that the final days and hours of life can be one of the most difficult periods you and your family will experience. We understand and support your need to know what is happening in this journey toward the end of life.

Our philosophy is that fear of the unknown is worse than the fear of what is known. This belief has guided us in developing this description of signs and symptoms found in the final days and hours of life.

Dying is a natural process. The emotional, physical and spiritual changes that accompany the dying process do not occur all at once or in any particular order. Some patients experience all of the changes; others experience only some of them. Those closest to the dying person may experience some of the same emotional changes. Knowing this can help family members accept, support and comfort each other.

### SIGNS THAT DEATH HAS OCCURRED

The death of your loved one may come as a surprise to you and other family members. Some people take their last breaths holding your hand, surrounded by family, while others slip away while alone. As each person lives differently, each makes this transition in his or her own way. When you think death has occurred, you will see certain signs:

- The chest will not rise and fall for at least five minutes
- The jaw will fall slack as the muscles no longer hold it closed
- Eyes may be half-closed
- Hands, legs or feet will feel cool or cold
- Placing a hand on the chest, you will no longer feel a heartbeat.

When this happens, call Hospice. We will respond promptly and provide support to help you.

Do not call 911 or the physician. If you call 911, an emergency crew will respond and possibly start resuscitation efforts or take your loved one to the hospital.

This is a time to reflect on the wonderful gift you have been given in caring for your loved one. Caregivers and families often express how special this time was for them. They are grateful they were able to meet this unique challenge and comforted in knowing that their loved one died in a comfortable place surrounded by those he or she loved.

## WITHDRAWAL

As your loved one begins to understand that dying means separation, he or she may begin to withdraw. You may notice that your loved one may be sleeping more. This is natural, and not a cause for concern.

As death nears, your loved one may seem unresponsive or in a comatose state. This is part of “letting go” as the person nears life’s end. Since the ability to hear usually is not altered in the process of dying, continue to speak with your loved one in your normal tone of voice. Say whatever you need to say for your own sake and to help your loved one “let go.”

## REDUCED FOOD AND FLUID INTAKE

There is a decreased need for food and fluids as the body naturally begins to require less energy. This lessens the stress placed on the body, providing a natural comfort measure. Dying patients who have gradually and voluntarily stopped eating and drinking feel an increased, rather than decreased, sense of comfort. Providing small sips of water, ice chips or moistened mouth swabs can keep the mouth moist and comfortable.

## CHANGES IN SKIN TEMPERATURE AND COLOR

As circulation slows, the skin—particularly on the arms and legs—may feel cool to the touch and may deepen in color or look mottled. Other areas may appear pale or bluish. Use light covers or blankets, and turn your loved one from side-to-side to maintain comfort. Heating pads and electric blankets are NOT recommended.

## CONFUSION OR AGITATION

Confusion or agitation can vary greatly from patient to patient. Some patients experience mild confusion, while others may experience restlessness and agitation, such as trying to get out of bed, picking at covers, and seeing things that are not apparent to us. Playing soothing music and talking to your loved one in a calm and reassuring manner may be helpful. Spend time together when your loved one is alert.

He or she may be comforted by the presence of a familiar person at night, when restlessness and anxiety are magnified. If symptoms become severe, medication can be helpful to relieve agitation.

## INCONTINENCE OF BOWEL AND BLADDER

As death nears, a person’s urinary output decreases and may become tea-colored. This is due to decreased fluid intake as well as decreased circulation of the blood through the kidneys. Near the end, urine production may decrease even more or stop completely. Keep your loved one dry and as clean as possible to provide comfort.

## CHANGES IN BREATHING PATTERN

Changes in breathing are a natural occurrence. Breathing may be irregular. There may be 10 to 30 seconds of no breathing at all. This is called apnea. These changes—caused by a decrease in circulation—are very common. It does not mean that your loved one is uncomfortable or struggling.

An inability to swallow or cough-up saliva may result in mucus at the back of the throat, which sometimes causes a gurgling sound from the chest. An inability to swallow or cough-up saliva may result in mucus at the back of the throat, which sometimes causes a gurgling sound with breathing. These sounds, known as terminal congestion and sometimes called “the death rattle,” can be more uncomfortable to observers than to the patient experiencing them. You can provide comfort by elevating the head of the bed, turning your loved one on his or her side, holding a hand and offering calm reassurance. Medications may also help control congestion.

## DREAMS AND VISIONS

Your loved one may speak to—or claim to have spoken to—persons who have died. The dying person may see places that are not visible to us. These visions are normal and common, and often reduce the person’s fear. If your loved one appears frightened, provide calm reassurance that the experience is natural.

### TYPICAL SYMPTOMS IN THE DYING PROCESS

<b>One to Three Months</b>	Withdrawal Decreased food intake	Increase in sleep Going inside of self	Less communicative
<b>One to Two Weeks</b>	Disorientation Agitation Visions and dreams Confusion Picking at clothes	Decreased blood pressure Pulse increase or decrease Color changes, pale, bluish Increased perspiration Congestion	Changes in breathing Not eating, taking little fluids Body temperature changes, hot/cold
<b>Days or Hours</b>	Surge of energy Eyes glassy, tearing	Irregular breathing Restlessness or no activity Decreased urine output	Purplish knees, feet, hands May wet or soil the bed
<b>Minutes</b>	Unable to awaken	“Fish out of water” breathing	

A nationally recognized leader in end-of-life care, Hospice of Michigan is the original—and largest—not-for-profit hospice provider in the state. Since 1978, we have remained committed to our not-for-profit mission to care for all those who need and seek our care regardless of age, diagnosis or financial circumstances.

As a member of the NorthStar Care Community, we collaborate with other not-for-profit providers, sharing a goal to continually provide unsurpassed care, guidance and quality of life for patients facing serious illness, which includes practicing the highest standards of hospice and palliative care. Collectively, we touch the lives of more than 9,800 patients and families each year.



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