

When death occurs you will notice:

1. The person is entirely unresponsive.
2. Breathing stops.
3. Heartbeat and pulse stop.
4. The eyes will be fixed in one direction and may be opened or closed.
5. Loss of control of urine or bowels may have occurred.

After the Death...

This final leave-taking can be a difficult time. You may wish to spend time with your loved one who has died, reminiscing and saying good-bye. Before the funeral home attendants arrive, you may want to bathe and/or dress the person or gather special objects or notes to send with him or her. You may prefer to choose the clothes you want the person to wear and give them to the attendants, or you can bring them to your meeting at the funeral home.

Although this information may be difficult, please know that the goal is to help prepare you for what to expect. Your physical and emotional well-being are as important as the dying person's. It is important NOT to expect that all symptoms of approaching death will occur. The focus of this information is to help you to be prepared for the signs that MAY occur.

Death at Home:

DO NOT CALL 911, the ambulance, police or fire department.

DO CALL your family physician.

DO CALL the Home Care Nurse.
250-980-1400 (available 8:30 a.m. - 4:30 p.m.)

after hours contact
the Palliative Response Nurse.
250-317-1205 (available 4:30 p.m. - 8:30 a.m.)

DO CALL family, friends and the spiritual advisor you would like to have present.

DO CALL the funeral home when you are ready...there is no rush if you wish to take extra time.

When Someone You Love is Dying

How to Know and What to Do

Family and caregivers find it helpful when they have an understanding of what is happening. Fear of the unknown is sometimes much worse than reality. The following information is offered to help you understand symptoms and signs which may indicate an approaching death.

Not all dying persons have all these symptoms, nor will the symptoms occur in any particular sequence.

Each person is unique.

Signs of Approaching Death:

The person may:

- **Sleep more and at times be difficult to awake**

Plan conversation times for when the person seems more alert.

- **As death nears the person may slip into a coma and become unresponsive**
- **Lose his/her appetite and may 'forget' to swallow**

Offer small servings of favourite food or drink without 'forcing'. The body is beginning to shut down and does not need nourishment. When swallowing is no longer possible, mouth care provides moisture and comfort.

- **Become confused about time or may not recognize familiar persons**

Speak calmly so as not to startle or frighten. Remind the person of the time and who is in the room.

- **Experience impaired hearing and vision and may develop a fixed stare**

Leave a soft light on in the room. Always assume the person can hear you.

- **Become restless, pull at the bed linen, and may have visions of persons or things not present**

Provide reassurance and avoid physical restriction when possible. Do not deny what the person tells you he/she sees as it may distress them more.

- **Lose control of urine or bowels. This is usually not a problem until death is close. The amount of urine will decrease or stop as death approaches.**

Urine output and bowel function will decrease as food and fluid intake decrease. The nurse can offer appropriate suggestions to maintain dignity and comfort.

- **Breathe irregularly and may stop breathing for 10 - 30 second periods. The pulse may get faster and irregular. Occasionally after death there may be a 'last sigh' or gurgling sound.**

There is no need to become alarmed about this as it is the normal pattern.

- **Secretions may gather at the back of the throat and sound like a rattle or gurgle. This is caused by the person's inability to swallow saliva. This does not mean that they are uncomfortable.**

Turn the person on their side, and gently wipe away secretions with a moist cloth. Also you may raise head of the bed (pillows can be used). The nurse can offer other suggestions.

- **Have cool arms and legs as the circulation slows down. Their face may become pale, their feet and legs a purple blue mottled appearance and the underside of the body may become a darker colour.**

Use just enough coverings to keep the person comfortable. Although the person is cool to touch, they are usually comfortable.

What can you do?

- ❖ Sit with the dying person; hold a hand. Reassure the person and remind him/her you are there. Speak as though the person is present. Hearing remains until the moment of death.
- ❖ Identify yourself by name. Speak softly, clearly and truthfully when you need to communicate. If you give any care, talk to the person, and tell him/her what you will be doing.
- ❖ A calming effect may be achieved by merely sitting quietly at the bedside, playing soothing music or reading something comforting.

Goodbyes are appropriate. Both the family and the person dying may find comfort in this process of letting go.

It is not possible to predict when death will occur. The person may show signs of improvement, however this is often temporary. It is helpful to discuss these changes or any concerns with the nurses and the doctor.