Care in the last days of life

A brochure for family, friends and carers

We are here to explain, support and care for you as well as your loved one. It is important you let us know if you have questions or concerns
The healthcare team will have explained to you that your loved one is in the last days of their life. We know this is a challenging time for you. This brochure aims to help you understand the dying process and how we will care for your family member/friend.

Focus of care

Our main focus is to ensure that your loved one’s last days and hours of life are comfortable and dignified. Care will be aimed at relieving symptoms and improving comfort.

Tailoring care

We develop an individual care plan for each person. We will discuss the care options with you, and if possible with the person themselves. You will be able to provide helpful insight into their wishes, values and personal beliefs. This will guide us in tailoring the care.

What to expect

People often worry that death will be a painful or dramatic experience. However, for many people, dying is very peaceful. There is a gentle winding down of the body that may happen over days. This means more time asleep, less food and fluid intake and less interaction.

The dying process is unique to each person. It is very difficult to predict exactly when someone will die. Some of the changes that we see at the end of life are outlined in the next section of the brochure. Not all of these changes will occur with every person, nor will they always occur in a particular order. We will pay special attention to monitoring these symptoms in order to provide the best possible care at this time.

Changes you may notice

Food & drink

It is common for a person to lose interest in food and drink in the last days of life. Whilst often worrying for families and friends, this is not distressing to the person and is a natural part of the dying process. Attempting to feed someone who cannot swallow may cause distress.

Dry mouth is a common symptom at the end of life. We use a range of mouth care options to treat this including regular mouth swabs and grape seed oil.
Sleep & alertness

A person in their last days of life will often spend less and less time awake. They may be drowsy, have less interest in their surroundings and be difficult to rouse. There may come a point where your loved one is not conscious or able to be woken. It is possible that the person may still be able to hear, sense touch and be aware of what is going on around them even if they can't respond.

Restlessness

Due to changes taking place in the body, a person may become restless or agitated. This may include pulling at bedclothes, trying to get out of bed or calling out. Observing this can be challenging. Sometimes medications can help and it is important to let the nurses know if you think your loved one is becoming restless. Creating a calm and soothing feeling in the room may also be helpful.

Medications

When a person is dying doctors review the medicines regularly. We make sure they are providing benefit and are at the best dose for your loved one. If medicines are necessary and can’t be taken by mouth, they may be given by injection or by a syringe driver. A syringe driver is a device which delivers a constant infusion of drugs under the skin.

Breathing & secretions

It is very common for breathing patterns to change at the end of life. Breathing may be rapid or there may be long gaps between breaths. While this type of breathing may be distressing for others it does not cause distress for the person. You may hear gurgling or bubbling which is caused by fluid pooling in the back of the throat. Sometimes moving the patient may help, as may giving medicines to slow down secretion production. Again, while concerning for carers, this noisy breathing does not usually cause distress to the person.

Incontinence & urinary retention

As the body winds down and fluid intake reduces, less urine is produced. Some people lose control of their bladder or bowel and we will attend to your loved one to ensure they are clean and comfortable. In other cases, the person may be unable to pass urine which can cause discomfort. If this is the case, we will insert a urinary catheter to allow the passage of urine.

Temperature, skin & sensation changes

The body’s temperature and skin tone may change. The person’s hands and feet may become cold and at other times they may be clammy. Sometimes the skin can become blotchy or mottled and may also be sensitive to touch, so it is important to be gentle with them.
What you can do:

- Alert or “buzz” the nurses if you are concerned that your loved one is distressed or uncomfortable. There is always something we can do to help.
- Talk to staff if there are particular spiritual, religious or cultural practices which you know would be important to your loved one at this time.
- Ask any questions you may have, no matter how trivial they seem. It is important that we look after you as well as your family member/friend.
- It is important to care for yourself at this difficult time. Take breaks for meals and rest, seek support from your family and friends, visit your GP. Please let us know if you think you would benefit from extra support from members of our social work and pastoral care team.

Contact information (ask on the ward)

Ward: _____________________________
Ward Phone: ________________________

Further information:

Alfred Health – www.alfredhealth.org.au
Palliative Care Victoria - www.pallcarevic.asn.au/
Palliative Care Australia - http://palliativecare.org.au/