

Signs and Symptoms of Dying

No one can predict exactly when someone will die. However, as the body prepares for the final stages of life, there are signs that indicate death is near. Below are some common signs. With each, there are some steps you can take to help your loved one.

Keep in mind that not all these signs will appear at the same time and some may never appear.

If you have any questions or concerns, please talk with the doctor or nurse.

Nutrition/Ability to Swallow

Near the end of life, it is natural for a person to lose interest in eating or drinking. Many people lose the ability to eat and drink. Small amounts of food or liquid may be offered, but don't force them. This decreased intake will not hurt them, will not cause any suffering, and will not hasten death.

The patient may have trouble with or discomfort when swallowing. Often, the number of coughing episodes increases. Thin liquids, such as water, can be difficult to swallow.

To help, you can:

- Avoid using straws.
- Give small sips of liquids from a cup, spoon or syringe (without the needle).
- Offer liquids that are thicker. Adding Thick-It™ powder to fluids is a good option.

If attempts to eat or drink cause more discomfort, the patient may refuse to take in anything at all. Follow the patient's request. Many times, patients are merely "listening" to the needs of their body. Do not force them to eat since this may cause:

- Pneumonia if choking occurs.
- Trouble breathing due to increased congestion.
- Nausea or vomiting.

If their mouth appears dry, you can comfort the patient by keeping their mouth moist. Mouth dryness is common. You can moisten the mouth and lips:

- With a wet sponge or oral swab.
- By offering crushed ice chips if they are awake enough to swallow.
- By coating the lips with a lip balm.

Changing Sleep Patterns

Patients may sleep for longer periods of time. They may have periods when they are awake at night but sleeping during the day. Patients may also not wake up easily.

In caring for them:

- Do not shake them or speak loudly. Allow the person to sleep if they are not easily roused. Gently rousing with comforting tones may be tried from time to time.
- Spend time with them when they are sleeping as well as when they are awake or alert. Your presence and reassuring tones of speech are important.
- Remember, even if there is no visual sign of the patient responding, their hearing is preserved. Speak to them, reminisce, and comfort them throughout this time.
- If they are sleeping more during the day than at night and this results in fatigue for you and others, you should talk to the medical team. Use of a sedating medication may be an option.

Restlessness and Confusion (Delirium)

Sometimes patients are restless and confused during the final hours or days of life. This can be due to many processes that cannot be corrected. If these signs persist more than a few hours, ask the doctor or nurse for advice and help.

- The medical team can provide medications to relieve restlessness and to sedate the patient, if necessary.
- You may need to involve others to monitor the patient's condition and insure safety by reducing the risk of falls.
- If delusions and lashing out are noted, do not panic. Get help, and consider ways you might settle the patient.
- At times, patients may have visions of past places or people. These visions are often comforting to them. These visions do not indicate a need to be medicated unless they are distressing to the patient.

To help, you can:

- Say the patient's name before speaking, and then, identify yourself (such as "Mom, it's Mary").
- Avoid repeatedly asking them questions.
- Try to reorient them. Use familiar objects and pictures of loved ones to help them recall their family and surroundings.
- Speak softly, clearly and truthfully when you need to tell them something important.
- First, tell the person what you are going to do before moving them or doing procedures.
- Reassure them by holding hands or a light touch.
- Avoid correcting what the person believes is true. Doing this could frighten or upset them.

- Comfort the patient by talking about a place the person enjoyed or favorite event.
- Play quiet comforting music, or try reading something inspirational.
- Ask the medical team if there are medicines that would help the patient.

Changes in Bowel and Bladder Function

As the muscles in the body begin to relax, patients may lose control of bladder and bowel function. They will likely make less urine. Their urine may also become tea colored which is part of the normal dying process. Keeping the person clean, dry and comfortable, as well as preserving dignity, is the overall goal.

To help, you can:

- Maintain their dignity when caring for them. Patients often feel a loss of control when they are incontinent. Provide privacy when changing pads or providing personal care.
- Make sure the person stays dry and that absorbent pads are changed often.
- Ask the nurse or doctor if a urine tube (catheter) could be helpful.

Withdrawal

It is common for people to begin to withdraw from friends, family and the world around them. This is a normal part of the dying process. They may not respond to you, and they may seem to be in a coma. This may indicate that they are preparing for death by letting go of their relationships and surroundings. With withdrawal, comes less of a need to communicate with others. Touch and silence take on more meaning.

To help, you can:

- Speak to your loved one in your normal tone of voice. Identify yourself by name. (We do this because we believe the sense of hearing remains all the way to the end.)
- Talk openly with them about past experiences.
- Hold the patient's hand, and say whatever you need to say that will help the person let go.
- Try not to say anything in front of the person that you wouldn't say if he or she were awake.

Changes in Body Temperature

Fever

As the body becomes weaker, so does the temperature control mechanism in the brain. This can cause the person to have a fever. Fevers often do not cause any discomfort at the end of life.

In caring for them:

- Often, placing a cool wash cloth on their forehead and removing blankets may be all that is needed.
- Consider using a fan.
- The medical team may provide acetaminophen (Tylenol®) if the fever is high (usually in suppository form).
- If the person throws the covers off, it is important to remember that he or she may be warm even if you feel cool.

Skin Coolness

Near the end of life, a person becomes weaker and blood flow decreases. Their hands, arms, feet and legs may become cool to the touch. At the same time, the color of the skin may become purplish or grey. The lips and fingernails often take on a bluish tinge. This state doesn't cause any discomfort for the person and is a natural part of the dying process.

Breathing Changes

Breathing patterns often begin to change for those nearing the end of life. Their breaths may slow down, may be very fast, or may be shallow with periods of no breathing. The pauses can last for 30 seconds or even up to a full minute. These patterns are very common at the end of life. This kind of breathing is not uncomfortable for the person and is a response to the body's weakening condition.

While staff and caregivers may notice breathing changes, patients usually do not.

To help, you can:

- Change their position. Raising the head of the bed, placing the person's head on pillows, or turning them on their side may be helpful.
- Hold your loved one's hand and speak softly.
- Ask the nurse if medicine might help if signs of discomfort are present. If breathing seems labored, your medical team may prescribe morphine or a similar medication to ease breathing and provide comfort. The medical team may prescribe medications that can dry up secretions.

Buildup of Saliva/Secretions

In the last hours of life, patients may be so weak that they cannot swallow at all. Buildup of saliva may cause gurgling, cracking, or rattling sounds with each breath. It may sound like the person is choking. These sounds are like snoring—it may be bothersome to everyone in the room except the person who is making the noise. These sounds rarely cause any discomfort to the patient.

If you notice the buildup of saliva or secretions, you can:

- Stop giving the person fluids which may make breathing more difficult.
- Turn patients on their side to lessen the rattling sounds.
- Wipe or gently remove secretions from the mouth.

Sometimes a “drying” medicine is helpful. It can be ordered by the medical team as a patch, drops in the mouth, or to be given through an IV.

If you have any questions or concerns, please talk with the doctor or nurse.

Northwestern Medicine – Health Information Resources

For more information, contact Northwestern Memorial Hospital’s Alberto Culver Health Learning Center (HLC) at hlc@nm.org, or by calling 312.926.5465. You may also visit the HLC on the 3rd floor, Galter Pavilion at 251 E. Huron St., Chicago, IL. Health information professionals can help you find the information you need and provide you with personal support at no charge.

For more information about Northwestern Medicine, please visit our website at nm.org.

Para asistencia en español, por favor llamar al Departamento de Representantes para Pacientes al 312.926.3112.

The entities that come together as Northwestern Medicine are committed to representing the communities we serve, fostering a culture of inclusion, delivering culturally competent care, providing access to treatment and programs in a nondiscriminatory manner and eliminating healthcare disparities. For questions, please call either Northwestern Memorial Hospital’s Patient Representatives Department at 312.926.3112, TDD/TTY 312.926.6363, the Northwestern Lake Forest Patient Relations manager at 847.535.8282 and/or the Northwestern Medical Group Patient Representatives Department at 312.695.1100, TDD/TTY 312.926.6363.

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