

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

Signs of Dying and Ways to Help

No one can predict exactly when someone will die. However, as a person's body prepares for the final stages of life, there are signs that may show death is near. There are steps you can take to help the person as they experience these signs.

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

Loss of appetite and the 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 do not force them. Eating and drinking less will not hurt them, cause any suffering or hasten death.

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

To help the person eat or drink:

- Avoid using straws.
- Give them small sips of liquids from a cup, spoon or syringe (without the needle).
- Offer liquids that are thicker. Adding thickening powder such as Thick-It® to fluids may help them swallow.

If attempts to eat or drink cause more discomfort, the person may refuse to take in anything at all. Follow their request. Many times, they are merely "listening" to the needs of their body. Do not force them to eat because this may cause problems such as:

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

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

- Using a wet sponge or oral swab
- Offering crushed ice chips if they are awake enough to swallow
- Coating their lips with a lip balm

Changing sleep patterns

A person who is nearing the end of life may sleep longer than usual. They may have periods when they are awake at night and sleep during the day. They may also not wake up easily.

To help the person with changing sleep patterns:

- Do not shake them or speak loudly. Allow the person to sleep if they are not easily roused. Try to rouse them gently by speaking with comforting tones from time to time.
- Spend time with them when they are sleeping and when they are awake or alert. Your presence and reassuring voice are important.
- Remember, even if it seems the person is not responding, they may still be able to hear you. 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, talk with the medical team. Their physician may order a medication to help them sleep at night.

Restlessness and confusion

Sometimes a person may be 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 last more than a few hours, ask the physician or nurse for advice and help.

- The medical team can provide medications to relieve restlessness and to sedate the person, if necessary.
- You may need to involve others to help watch the person for safety. A confused person is at risk for falls.
- If the person is confused and lashing out, do not panic. Get help, and think about ways you might calm them.
- At times, the person may have visions of past places or people. These visions are often comforting. These visions do not indicate a need to be medicated unless they are distressing to that person.

To help the person who is confused and restless:

- Say their name before speaking and then identify yourself (for example, “Mom, it’s Mary.”).
- Avoid repeatedly asking them questions.
- Try to help them remember where they are and what day it is.
- Use familiar objects and pictures of loved ones to help them remember their family and surroundings.
- Speak softly, clearly and truthfully when you need to tell them something important.
- Tell them what is going to happen before moving them or procedures are done.
- Reassure them by holding hands or providing a light touch.

- Avoid correcting what the person believes is true. Doing this could frighten or upset them.
- Comfort the person by talking about a favorite place or event the person enjoyed in the past.
- Play quiet comforting music or read something inspirational.
- Ask the medical team if there are medications to relieve the person's restlessness and confusion, if needed.

Changes in bowel and bladder function

As the muscles in the body begin to relax, a person may lose control of their 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, and preserving their dignity, are the overall goals.

To help the person with bowel and bladder problems:

- Maintain their dignity when caring for them. The person may 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 physician if a urinary catheter (tube to drain urine) might be helpful.

Becoming less responsive

It is common for a person at the end of life 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 the person who is less responsive:

- Speak to them 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 of life.)
- Talk openly with them about past experiences.
- Hold their 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 would not say if they were awake.

Changes in body temperature

Fever

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

To help the person with a fever:

- Placing a cool washcloth on their forehead and removing blankets may be helpful.
- Consider using a fan.
- Know that the medical team may provide acetaminophen (Tylenol®) if the fever is high (usually in suppository form).
- Remember that they may feel warm and take their covers off, 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 does not cause any discomfort for them and is a natural part of the dying process.

Breathing changes

Breathing patterns often begin to change for a person 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.

Although the medical team and caregivers may notice breathing changes, the person may not.

To help the person with breathing problems:

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

Buildup of saliva and lung secretions

In the last hours of life, a person 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 — they may be bothersome to everyone in the room except the person who is making the noise. These sounds rarely cause any discomfort to them.

To help the person with increased saliva and secretions:

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

Sometimes the physician may order a “drying” medication to lessen secretions. This can be given as a skin patch, drops in the mouth or by IV (into the vein).

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