

Congestion: A loud gurgling sound may develop and can be distressing to hear. You can raise the head or roll them onto their side to bring comfort. Hold their hand; speak gently.

Colour Changes: Circulation becomes centered around the core to support the most vital organs and the arms and legs may become cold, hot, or discoloured.

Permission: Giving permission to let go can be difficult. While we may wish they remain, a dying person need not feel guilty for letting go. They will commonly try to hold on to be assured that those left behind will be okay even though it prolongs discomfort. A family's ability to release them from this concern is the greatest gift to give at this time.

Saying Goodbye: When the person is ready to die and the family is able to let go, it is time to say goodbye in personal ways. This allows for the final release and it may be helpful to just lie in bed with the person, hold hands, or say everything you need to say. Tears are a normal part of making peace and saying goodbye. They do not need to be hidden or apologized for as they are expressions of love. Although it is a stressful time, this expression can help you prepare so you can help the person through the final stage of life in a calm, peaceful, caring, and supportive way.

At the Time of Death: Breathing ceases; heartbeat ceases; eyes maybe partially open; jaw relaxes; the person cannot be aroused. Take the time needed to call a supportive person or to adjust to the situation. There is no rush. Take care of yourself; that is what is important.



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Preparing for the Death of a Loved One

When the heart weeps for what it
has lost, the soul laughs for what it
has found. ~ Sufi aphorism ~

Time for Acceptance, Support, and Comfort

Close to death, the body begins the normal process of shutting down. Usually this is an orderly, un-dramatic series of changes, which are not medical emergencies. Simple comfort measures are appropriate.

At the same time, the inner “self” begins its final release from the body, from the world we know, and from all its attachments. This release includes “letting go” of whatever is unfinished in the practical world, as well as letting go of loved ones. Openness to letting go prepares the dying to move on from this existence. It is appropriate to support this release.

At these times the dying person may seem to linger. Necessary issues of forgiveness, love, and “permission” to die ought to be talked about. Reassurance that the survivors will be okay needs to be given.

You need to know what to expect and how to respond to the death of a loved one with understanding, support, and love. This kind of response is the greatest gift to be offered as the moment of death approaches.

The natural “signs and symptoms” of impending death are listed here to help you understand what may happen and to suggest the most helpful ways to respond. Not all of these will occur, nor will they occur in any particular order. Each person is unique and so is their death experience. This is the time for you to give full acceptance, support, and comfort to your loved one.

Fluid and Food Intake Decreases:

The dying person may want little or no fluid or food. The body is using very little energy. Do not try to force food or drink or manipulate the person into eating or drinking.

As “normal” intake of nourishment is not desirable, small chips of ice, popsicles, or sips of juice may be the most acceptable refreshment. Do not force fluids as reflexes needed to swallow maybe sluggish. The body knows when it no longer desires or tolerates food and liquids. This is a signal that lack of fluid is no longer uncomfortable. Swabs dipped in water to moisten mouth and lips are sufficient.

Decreasing Socialization:

Withdrawal is natural. The person may want to be alone, with just one person or with very few. The path seems a solitary one of progressive detachment. Our words can sometimes rouse a person to be present with us, so allow as much quality rest time as possible. Reassure the person is okay to sleep.

Sleeping: An increasing amount of time will be spent sleeping and the person may be uncommunicative, unresponsive and, at times, difficult to arouse. This is due to normal changes in the body. Sit with the person, hold his or her hand, and speak softly and naturally. Share time when they are most alert. At this point, “being with” is more important than talking or doing. Assume that the person can hear; hearing is said to be the last of the senses to be lost.

Restlessness: Restless and repetitive motions such as pulling at bed linen or clothing are normal. Do not be alarmed, interfere, or try to restrain such motions. To have a calming effect, speak in a quiet, natural way, lightly massage the hand or forehead, read to the person, or play soft music. Some medications are effective. Refer this to the nurse and/or physician.

Disorientation: Even close and familiar people may not be identifiable to the dying person; they can also be confused about time and place. Identify yourself by name before you speak rather than asking the person to guess who you are. Speak softly, clearly, and truthfully when communicating something important for the person’s comfort, such as, “it’s time to take your medication.” Explain the reason for the communication, such as, “so you won’t begin to hurt.”

Urine Decrease: Urine decreases and becomes very dark because there is a low intake of fluids. The kidneys are not working as they normally would.

Incontinence: Control of bowel movements may be lost as the muscles in the area relax. Protective measures should be taken to keep the person comfortable.

Breathing Pattern Changes: A dying person’s breathing may change significantly. They may breathe irregularly with shallow respirations or stop breathing for short periods of time. There can be moaning-like sounds on exhaling. This is not distress, but rather the sound of air passing over the vocal chords. These patterns are normal.