

Questions you would like to ask or something you think we should know

COPING WITH DYING

Information for the patient and those important to them

Contacts

Responsible Doctor	Telephone
Hospital/hospice ward	Telephone
Community Nurses	Telephone
Other important contacts	

Feedback on the care plan and this information leaflet is most welcome. Please address your comments or suggestions about this document and care you have received to PALS, NHS Gloucestershire Clinical Commissioning Group, Sanger House, 5220 Valiant Court, Gloucester Business Park, Gloucester GL3 4FE

Acknowledgement to Marie Curie and Saint Christopher's Hospice.

To discuss receiving this information in large print or Braille please ring **0800 0151 548**.

To discuss receiving this information in other formats please contact:

এই তথ্য অন্য কৰ্মটি পেতে আলোচনার জন্য দয়া করে যোগাযোগ করুন

如需以其他格式接收此信息，请联系

V případě, že potřebujete obdržet tuto informaci v jiném formátu, kontaktujte prosím

আ মার্কিনী এটিজ ইরিয়েসম্বলি মনিয়েনলি থর্যু সেরিয়েটে গুচিয়েলি সঁচুঙ সঃে

Aby získal te informace v iných formátach, prosím o kontakt

По вопросам получения информации в других форматах просим обращаться

Ak si želáte získať túto informáciu v inom formáte, kontaktujte prosím

FREEPOST RRY-Y-KSGT-AGBR,

PALS, NHS Gloucestershire Clinical Commissioning Group, Sanger House, 5220 Valiant Court, Gloucester Business Park Gloucester GL3 4FE

This is likely to be a difficult and challenging time. We want the person at the end of their life and those important to them to experience the best quality of care, tailored to their wishes and preferences.

Some people choose not to be involved in detailed discussion or may wish someone who is important to them to help provide information to the clinical team. Your choices will be discussed with you.

Please discuss with the care team if you would like to be involved in helping with personal care.

If you have designated a Lasting Power of Attorney or have written an Advance Decision to Refuse treatment or an Advance Care Plan, please inform the team looking after you.

Coping with dying – understanding the changes that might happen

The dying process is different for each person but there are common characteristics or changes that may indicate when a person is dying.

- needing less to eat and drink
- appear to be less interested in the people and place around them. Often referred to as 'withdrawing from the world'
- changes to breathing
- changes which occur before death

Needing less to eat and drink

When people are dying, they often eat and drink less. People in hospital and at home are offered food and drink and are helped to eat and drink as much as they choose.

There may come a time when people are no longer able or wish to eat and drink. Should this occur the care team will discuss if it's helpful for a drip to be considered. For example a drip may be helpful for people who are feeling thirsty. A dry mouth is often not a sign of dehydration and can be managed without a drip, by keeping it clean and moist.

It is often difficult for those important to a dying person to understand the person no longer wishes to eat or is unable to do so. They may wish to offer small amounts of favourite foods or sips of drinks. However, it's important not to force people if they are not wanting or are unable to eat and drink.

'Withdrawing from the world'

For most, the process of 'withdrawing from the world' is a gradual one. People spend more and more time asleep, and when they are awake they are often drowsy, and show less interest in what is going on around them. This natural process can be accompanied by feelings of calmness and tranquility. Even at this stage, it's understood that the dying person may still be able to hear so talking to your loved one is important, as well as remembering not to say anything you wouldn't wish them to hear. There will be a time when the person slips into unconsciousness. This can last several days but can also be a much shorter time.

Changes in breathing

Towards the end of life, as the body becomes less active, the demand for oxygen is much less. People who suffer from breathlessness are sometimes concerned that they may die fighting for breath, but in fact breathing often eases as they start to die.

Often breathing problems can be made worse by feelings of anxiety. The knowledge that someone is close at hand is not only reassuring; it can be a real help in preventing breathlessness caused by anxiety. So, just sitting quietly and holding their hand can make a real difference.

Occasionally in the last hours of life there can be a noisy rattle to the breathing. This is due to a build-up of mucus in the upper airways, which the person is no longer able to cough up. Medication may be used to reduce it and changes of position may also help. The noisy breathing can be upsetting to carers but we don't believe it distresses the dying person.

Changes which occur before death

When death is very close (within minutes or hours) the breathing pattern may change again. Sometimes there are long pauses between breaths, or the abdominal muscles (tummy) will take over the work – the abdomen rises and falls instead of the chest.

If breathing appears laboured, remember that this is probably more distressing to you than it is to the person dying.

Some people may become more agitated as death approaches. If this is the case, then staff will talk to you about it and, having ensured that pain and other symptoms are controlled with appropriate medication, can administer some sedation.

The skin can become pale and moist and slightly cool prior to death. Most people do not rouse from sleep, but die peacefully, comfortably and quietly.

How we can help

Nurses, doctors, the spiritual care team and other staff are here to help you work through your worries and concerns and to offer you care and support.