

Information for disability services staff working in group homes

overview

People are often concerned that death will be a painful experience for the person. However, the time before death is generally peaceful. There is a gentle winding down that may take several days. The body starts to 'let go' of life. Symptoms that occur can be treated. Good communication with your medical practitioner or palliative care service is essential.

Not all the signs discussed in this fact sheet will happen with every person. Sometimes these signs appear a few hours before death, sometimes a few days. These physical signs are part of the natural process of the person's body gradually slowing down. Apart from the signs described here, you may notice other changes that worry you. The palliative care team is there to assist you at all times by providing information and support. Please ask for help at any time. The team expects to have more contact with you in the last stages of the person's life.

You can bring great benefit to the person you are caring for just by sitting with them, holding their hand and speaking in a calm and reassuring voice. Even if the person does not respond, they can probably hear you. 'Being with' can be more important than 'doing for'.

changes you may notice and what you can do to help

Disorientation. The resident may become confused about time, place and the identity of people around them. They may see people who are not there. There is no need to 'correct' the resident if he or she is not distressed. Let them know they are safe and not alone.

Decreased Senses. Clarity of hearing and vision may decrease. Soft lights in the room may prevent visual misinterpretations. Never assume that the patient cannot hear you, as hearing is the last of the five senses to be lost.

Appetite and Thirst. The person's appetite and thirst may decrease, and they might not want to eat or drink. This is natural and is not painful. Sips of water, chips of ice to suck or a moist mouth swab will help. Trying to feed someone who is unable to swallow may harm them.

Sleep and Alertness. Changes happening in the person's body mean that they may spend a lot of time asleep or may be drowsy. It is best to talk to the person when they seem most alert and allow them to sleep when they want to. There is no need to shake the person to wake them up or to speak loudly. It is best to speak softly and naturally.

Incontinence. The amount of urine decreases due to the reduced amount of fluid the person is drinking. The urine may become stronger and darker. Incontinence aids including pads or bed sheets may be needed. Speak to your palliative care team.

Hygiene. Frequent sponging may be necessary to make sure the resident is clean, dry and comfortable. Use mouth swabs to complete mouth care as frequently as the person needs it.

○ changes you may notice and what you can do to help (cont)

Pain. Not everyone will experience pain, however it is important to keep the person comfortable. Gentle repositioning may help with this. Medications are available to help with pain, but it is important to watch the person carefully. Remember they are often unconscious so a brief sigh or a facial grimace might indicate severe pain. Speak to your palliative care team to assist you.

Secretions. As coughing and swallowing reflexes slow down, saliva and mucus may collect in the back of the person's throat, causing gurgling, bubbling or other noises. This noise can be a concern to carers but does not usually cause distress to the person. To help improve the situation you can elevate the person's head and support them with pillows so that their head is turned to one side. Medications can also be given to slow down the production of saliva and mucus to improve comfort.

Breathing. Regular breathing patterns may change. Sometimes the breathing may be rapid, and at other times there may be long gaps between breaths. Breathing may be shallow or noisy. This, too, is due to a slowing down in blood circulation and a build-up in the body's waste products. It is not painful or distressing for the person.

Restlessness. Due to the decrease in circulation of blood to the brain and to other changes in the body, the person may become restless. To have a calming effect, speak in a quiet natural way, lightly massage the person's hand or forehead, or softly play familiar music. Let a palliative care team know if the person becomes restless or agitated. Medications can be given to reduce the problem.

Temperature. The body's temperature may change. At one time the person's hands, feet and legs may be cool to the touch, and at others hot and clammy. Color changes in the hands, feet and body can occur (pink, purple, blue or white) due to the blood circulation slowing down. This is a normal part of the dying process. If the person indicates that they feel cold use light bedding to keep them warm. Too many bed clothes or an electric blanket may make them uncomfortable. Provide good ventilation. A fan to circulate the air and cool damp towels can help if the person seems hot.

○ how will you know that death has occurred?

- breathing stops
- no heartbeat or pulse
- the person cannot be roused
- eyelids may be half open
- pupils are fixed

○ what should you do?

Follow your facility's guidelines, but there is no rush. It is important that you do everything in your own time. The person's body can stay at home for several hours if you would like friends and relatives to come and say their goodbyes. It is a good idea to turn off or remove sources of heat such as room heaters, electric blankets and hot water bottles. It is helpful to let the police know that the death was expected and ask them not to wear uniforms when they come to the home.

[Adapted from the Palliative Care Victoria brochure – *The Process of Dying*](#)