



Care in the last days of life

Having an awareness of the expected changes people face at the end of their life can help to make their experience as comfortable and dignified as possible.



Alice House Hospice
Serving the communities of
Hartlepool & East Durham

Communication and the Environment

People often sleep more when approaching the end of their life and can drift in and out of consciousness.



It is important to remember that when a person appears to be sleeping, are unconscious or cannot respond, they may still be able to hear.

Do not feel that you need to stop communicating with them, this can provide comfort by knowing you are there. Familiar sounds and sensations for example music, or favourite blanket can help to keep the environment calm and soothing.

Reducing the amount of people in the room at one time and avoiding bright lighting can also help.

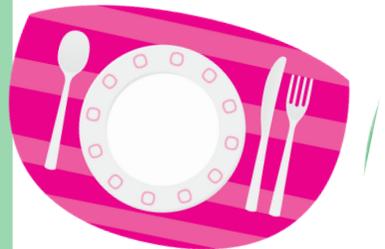
They may find the effort of eating and drinking too much and can lose weight rapidly. This can be difficult to accept because we associate food with health and feeding as an act of love. However, it is normal for those who are dying to stop eating or drinking. Hunger and thirst are rarely a problem at the end of life.

Whilst a person is conscious, continue to offer food and drink but allow them to refuse it.

Diet can be modified to soft foods and or thickened fluids if required. Eventually the ability to swallow will be lost. Fluids can be given via a drip to manage symptoms of thirst but are not given routinely. The body cannot process fluids as normal and it can be harmful to artificially feed or hydrate.

Eating and Drinking

A person may no longer have the desire to eat or drink.



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Mouth Care



People rarely complain of thirst at end of life but can experience dry mouth due to mouth breathing and or side effects of medication.

It is important to give regular mouth care by keeping lips moist with non-perfumed balm. An oral sponge or soft toothbrush can be used to wet inside the mouth and around the teeth and gums. If you notice any sore areas or white patches on the tongue speak with a doctor or nurse.

Two separate flannels should be used for a bed bath. One for the face, arms, back, chest and tummy and the other for feet, legs and lastly the bottom. All soap should be washed off properly to prevent itching of the skin. Skin should be dried gently but thoroughly.

Use towels to maintain dignity and warmth, only expose the part of the body being washed.

The person may have a favourite soap or cream. When applying creams, light hand or foot massage provides a therapeutic touch, which can help to relieve pain and anxiety as well as improve sleep and symptoms of fatigue.

Personal Hygiene

When somebody is in the last days of life it may be too disruptive for them to have a full wash. Often just washing their face, hands, feet and bottom can feel refreshing.



Self Care

Caring for somebody who is dying can be exhausting both emotionally and physically.



Try to share the care with other people and accept support where needed. It is okay to leave the person's side to have a break. Self-care can enable continuity of support to the person, give satisfaction and reduce emotional fatigue. Self-care may also include accessing bereavement support services.

Contenance Care

It is important that their comfort and dignity are maintained by regularly washing them and pad changes. A catheter may be considered if the skin is constantly moist and at risk of breaking down.

If the person has not passed urine in 12 hours it is important to inform a doctor or nurse.



Towards the end of life a person may lose control of their bladder and bowels.

Breathing

Some people may feel breathless towards the end of life.



To offer reassurance talk calmly, open a window or put a fan in the room. If the person can sit up this may help, or support them with pillows behind their back. Medication can also help.

Changes to breathing are normal towards the end of life. Rate and depth of breathing can change and there may well be pauses between breaths (Cheyne–Stokes). Breathing can also become noisy due to an accumulation of secretions and relaxing of muscles at the back of the throat.

Mouth care and positional change can sometimes relieve this. Medications can be used to dry up secretions if it is a problem.

It can be frightening and challenging to care for them when this happens.

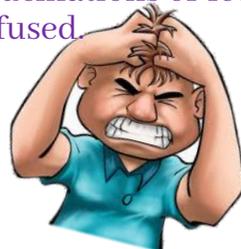
Trying to reassure the person by talking calmly and sitting with them can help.

There may be reversible causes of agitation including a full bladder, constipation, incontinence, pain or discomfort.

Support from the healthcare team should be sought if you are concerned about this. Medications can also be given to help the person to relax.

Agitation or Restlessness

Some people can become agitated and appear distressed when they are dying, they may even have hallucinations or feel confused.



Nausea and Vomiting

Some people experience nausea and vomiting.



If they are vomiting and unable to sit up, turn the person on their side to protect their airway. The healthcare team can help to manage symptoms by giving medication.

A person's position should be alternated, this relieves pressure by allowing blood flow and oxygen to the tissues. Pillows can be used to support their position. Bony prominences are more at risk of pressure damage and should be closely monitored for signs of redness.

Skin should also be kept clean and dry to prevent breakdown. Barrier cream may also be prescribed where there is risk of moisture damage E.G. from incontinence. Changes to skin colour, appearance and temperature are normal at the end of life. Extremities may feel cold due to a reduced circulation.

Occasionally, hands or other body parts may swell a little. Skin may also become mottled and blue, or uneven in colour.



Skin Care

When a person is being cared for in bed at the end of their life it is important to protect their skin from developing pressure sores which can be very painful.

Pain

Some people may experience pain when they are dying.



Facial grimacing or groaning could indicate this if they are unable to tell us, as well as fast breathing or restlessness.

Medication can be given to alleviate this. It is important to check the persons positioning in bed as this can also help. If they have any known areas for pain, try to avoid contact to those areas.

They may be too weak to move and this can cause discomfort. Pain can be caused by disease, medication may be needed before movement. The health care team can help if you have any concerns.

Covid-19 We are continuing to provide essential care for patients. COVID-19 restrictions are subject to change. Please contact us to check on our current policies.

References: NHS (2018) What you can do to practically care for someone who is in their last days and hours of life.

Hospice UK. www.hospiceuk.org/what-we-offer/clinical-and-care-support/what-to-expect/what-happens-when-someone-is-dying/changes-in-the-last-days-of-life

Accessed 07/2020. NICE (2015) Care of dying adults in the last days of life.

Hartlepool Hospice Ltd is known locally as Alice House Hospice, formerly Hartlepool & District Hospice.

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