

## Coping with dying

The doctors and nurses will have explained to you that there has been a change in your relative/ friend's condition. They believe that the person you care about is now dying and in the last hours or days of life. This leaflet describes some of the changes that occur as part of the process of dying. It identifies some of the questions that you may have and encourages you to ask for help and support.

You and your relative/ friend will be involved in discussions regarding the plan of care. All decisions will be reviewed regularly and keeping you updated will be a priority. However if you have any concerns or unanswered questions the doctors, nurses and other staff are there to help.

---

## The dying process

The dying process is unique for every individual. However in most cases there are some common features/ changes that indicate that a person is dying:

- Reduced need for diet and fluids
- Diminished interest in one's surroundings
- Changes in breathing
- Other changes which occur prior to death

## Reduced need for diet and fluids

When someone is dying their body no longer has the same requirements for diet and fluids and feelings of hunger and thirst are significantly reduced. At this time the body's systems slow down, preventing the digestion and absorption of food .

Diet and fluids will be offered by mouth for as long as the person is able to swallow. At this time it is important to keep the mouth moist and clean and regular mouth care will be provided.

Decisions regarding the use of artificial nutrition/ hydration will be made in the person's best interests by the doctor following discussion/ explanation, and will be followed by regular review.

When someone stops eating and drinking it can be difficult to accept as it is a physical sign that they are not going to improve. Medical and nursing staff are available to explore any worries/ concerns and provide support.

---

## Diminished interest in one's surroundings

For most, this natural process is a gradual one. The person may spend more time sleeping and when awake will often be drowsy and show less interest in what is going on around them. For some this may present as an unresponsive / unconscious state.

## Changes in breathing

Towards the end of life, as the body becomes less active, the demand for oxygen becomes much less. For those who have previously experienced breathlessness, this symptom may ease at this time.

Breathlessness can be influenced by anxiety. Knowing that someone is close by may provide reassurance and help to reduce breathlessness caused by anxiety.

Over time the pattern of breathing may change. This can include changes in the depth, pace and length of breathing as death approaches.

For some, in the last hours of life, they may develop a rattle to their breathing caused by a build up of mucus due to an inability to cough. The person is usually unaware of this, but it can be distressing for those who are present. Medication can be used to try and reduce this and a change of position may also be of benefit.

---

## Other changes which occur prior to death

The person may seem confused or agitated. If this is the case, staff on the ward will discuss this with you and having excluded pain and other symptoms may suggest administering sedation.

The skin can become pale, moist and cooler to the touch prior to death. This happens as a natural process as the circulation reduces

## Medication

Medicine that is not helpful at this time may be stopped and new medicines prescribed. Medicines will only be given when needed at the appropriate times and doses to alleviate uncontrolled symptoms. This may include pain, respiratory secretions, nausea and agitation.

---

## Current interventions

The patient's need for current interventions will be reviewed. This can include decisions regarding the appropriateness of routine blood tests, intravenous antibiotics, blood glucose monitoring, recording of routine vital signs and oxygen therapy. Some/ all of these may be stopped.

Further discussions/ decisions will be made regarding Cardiopulmonary Resuscitation and a "do not attempt Cardiopulmonary Resuscitation" order may be made. A Cardiopulmonary Resuscitation Leaflet is available.

---

## Belief systems and patient well-being

An opportunity to discuss what is important to your relative/ friend will be offered at this time. This may include their wishes, feelings, faith, beliefs and values. If you feel that support from the chaplaincy team would be of benefit please inform a member of the nursing staff who can arrange this.

## Purple Bow

The aim of the Purple Bow scheme is to promote additional support and requests that you may have.

Some of the things the scheme offers which you may find useful:

- Exemption car parking permit
- Open visiting on the ward including overnight visiting
- Side room for privacy where possible
- Refreshments and snack boxes on the ward
- Support with spiritual and religious care needs
- Creating memories such as memory boxes and handprints
- Help with any special requests such as music, pet visiting etc.
- Purple Bow comfort pack

Caring well for your relative or friend at the end of their life is very important to us. Please speak to a member of staff if you have any questions.

The Purple Bow Scheme has been funded by the UHNM Charity thanks to generous donations. Please visit [www.uhnmcharity.org.uk](http://www.uhnmcharity.org.uk) for more information.



# Coping with Dying and Purple Bow Scheme Information for patients and visitors

**Please speak to a member of staff if you need this leaflet in large print, braille, audio or another language**