Last Days of Life - Care of the Dying

Introduction

The Nurses, Doctors and other staff are here to help you work through your worries and concerns and to offer care and support at this sad and challenging time.

The hospital team looking after your relative or friend have observed a change in their condition that indicates to them that your relative or friend is dying.

The dying process is unique to each person, but in the majority of cases a plan of care can be put into place to support the patient, hospital team and relatives or friends to achieve the best quality care at the end of life.

If you want to talk to the doctors and nurses caring for your relative/friend please do not hesitate to speak to them regarding any worries or concerns that you may have with the plan of care in place.

Treatment / medication

It may not be appropriate at this time to continue some tests; these may include blood tests, blood pressure or temperature monitoring.

The staff should also talk to you about maintaining your relatives or friend’s comfort; this should include discussion regarding positioning in bed and mouth care.

The doctors will review the medication and stop any that are not required. Oxygen and fluid therapy will also be reviewed and may be stopped if it was felt that they were not benefiting your relative or friend.
They will prescribe new medication so that if a symptom should occur there is no delay in responding. It may not be possible to give medication by mouth at this time, so medication may be given by injection or sometimes, if needed, by a continuous infusion in a small pump called a syringe pump (please ask the nurses if you would like them to explain this in more detail). There is also an information leaflet available.

The nurses looking after your relative or friend will make regular assessments of his or her condition.

If you are aware that your relative or friend has expressed a wish for organ or tissue donation, please bring this to the attention of the doctors or nurses looking after them so they can contact the appropriate people.

**Religious, spiritual or cultural needs**

Staff should determine your own wishes and those of your relative or friend with regard to spiritual care. The Chaplains in the Hospital are an integral part of the support available and are often called upon to provide spiritual care. This involves lending a listening ear for anyone in need, without judgement, whether the person expresses a faith or not. Needs vary and the emphasis is on compassion at all times.

Please ask your nurse if you would like the chaplaincy to visit.

**Coping with dying**

Understanding the changes which occur before death.

There comes a point in most people’s lives when death and dying may be contemplated, whether this is our own death or that of someone close to us, but we don’t know what to expect. To help reduce the anxiety which often comes from the unknown, this leaflet describes the main, typical features of the dying process. It anticipates some of the questions you may want to ask and will hopefully encourage you to seek further help and information if required.

Observing someone who is approaching death may be a frightening experience for some people. Although the dying process is unique to each individual, there are usually some common characteristics and changes which a person may show at this time. Being alert to these changes may help both relatives, friends and staff understand what is happening and therefore, feel better prepared to deal with these changes and support each other.

The changes which indicate that life is coming to an end fall into three main categories:

1. Reduced need for food and drink
2. Changes in breathing
3. Withdrawing from the world

Although any one of these signs can be attributed to something other than dying, bear in mind that the events described here are happening to a person whose illness is already so severe that their life is threatened.

**Reduced need for food and drink**

When a person stops eating and drinking, it can be hard to accept, even though we know they are dying. Initially, as a person gets weaker, the effort of eating and drinking may simply become too much, and help with feeding may be welcomed at this time. Eventually, however, there may become a time when food and drink is no longer needed.

This can be distressing for carers and it may feel like a failure not to provide this, as food and drink are closely associated with nurturing. At this time, moistening the lips and mouth and applying lip salve may be all that is required. Family and friends can be involved in helping to provide this, which may bring comfort to the individual and their loved ones.

**Changes in breathing**

People suffering from breathlessness may be concerned they will die fighting for breath. Towards the end of life the body becomes less active and therefore the demand for oxygen is actually reduced to a minimum. Sometimes breathing difficulties can be made worse by feeling anxious.

The knowledge that someone is close by is not only reassuring but can really help in preventing breathlessness caused by anxiety. There will be changes in breathing levels and the sounds of breathing. For most people the final moments will be peaceful and breathing may become slower or intermittent before finally stopping. It is not unusual to have long pauses between breaths when death is very close (within minutes or hours).

Sometimes in the final hours of life breathing can incorporate a noisy rattle. This is due to the build-up of mucus in the chest, which the person can no longer cough up. This noisy breathing can be upsetting to carers but it doesn't usually appear to cause distress for the patient. Medication, along with a change of position, may be used to reduce this.

At this stage, regular pressure relief and turning of the person may no longer be appropriate and they should be moved for comfort only. The skin can become pale prior to death. As the end of life approaches the person’s circulation slows and their fingers, toes, ears and nose may feel cool and turn bluish in colour. This is a natural thing and doesn't mean they need ‘warming up’.
**Withdrawing from the world**

This is a gradual process. The person will spend more time asleep and may be drowsy when awake. This apparent lack of interest in their surroundings is part of a natural process and may possibly be accompanied by feelings of tranquility. It should not be seen as a snub to loved ones.

During the final days or hours of life the dying person could drift in and out of consciousness. They may still be able to hear what is being said around them and may take comfort from the presence of family, friends and carers. At the end of life most people do not rouse from sleep, but die peacefully, comfortably and quietly.

The nurses and doctors looking after your relative or friend are there to support you and help you to work through any worries or concerns you may have.

**Side rooms:** Unfortunately it is not always possible for patients to be nursed in side rooms at the end of life. However, we will make every effort to facilitate this where possible. Please speak with your ward nurse about this.

**Relative/carer useful/practical information**

This information is being provided so you are aware of the facilities available to you whilst you are spending time with your relative or friend. It is also important to look after yourself at this time.

**Visiting**

There may be circumstances where you wish to stay with your relative/friend outside of normal visiting times. Please do not hesitate to discuss these requests with ward staff as open visiting can usually be arranged. If you have open visiting and have not received a carers’ badge please request one from the ward. For the main relatives and carers spending long periods of time at the bedside, there are vouchers available from ward staff. These provided concessionary prices in the Time Out restaurant situated on the first floor.

**Car parking**

Parking for patients and visitors is primarily in Car Park A (pay on foot system described below). All payments are made on a time band tariff basis—current rates being clearly displayed on notices around the site and on the respective machines.
Approach the hospital via Hardwick Lane. Enter the hospital site and **turn right into Car Park A.** Obtain chip coin from entrance barrier and keep this with you. The chip coin will need to be validated at the Pay on Foot machine (inside the front entrance foyer or outside, adjacent to the car park office) when you are ready to leave the hospital. You will need the validated chip coin to insert in the exit barrier of Car Park A.

Any patient or visitor required to attend the hospital on a frequent basis (eg for repeated course of treatment; visiting a long stay patient) can purchase a weekly ticket from the Car Park Office.

**Public transport**

There are frequent buses that run from the hospital to the Bus Station please ring 01284 702020 for more information.

**Taxi services**

Free telephone service to local operators can be found in the hospital reception front foyer.

**Telephones**

There are some public pay phones in the Main entrance on the ground floor. All phones have induction loop couplers compatible with NHS hearing aids.

**Refreshments**

**The Courtyard Cafeteria:** On the ground floor near the front entrance.

Monday – Friday 08.00 – 20.00
Saturday 09.00 – 18.30
Sunday 10.00 – 18.30

**Time Out Restaurant:** On the first floor at the rear of the hospital. Open all day from 07.30 until 20.00 for snacks, light refreshments and hot meals.

Meal times:  
Breakfast 08.00 - 11.00  
Lunch 12.00 - 14.00  
Evening Meal 18.00 - 20.00
Toilets

Ground floor: by main reception; by X-Ray Dept; by Pathology Dept at rear of hospital; on the corridor by ward G5/G9; on the corner of the corridor opposite ward G8.

First floor: entrance to wards F5/F6; entrance to Wards F7/8; by CCU/Rainbow Ward at rear of the hospital.

Shops

Selling cards, gifts, newspapers, magazines, chocolates, sweets, drinks, snacks, toiletries etc.

The Friends of the West Suffolk Hospital Shop

Open: Monday - Friday 08.30 – 20.00  
       Saturday - Sunday 13.00 – 16.30

W H Smith

Open: Monday - Friday 07.00 - 20.00  
       Saturday 09:00 - 18.00  
       Sunday 10.00 - 18.00

Cash back

This is available from The Friends shop maximum of £20 per day and WH Smith with a maximum of £50.

Lifts

These can be found in the middle of the hospital for access to the first floor.

Post box

At the front of the hospital near the transport office:

Collections: Monday – Friday 17.00  
           Saturday 11.30
Chaplaincy and pastoral care (Ext 3486 / 3771)

The Chapel and Multi Faith Room are available 24 hours a day for private prayer and reflection. Groups and individuals are welcome. From the front entrance take the left hand corridor and follow it round.

Patient Advice and Liaison Service (PALS)

PALS provides someone for patients and their families or carers to turn to if they need information about the Trust services or have worries and concerns about these services.

The PALS office is situated in Main Reception and is open during office hours Monday – Friday and the staff can also be contacted on 0800 917 9673 (24 hour answer phone service).

Enquiries

If you have any questions, or queries, please do not hesitate to speak with a member of staff.

Please feel free to contact the ward at any time if you have any concerns.

It is very helpful to the ward team if you ensure that they have your correct name, contact telephone number and address.

The hospital Palliative Care Team can be contacted by your ward nurse, if we can be of any help or support at this time. Contact ext 3776 Monday – Friday 09.00 – 17.00

Please note: All Facilities information is correct at time of printing.

If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the disabledgo website link below: http://www.disabledgo.com/organisations/west-suffolk-nhs-foundation-trust/main

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