

Large print and other languages

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এই তথ্যগুলো সহজে পড়া যায় অথবা বৃহৎ প্রিন্টের মতবকল্প ফরম্যাটে পাওয়া যাবে, এবং অনুরোধে অন্য ভাষায়ও পাওয়া যতে পারে। আরো তথ্যের জন্য আপনার ক্লিনিকিয়াল টিমের সাথে কথা বলুন।

Na żądanie te informacje mogą zostać udostępnione w innych formatach, takich jak zapis większą czcionką lub łatwą do czytania, a także w innych językach. Aby uzyskać więcej informacji, porozmawiaj ze swoim zespołem specjalistów.

Macluumaadkaan waxaa loo heli karaa qaab kale, sida ugu akhrinta ugu fudud, ama far waa weyn, waxana laga yabaa in lagu heli luuqaado Kale, haddii la codsado. Wixii macluumaad dheeraad ah, kala hadal kooxda xarunta caafimaadka.

Bu bilgi, kolay okunurluk veya büyük baskılar gibi alternatif biçimlerde sunulabilir, ve talep üzerine Alternatif Dillerde sunulabilir. Daha fazla bilgi için klinik ekibinizle irtibata geçin.

میں پر پڑھنے کے لیے جیسا ہے، سکتی جاکی دست یاب میں فارمیٹس متبادل معلومات پر پرنٹڈ یا آسان اور درخواست پر متبادل زبانوں میں بھی دستیاب ہو سکتی ہیں۔ مزید معلومات کے لیے، اپنی کلینکل ٹیم سے بات کریں۔

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Barts Charity

Barts Charity is the dedicated charity for all of the hospitals of Barts Health NHS Trust. Please visit bartscharity.org.uk, call 020 7618 1720 or email appeals@bartscharity.org.uk to see the ways you can get involved.

Reference: RH/PIN/389

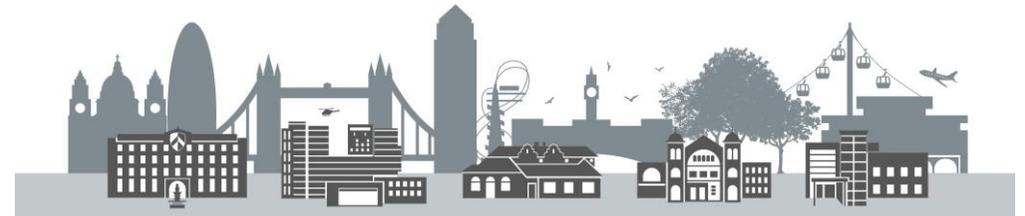
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Patient information

Coping with dying



In order to reduce the anxiety which can come from what we don't know, we describe here some typical changes that are often seen during the process of dying.

It anticipates some of the questions that you may want to ask and hopefully it will encourage you to seek further help and information.

The care your loved one will receive

Barts Health strives to maintain excellent standards of care for all patients. This is most important during the last days of life.

When a loved one is dying

The recognition of dying is always complex, irrespective of previous diagnosis or history. Uncertainty is an integral part of the process. There are times when a patient who is thought to be dying lives longer than expected and vice versa.

The dying process is unique to each person. The skin can become pale, moist and slightly cool prior to death. Most people slip into unconsciousness and die peacefully, comfortably and quietly in their sleep.

Below we look at a number of changes which can occur when a person is dying, which can include:

- Reduced need for food and drink
- Withdrawing from the world
- Changes in breathing
- Other changes which occur before death.

Further questions?

This leaflet may have prompted further questions at this sad time. The **ward doctors and nurses** are willing to talk to you at any time. Whatever your question, please be assured that it will be dealt with sensitively and confidentially.

Other help

Cruse Bereavement Care

Helpline: 0844 477 9400; www.cruse.org.uk

Bereavement Trust

Freephone helpline: 0800 435 455 (every evening 6pm-10pm);
bereavement-trust.org.uk

Spiritual and religious needs

You should be asked if you or those important to you have a religious tradition or belief. You may want to consider specific support now, at the time of death or after death.

Not everyone who dies follows a formal religious tradition and you may want to explore any values, beliefs, wishes or desires that you have at this time.

If you wish to discuss any spiritual or religious needs, please let a member of staff know and they will be pleased to help you.

Personalised care for last days of life

When a patient's condition deteriorates and the medical and nursing staff believe they are dying, a personalised care plan will be implemented to ensure that no care needs are overlooked.

The plan ensures that the patient and those important to them receive the best possible consistent care and support during the last days of life. It is also used to ensure staff are aware of both the patient's wishes and the wishes of those important to them.

The patient will be assessed regularly through the day and night by staff to ensure their comfort and dignity. The personalised care plan will be reviewed daily by medical and nursing staff to ensure there is appropriate care.

Reduced need for food and drink

The dying patient will be supported to eat and drink for as long as they are able to do so safely. However, there will come a time when food and drink are neither wanted nor needed. This can be very distressing for family members, as food and drink are closely associated with caring.

Try not to be discouraged if there is little response when you offer food or drink to your loved one. This may be due to their weakness or lack of appetite and does not mean a lack of appreciation of you.

If your loved one is too weak or sleepy to manage fluids, nursing staff will provide regular mouth care to soothe and moisten the mouth. They will show you how to do this if you wish.

Patients are reviewed on an individual basis as to whether it would be in their best interest to have artificial hydration (fluid through a drip or tube under the skin), or be fed through an existing tube.

If the patient is unable to swallow, it might be appropriate to give medication to control symptoms via a small pump (syringe driver). This should be discussed with the patient and those important to them. Medication is given at the lowest possible dose to control symptoms without side effects and to minimise any unwanted sedation.

Withdrawing from the world

Withdrawing from the world is a gradual process. The patient will spend more time sleeping and will often be drowsy when awake. This apparent lack of interest in their surroundings is part of a natural process and may even be accompanied by feelings of tranquillity. It is certainly not a snub to those they love.

Eventually the patient may lapse into unconsciousness and may remain in this state for a surprisingly long time (in some cases many days), although for others it is shorter.

Changes in breathing

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

Of course, 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 your loved one's 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 mucous in the chest, which the person is no longer able to clear by coughing. Medication may be used to reduce it and changes of position may also help. These measures may have limited success.

However, whilst this noisy breathing is upsetting to carers, it generally does not appear to distress 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 will take over the work and the abdomen will be seen to rise and fall instead of the chest. If breathing appears laboured, remember that this is more distressing to you than it is to the person dying.

Some people may become more agitated as death approaches. If you feel that your loved one is distressed, do let a staff member know so they can review comfort and medication. If there are any signs of distress, then medication for comfort will be started or adjusted.