What to expect as death approaches
An information guide
What to expect as death approaches

The dying process is unique to each person, but in most cases there are common signs which help to indicate when a person is dying. Each situation is different. There is always the possibility of death being sudden, but the most common experience is that the person will become increasingly weak and drowsy and spend a lot of time sleeping. Every effort will be made to relieve any symptoms.

If your loved one has expressed a wish to be cared for at home during their last days, please discuss this with the ward staff. Loved ones may find it easier to support each other if they know what may happen during this sad and challenging time.

Any one of the following can be attributed to something other than dying, so remember that the events to be described here are happening to a person whose illness is already so severe that life is approaching its natural end.

Eating & Drinking

You will probably notice that the person will lose their interest in eating and drinking. Their need to eat lessens and swallowing becomes difficult. The patient will be supported to eat and drink for as long as they wish and are able.

If they are unable to swallow tablets then all efforts will be made to help. It may be necessary to use a syringe driver pump which can give essential medication to relieve any symptoms the person may be experiencing, the doctors and nurses will explain this to you. When someone stops eating and drinking it can be hard to accept, even when we know they are dying. It is a physical sign that they are not going to get better.

As the natural dying process causes the brain to shut down, thirst is very rarely a symptom experienced at the end of life. ‘Mouth
breathing’ as conscious level lessens can result in a dry mouth which requires regular mouth care with moist swabs. It will become clear whilst giving mouth care if a person is experiencing thirst. As a person’s heart and kidneys weaken and shut down as part of the natural dying process, intravenous fluids (using a ‘drip’) can often place a greater burden on the body and can cause swelling or make breathing uncomfortable as systems are unable to process fluids as normal.

**Immune System**

Like all other systems, the immune system begins to fail when a person is dying. Fully functioning white cells are needed to finally resolve any infection within the body. These white cells stop working during the natural dying process, which is why a dying person will not get better even if they are given antibiotics. Each person is assessed and treated as an individual and if antibiotics could have any benefit for symptom control they may be continued.

**Awareness**

It is common that conscious level may fluctuate. There may be times when the person is aware, and times when they are confused and unable to recognise relatives and friends.

**Restlessness/confusion**

The person may become restless/unsettled/confused. This is due to the gradual reduction in normal brain activity and is known as terminal restlessness. Medication can be given which may help relieve this symptom.

**Changes in breathing**

Occasionally, in the last hours of life, there can be a noisy rattle to the breathing. This is due to a build up of mucus in the chest, which
the person is no longer able to cough up. Medication may be used to reduce this and changes of position may also help. These measures may have limited success, but while this noisy breathing is upsetting to carers, evidence research suggests that this does not distress the dying person.

When death is very close (within minutes or hours) the breathing pattern may change. Sometimes there are long pauses between breaths, or the abdominal muscles (tummy) will take over the work – the abdomen rises and falls instead of the chest.

If the person is breathing through the mouth, the lips and mouth may become very dry. Moistening the mouth with a damp sponge and applying lip salve will give comfort. Nursing staff will provide mouth care or family/friends may assist if they wish.

**Skin**

This may become discoloured with a blue tinge and feel cold to the touch. Skin can also become very sensitive to touch. This is a normal part of the dying process.

**Urine output**

As bodily functions shut down this will decrease. Urine becomes a darker colour. Sometimes a catheter is required to relieve discomfort due to build-up of urine in the bladder if a person becomes unable to pass urine.

**Some suggestions on how you could help**

**Mouth care** – moisten lips and offer small sips of fluid if appropriate.

**Touch and comfort** – Any reassuring contact that you feel appropriate – such as holding hands, kissing or hugging.
Sounds – speak softly and clearly. Remember that your loved one may be able to hear you, even at the end of life, although he or she may not be able to respond by speaking. Avoid lots of people speaking at the same time. Try not to be discouraged if there is little response – this may be due to weakness, not lack of appreciation. Simply being together can be of great comfort to you both.

Surroundings – All efforts should be made to keep surroundings as calm and as dignified as possible.

Religious/spiritual support – having a representative from your faith could be important to you and to the person you care about. You may wish to ask a representative from your faith to come to the hospital, or support can be accessed via our spiritual care team. Ward staff can assist you to access this.

Emotional support

The Trust spiritual care team can also offer non religious emotional support. The Macmillan Information Centre at North Manchester General Hospital can also offer information on where you may be able to access additional support locally. The Centre can be used by all and is not specific for cancer patients. They can be contacted on 0161 604 5244.

How to recognise that death has occurred

Usually the signs that death has occurred are recognisable: breathing has stopped and there is no pulse. The skin will be cool to touch, eyes may be open and the jaw relaxed.

If death occurs at home you should contact the patient’s GP surgery or Out of Hours GP service. Further advice can be found in the DWP leaflet 'What to do after a death in England and Wales' (see also the bereavement section at www.pat.nhs.uk).
Once death has occurred
Take your time – say your goodbyes. Kiss and hug your loved one as you wish.
In hospital wards the doctor or nurse practitioner will come to confirm the death. At home, you will need to contact your GP.
You will also need to contact the Funeral Director that you have chosen. Remember after death has occurred, the doctors and nursing staff will do everything they can do to help and to answer any questions you may have.

Facilities/General Information
Switchboard: (0161) 624 0420
www.pat.nhs.uk

Parking
All Pennine Acute Hospitals have patient and visitor parking on a pay and display basis, identified by signage. In certain circumstances parking vouchers may be available, please discuss with the ward staff.
For further details on car parking please visit our website www.pat.nhs.

Visiting
The Trust has standard visiting times for adult wards. However, ward staff will do their utmost to accommodate out of hours visiting for families whose relative is at the end of their life. Please discuss with the ward staff what your needs are.
Overnight stay facilities vary from ward to ward. Overnight stays with your relative will be accommodated where possible.
To prevent the spread of infection visitors are asked to use the alcohol gel hand rub that is provided on entering and leaving the ward.
Please be aware that smoking is not permitted in any Pennine Acute Hospitals NHS Trust hospitals.

**North Manchester General Hospital Refreshments**

The Gallery Restaurant is situated on Block D, close to the Quad car park entrance to the hospital. Details of menus and opening times are available locally.

There are vending machines located adjacent to the restaurant and also on the hospital’s main corridor.

**Out of hours access to the hospital**

The main entrance to the hospital opens at 6.00am and closes at 10.00pm. After 10pm all entrances to the building are locked but you can gain entrance via intercom at the main entrance, D-block entrance and K-block (women’s & children’s).

If you have difficulty accessing the building you can telephone security 24/7 on (0161) 9223723.

**The Royal Oldham Hospital Refreshments**

The Café Royal is situated on the main corridor on the main entrance floor. Details of menus and opening times are available locally.

There is a newsagent near the main entrance selling various cold food and drinks and other useful items.

**Out of hours access to the hospital**

The main entrance is manned from 6.30am – 11.00pm. Outside these hours this entrance is locked and security patrol the hospital. The A&E department is the best way to enter the hospital ‘out of hours’ as it is open 24 hours a day.
**Fairfield General Hospital**  
**Refreshments**  
The Broad Oak Restaurant is situated in the Broad Oak Suite. Details of menus and opening times are available locally.

There is a newsagent near the main entrance selling various cold food and drinks and other useful items.

**Out of hours access to the hospital**  
The main entrance to the hospital is locked from 10.00pm and access to the hospital can be made via the A&E department which is open 24 hours a day.

**Rochdale Infirmary**

**Refreshments**  
The Aroma coffee shop is situated in the atrium area above the main entrance, level C, details of menus and opening times are available locally.

**Out of Hours Access to the Hospital**  
All entrances are locked at night. There is a buzzer and intercom at the main entrance which goes direct to the security office for access to the hospital during this time.

Acknowledgments to Dr Kershaw’s Hospice, Macmillan and Marie Curie.
If English is not your first language and you need help, please contact the Ethnic Health Team on 0161 627 8770

Jeżeli angielski nie jest twoim pierwszym językiem i potrzebujesz pomocy proszę skontaktować się z załogą Ethnic Health pod numerem telefonu 0161 627 8770

For general enquiries please contact the Patient Advice and Liaison Service (PALS) on 0161 604 5897

For enquiries regarding clinic appointments, clinical care and treatment please contact 0161 624 0420 and the Switchboard Operator will put you through to the correct department / service

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