

LOROS

Hospice Care for Leicester, Leicestershire & Rutland

Being there for *you*
and *your family*

NHS

University Hospitals of Leicester and Leicestershire Partnership NHS Trusts
...Working together to provide better healthcare



Care and support in the last days of life

This booklet aims to explain what to expect in the last days of life and describes what care is offered in local hospitals, at home and in LOROS Hospice.

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Introduction

You have been given this booklet because your relative/friend is thought to be nearing the end of their life. This information aims to help prepare you for what to expect and to answer some questions you may have.

It may also help people choose where they would like to be cared for.

Some of this information may be new to you. If you have any questions or want to discuss anything in this leaflet, please speak with the nurses or a doctor. Writing the questions down in the space on the back page may help you to remember them.

This leaflet aims to explain:

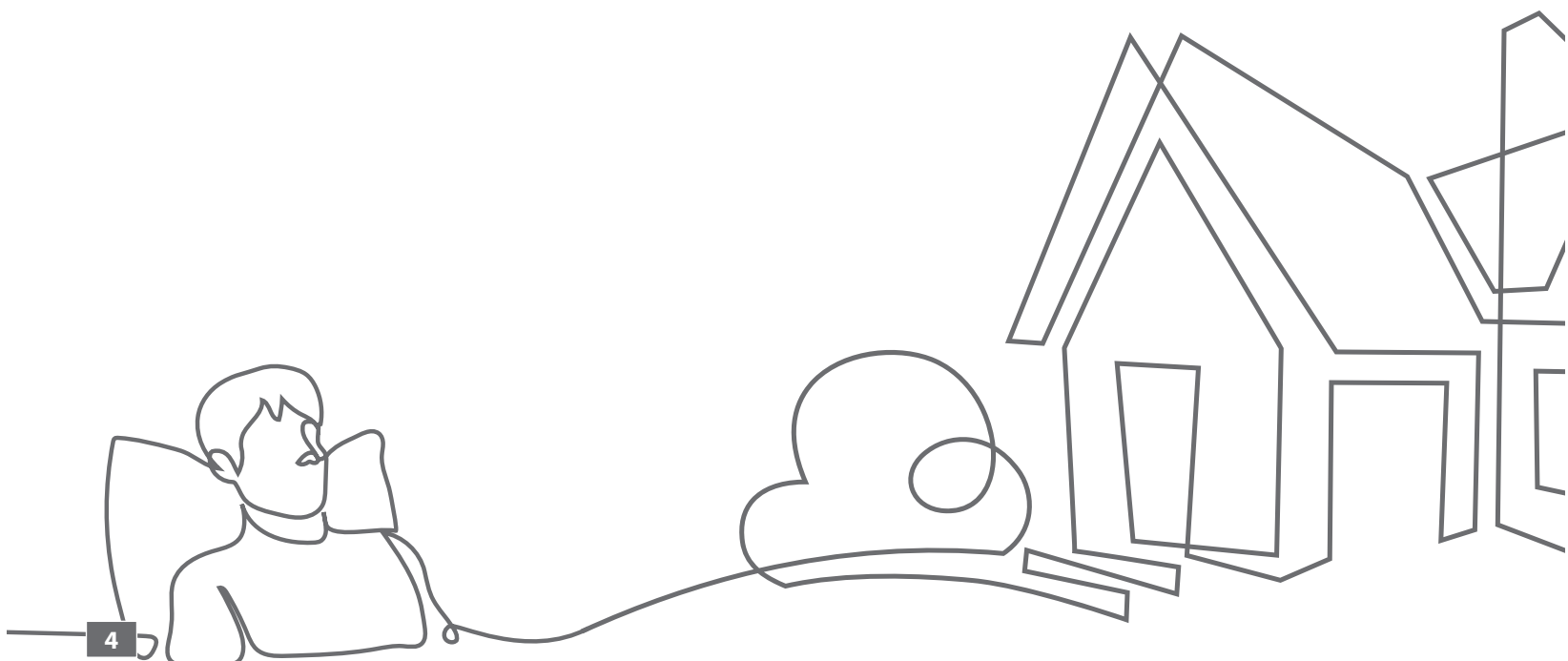
1. What to expect when a person is dying and may be in their last days of life.
2. What a relative/friend/carer can do to support people in their final days.
3. Information on what to expect for the dying person in different settings:

University Hospitals of Leicester

Local community hospitals

At home

LOROS Hospice



Commonly used terms

- **‘Palliative care’**

Palliative care describes the physical, psychological, spiritual and social care and support given to people who have an illness or disease that cannot be cured and that is going to shorten their life.

- **‘End of life care’**

May be used when describing the care of a person in the last days of life.

- **‘CPR’ (cardiopulmonary resuscitation)**

An emergency life saving treatment that may be used when a person’s heart suddenly stops (cardiac arrest). It involves giving strong, rapid pushes to the chest to keep blood pumping round the body. A defibrillator may be needed to give an electric shock to the heart. Healthcare professionals may also need to use medication or breathing tubes during CPR attempts. CPR treatment is not right for everybody and your doctor or nurse will talk about what is right for you/ your relative/friend.

- **‘ReSPECT form’**

ReSPECT stands for ‘Recommended Summary Plan for Emergency Care and Treatment’. The ReSPECT form is where you can write your preferences for future care as well as your doctors and nurses listing the recommendations for any medical care that may be needed in a future emergency. This helps nurses and doctors to make the right decisions if you are not able to talk to them. The form also contains a plan for what to do if the person has a cardiac arrest. Your doctor or nurse will talk to you about creating a ReSPECT form.

- **‘Anticipatory (or ‘just in case’) medicines’**

Anticipatory medicines are a small supply of injectable medicines for you to keep at home just in case the dying person has problems with swallowing and may need medication for pain or other symptoms.



Recognising when someone is dying

It is important to understand that for many people, dying is very peaceful. However, it can be upsetting for you to watch your relative/friend go through these changes. These changes are part of the natural process. It does not mean that they are in any discomfort or distress.

Although exactly what happens when somebody is dying is unique to each person, there are certain changes that we often see before someone dies. These changes can help us understand that somebody is likely to be in the last days of their life.

Making a plan of care

Dying people have the same right to high-quality care as everyone else. When someone is dying and reaching the last days of life, it is important to make a plan of care with them and the people important to them. This should make sure that the last days and hours are as good as they can be for that person.

As someone dies, their heart and breathing will naturally slow down and stop. For most people who are recognised to be dying, giving treatment to try to restart their heart or breathing (CPR) will not work.

Your relative/friend may have a ReSPECT plan in place which will guide professionals on their wishes for treatment when they are nearing the end of their life. Please speak to the doctor or nurse if you want to discuss this in more detail.

Symptoms and care

Knowing what to expect may help to relieve your anxiety about what is going to happen and help with better planning.

There are some common symptoms that people may have when they are dying. **Not everyone will have all of these symptoms and some people may not have any.**

Common symptom



- **Pain** – your relative/friend may not have any pain. If they do have pain, even if they have difficulty communicating, nurses can recognise this by looking at the facial expressions, body movements or sounds people might make.

Can I do anything to help



In most cases pain can be well controlled by medication. You may be able to help by assisting with a change of position or by comforting your relative/friend.

If you believe they are suffering pain, please let the nurses know.

Common symptom



- **Agitation and restlessness** – the dying person may become confused and not recognise familiar faces. They may have hallucinations and hear or see things and people that are not there.

Can I do anything to help ?

This can be distressing to see. You can help by keeping the surroundings calm. Continue to reassure and speak calmly and clearly to them. Try not to correct them or tell them they are getting things wrong as this may upset them further.

Common symptom ✓

- **Changes in breathing** – during the final stages, your relative/friend may look breathless. Their breathing may become faster or slower. It may be deeper or more shallow than before. There may even be pauses or gaps in their breathing that can last for a number of seconds.

Can I do anything to help ?

Sometimes relatives/friends ask if oxygen will help when they see a change in the breathing pattern. Usually the person is unconscious at this time so is not distressed with their breathing. For most dying people starting oxygen does not offer any benefit and can be uncomfortable. Please ask the nurses if you are worried about this.

If the dying person is conscious and distressed with their breathing, it is important to keep them calm. You could open a window or use a small fan to circulate the air more. This has been shown to reduce the feeling of breathlessness. Sometimes medication can help people feel less breathless. Please ask the nurses if you are worried about this.

Common symptom ✓

- **Noisy/rattly breathing** – during the final stages, breathing may become noisy or bubbly. This is sometimes referred to as the 'death rattle'. It happens because the dying person is no longer able to swallow or cough to clear mucus or saliva from the back of their throat. It can be upsetting to hear but it is not distressing if the person is unconscious.

Can I do anything to help ?

If your relative/friend is conscious and feels anxious that they cannot clear their chest, sometimes changing their position to sit up higher or to lie on their side may help. Sometimes medication is used to stop further build up of mucus or saliva. Please ask the nurses if you are worried about this.

Common symptom ✓

- **Dry mouth** – It is very common for people to have a dry mouth when they are dying. This can be a side effect of medication or they may be breathing through their mouth rather than their nose. Having a dry mouth does not mean that they are dehydrated.

Can I do anything to help ?

If they can swallow then small sips of a cool or cold drink can be soothing. Sucking ice lollies or ice chips can also help. If they cannot swallow, are unconscious or do not want a drink, you can moisten their lips and mouth using water and a damp sponge or a very soft toothbrush. A dry-mouth gel or spray also help.

Common symptom ✓

- **Feeling sleepy and lethargic** – your relative/friend may drift in and out of consciousness or spend more time sleeping as their energy levels are falling. Before people die it is very common that they become unconscious and cannot be woken up.

Can I do anything to help ?

It is important to remember that even if the dying person is unconscious, they may still be able to hear you. You may want to speak to them quietly and calmly, read to them, play some memorable soothing music or just hold their hand.

Common symptom ✓

- **Loss of control of bladder and bowel movements** – this is due to the muscles in that area relaxing and shutting down.

Can I do anything to help ?

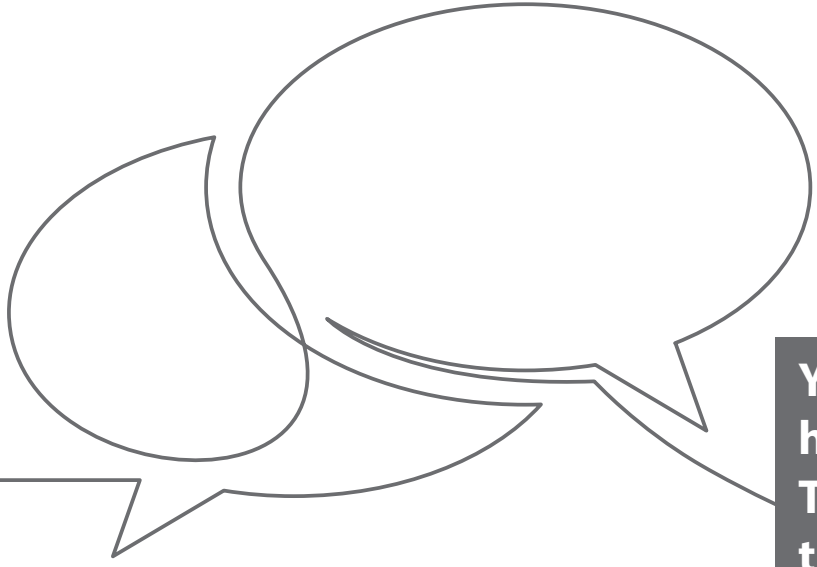
Your relative/friend may feel upset and embarrassed. It is important to keep them clean and comfortable. You may need more support with caring for your relative/friend when this happens. Your nurse will talk to you about the options to manage this.

Common symptom ✓

- **Changes in skin colour and feel** – often hands, feet and other extremities may feel cold to the touch or change colour and become mottled or patchy.

Can I do anything to help ?

This is due to reduced circulation and it may be comforting to put on gloves or socks. Gently massaging their hands and feet may also comfort them.



Your care team is there to help and support you. They can advise on any of the symptoms and explain how you can help your relative or friend.

Eating and drinking

It is normal for a dying person to eat and drink less than before. Most people will naturally stop feeling hungry or thirsty in the last weeks and days of life. This is not harmful to them but can be upsetting for friends and family.

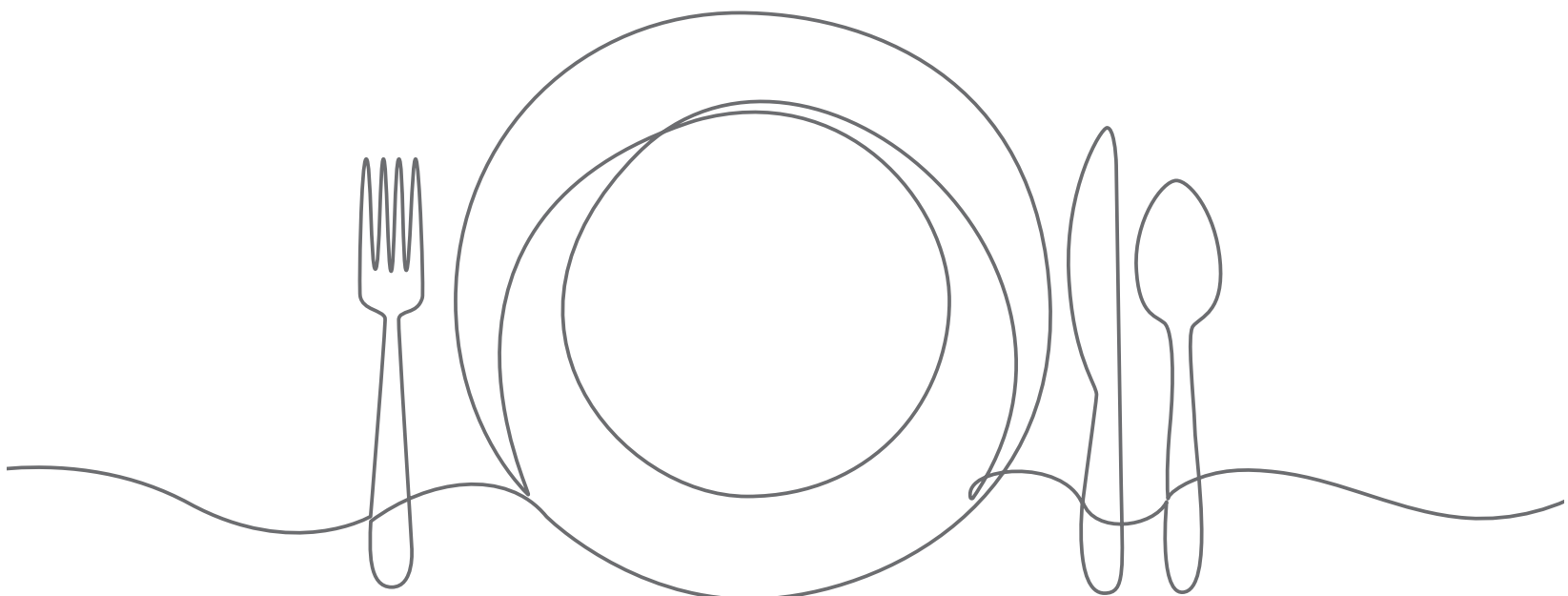
If your relative/friend can swallow and would like to eat and drink:

- Find something they enjoy the taste of, even if it is only a very small amount.
- Help them to sit as upright as possible. This will reduce the risk of things going down the 'wrong way' (aspiration). If they cannot chew, smooth food or drinks may be easier to manage.
- If drinks go down the 'wrong way' then a thickener can sometimes help.
- If you are not sure what to do, ask the nurses for advice.

If your relative/friend is not able to swallow or does not want to eat or drink:

- Focusing on keeping their mouth and lips clean and moist is most helpful. It is normal however for a dying person to eventually lose their desire to eat and drink. This is not harmful. They will not die from starvation or dehydration - they are dying from their illness.

Families often ask about artificial hydration (a drip). This usually does not help the dying person feel better and cannot usually be used at home. If you are in hospital or the hospice, please ask the doctors and nurses for advice. Good mouthcare is better than a drip at keeping the mouth moist and comfortable. A drip can also cause other problems such as swelling of the arms and legs or make chest secretions worse.



Anticipatory (Just in case) medication

It is common for people to be unable to swallow tablets and medicines as they get weaker. The important medicines used in the last days of life can be given by an injection. Your doctor may arrange for the nursing team to have access to these medications quickly to make sure your relative/friend is comfortable and symptoms are controlled as much as possible. Some people are concerned that they are used to hasten or cause death. This is not the case. These medicines are only used to control symptoms such as pain when your relative/friend is unable to swallow medicines.

There are a number of 'just in case' medications that can be prescribed to ease symptoms. The more common ones used are:

- **Morphine or oxycodone** – for pain relief and breathlessness
- **Midazolam** – for anxiety and restlessness
- **Levomepromazine** – for feeling sick (nausea) and being sick (vomiting) and also for agitation or confusion
- **Glycopyrronium or hyoscine butylbromide** – noisy breathing or bubbly sounds in the chest or throat

If your relative/friend has only occasional symptoms, these medicines may be given as a single injection only when needed. If they were taking regular medication that they can no longer swallow or if they have symptoms more often, it may be better to give these medicines through a type of drip called a syringe driver or a pump. This will give a constant dose of pain relief or other medication and the use of needles is kept to a minimum.

More information is available at:

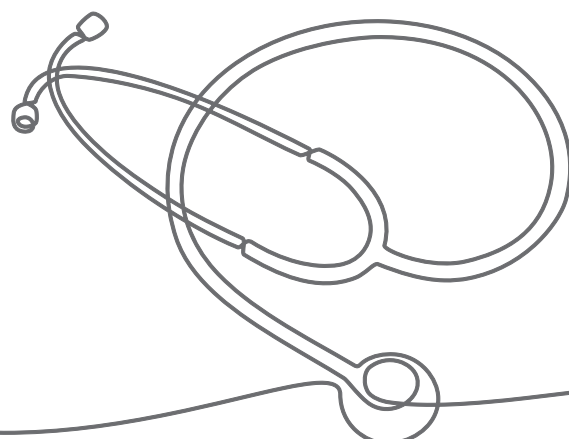


yourhealth.leicestershospitals.nhs.uk/library/chuggs/palliative-care-team/2632-keeping-injectable-medicines-at-home-in-case-you-can-t-swallow-palliative-care

Stopping routine tests and medication

When a person is nearing the last days of life, all of their medications and treatments will be reviewed. Medication your relative/friend has been taking for many years may be stopped if these are no longer helping them.

You may also notice that routine medical checks such as blood pressure are no longer done if these will not help or may disturb them. The doctors and nurses will plan the care for the person who is dying to focus on achieving comfort and dignity. Please ask the doctors and nurses if you would like to discuss this.



Preferred place of care in the last days of life

Some people have a clear idea about where they wish to spend their last days of life. Your relative/friend may have already made their wishes known to you. Choosing where to be looked after when you are dying is a very personal decision. For some people the location is the most important thing. Others may put more importance on rapid access to nursing care or medication.

The earlier we know about any wishes, the sooner we can try to meet these. The doctors and nurses will ask about any wishes you and your relative/friend have. Please let them know if there is anything important.

The views of the dying person and their relatives/friends/carers are very important and will be considered when making decisions. It is not always possible to do what the person wants however especially if the person has very complicated needs or the medical team are worried about moving them out of the hospital or hospice.

You may want to take a moment to talk to your dying relative/friend about what is important to them and discuss what is important to you/and your family.

There is a space on the back of this leaflet to make notes of what is most important to the dying person and the people around them.

Discharge home from hospital or LOROS in the last days of life (Rapid Support Service)

If the dying person has expressed a strong wish to be at home when they die, then the discharge team will try their best to organise care and equipment to make this happen on the day of the decision, or the following day. If the ward team think there is a risk that the person may die in the ambulance on the way home, this will be discussed with you before the journey. It is possible at this time to choose to remain on the ward instead.

More information is available at:



yourhealth.leicestershospitals.nhs.uk/library/corporate-nursing/end-of-life-care/2248-home-support-for-last-days-of-life-rapid-support-service



Religious, spiritual, emotional and cultural care

Many people find benefit from hearing familiar poems or words of comfort, or seeing images that bring feelings of peace. Often family and friends are a great support but sometimes the dying person may wish to talk to someone else. If they have a faith they may also value someone from their own religious or belief community to visit, sit and listen.

A religious or spiritual person may find comfort in religious or cultural rites and rituals. This may be from their own religious/faith leader or from a chaplain. Chaplains come from various religions and beliefs including from a 'secular' or non-religious background.

A person who does not have religious beliefs may also benefit from the support of a chaplain who can offer non-judgemental listening and emotional support.

When someone close to you is dying, you may have different emotions such as sadness, anger, fear, guilt or confusion. All organisations have a chaplaincy team who can listen and help you make sense of your situation and if helpful, provide spiritual or religious support. You do not need to have a religious faith to ask for their help.

Organ and tissue donation

If the dying person's wishes are to make a tissue or organ donation please let the team looking after them know so as this can be arranged if possible. Depending on where they die and the nature of the terminal illness, donation may not always be possible.

Body donation

If the dying person has registered to donate their body to science, please share the documentation with the team.

More information on this is available from Leicester University Medical School



le.ac.uk/medicine/about/body-donation-programme



Your relative/friend's final moment

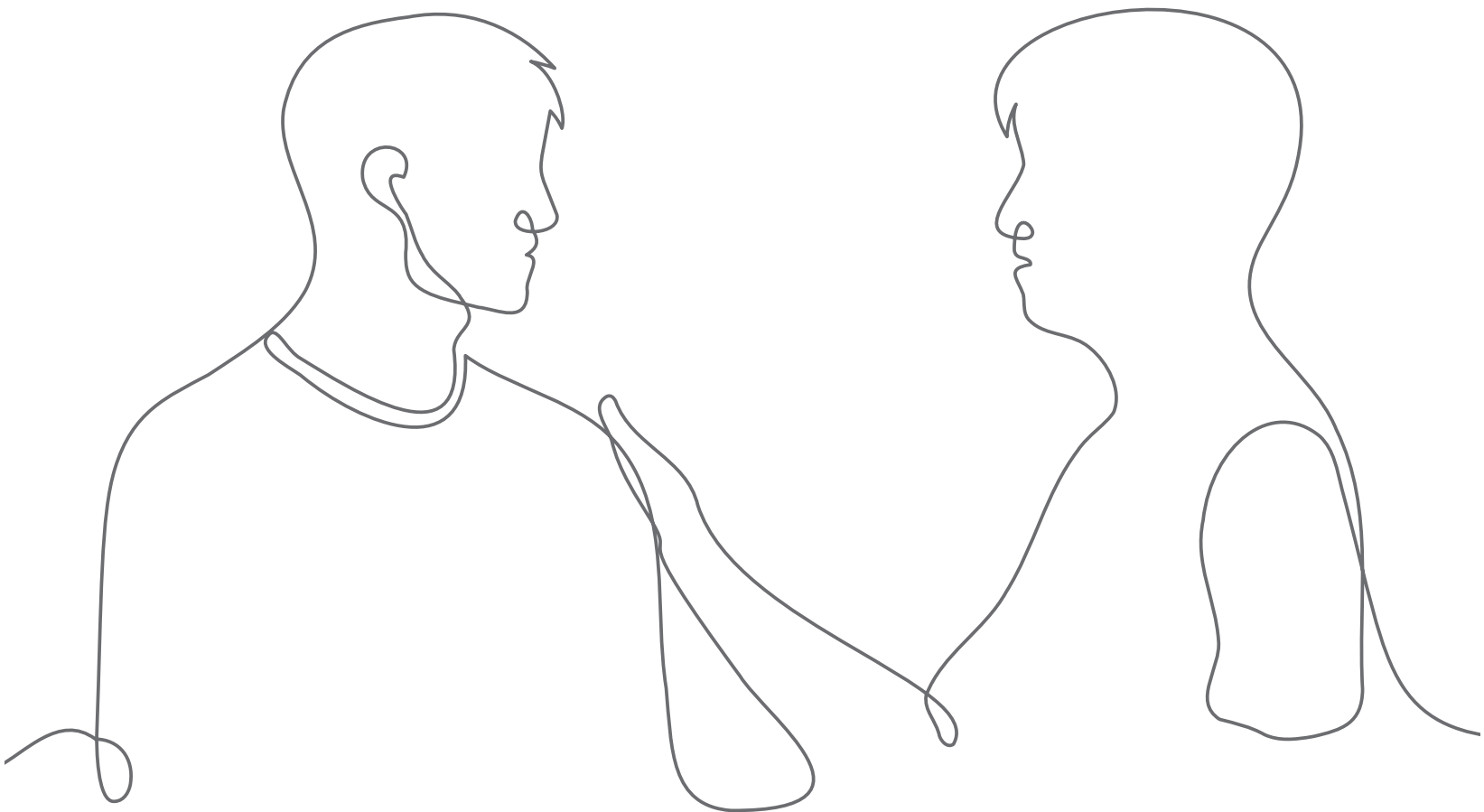
Sometimes it can be difficult to recognise the exact moment your relative/friend dies. Their face muscles may relax and their jaw drop. Their breathing will eventually stop and often their body will relax completely. Some people may lose control of their bladder or bowels.

You may feel overwhelmed with sadness and may want to be alone and take some time to process what has happened. You may need to do a particular ritual or ceremony that is important to you, your family and the person who has died. Please let the team know if this is something you would like to do.

Choosing the right place for care in the last days of life

The next section describes the care available in different locations to help you decide what might be the best place to meet your needs and the needs of your relatives/friends.

If the chosen place no longer feels right please discuss with the team as they will try their best to facilitate a move elsewhere.



Last days of life at home

Community nursing/ICSPC tel: **0300 300 7777** (24 hrs) • Out of hours GP tel: **111**

Many people choose to die at home. Services aim to help those in the last days or weeks of life to stay at home if that is their wish.

Who will be involved?

People who choose to die at home will be supported by the District Nursing teams and/or the Integrated Community Specialist Palliative Care Team (ICSPC). First a nurse will visit and assess your relative/friend's physical, social, and emotional support needs. They will also support you as much as possible. More visits will be arranged as needed.

Other professionals may also visit to make sure all planning and equipment are in place to support the person to die at home. These may include:

GP/doctors

physiotherapists

occupational
therapists

carers

The ICSPC is a team of nurses, healthcare assistants and doctors who may carry out personal care and can help with measures to make the dying person more comfortable.

The community nursing team, for example, the district nurse, is part of your local community nursing service. They offer general nursing care. They may support you and your relative/friend with care in their home setting.

ICSPC and the community nurses meet regularly to discuss all dying people who are known to their services to make sure that they can meet everybody's needs.

The Community Nursing and ICSPC service are available 8am to 10pm 7 days a week. They will arrange planned visits but in between visits you may need to call them for help with symptom management or advice. There is also an overnight nursing service who can visit for symptom management.

If there is an unexpected change in your relative/friend's condition, they are in pain or very restless, please contact the nurses on **0300 300 7777** (24hrs a day). If a nurse needs to visit, they will do their best to get to you as soon as they can. It can take up to 2 hours for the nurse to arrive and can be longer at night.



Care at home

It is rare to be able to provide 24-hour care for a person at home even when they are dying. The dying person may need to rely on the support of relatives to meet their needs for example washing and dressing. If this is not possible the community nurse can make a referral to arrange carers to help with this.

If you are struggling to care for your relative/friend please ask your nursing team to arrange an assessment.

To make sure that care at home is safe and comfortable extra equipment like a hospital bed and air mattress might be needed. The care team will arrange these as needed.

Overnight care

If practical care is needed overnight the team can make a referral to Marie Curie. They have a small team of nurses/health care assistants who can provide a night sitting service from 10pm to 8am. Because this is a small team, it is not possible to guarantee a night sitting service will be available. If help is needed to manage symptoms overnight, community nurses can be contacted on 0300 300 7777 (24hrs a day).

Cultural or religious requirements before or after death

At home, people are encouraged to access support from their usual faith leaders. If this is not possible, please ask the nursing team to refer to the Leicestershire Partnership Trust chaplaincy team.

If there is a cultural or religious requirement for burial within 24 hours, please make sure the nursing team and GP are aware so they can do their best to complete the necessary paperwork quickly.

After someone dies at home

If someone dies at home they do not need to go to the hospital but you will have to let a doctor know.

Call their GP, Monday to Friday 8am to 6pm or outside of these hours call 111

A doctor or nurse will need to confirm with you that your relative/friend has died. When this has happened, you need to contact a funeral director who will advise you on the next steps.

You may get a phone call from one of the local medical examiners to ask if you have any questions or concerns about the death of your relative.

Last days of life in a care home

Some people may be in a care home (residential or nursing home) in their last days of life.

In a residential care home, the dying person will be supported by the staff there. Community nurses and the GP will provide healthcare support as they would for someone in their own home.

In a nursing home there are nurses who can give medications and support the dying person. The local GP will be responsible for the medical care of your relative/friend.

Last days of life in hospital

University Hospitals of Leicester - Leicester Royal Infirmary, Glenfield Hospital and Leicester General Hospital

Contact details – Leicester hospitals tel: **0303 303 1573**

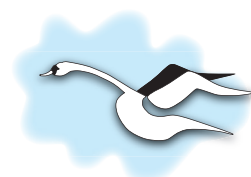
People are looked after in hospital for their last days of life for several reasons:

1. They feel that hospital is the best place for them to be looked after at this time.
2. Their medical or nursing needs are complicated and the ward team do not feel that it is possible for them to get the right care anywhere else.
3. Their condition is changing quickly and the doctors are worried about moving them.
4. There is a delay in being able to move to their preferred setting (such as community hospital, care home or hospice) due to lack of available beds or care services.

Some people prefer to be moved to a bed in a single room when they are dying. This can be a quieter space and allow family members to stay for longer, including overnight. The ward team will do their best to find a side room, even if it is on a different ward, but it may not always be possible. Please ask the nurse in charge of the ward if you would like to move.

SWAN model

At the University Hospitals of Leicester, the SWAN model of care is used when it is recognised that someone is dying. SWAN supports and guides the care of people during the final days of life and afterwards. It helps the whole ward team to focus on what is most important to the dying person and those close to them. We will talk to you about SWAN and you may want to be involved in creating this personalised plan of care. Please ask the doctors and nurses if there is anything that you think might be helpful that they have not already mentioned to you.



Specialist Palliative Care Team

Sometimes the ward doctors and nurses may need extra help with managing symptoms to keep the dying person as comfortable as possible. If this is needed, the Specialist Palliative Care (SPC) Team may become involved to offer expert advice. The team is led by palliative medicine consultants and includes both doctors and nurses. Advice may take the form of a telephone call to the ward, a one-off visit to the dying person, or a number of visits depending on the situation. The SPC team do not take over the care of the dying person, they make assessments and offer recommendations. The doctors and nurses on the ward remain responsible for the care of the dying person. Please ask them if you have any questions or concerns.

Visiting hours and facilities

Visiting hours

The ward teams will try and be as flexible with visiting times as possible. However there may be certain situations when this is not possible. Please ask the ward nurses about this.

Staying overnight

We understand that some relatives/ friends/ carers want to stay with the dying person whilst they are in the last days or hours of life. If you wish to stay, please discuss this with the ward nurses who can advise on what the ward can offer. They may be able to provide a temporary bed or recliner chair in the room to help you be more comfortable overnight.

Car parking for Leicester's hospitals

Please speak with the ward team, who will advise you on parking arrangements at this time.

Meal vouchers for Leicester's hospitals

If you are spending long periods with your relative/friend, the nurses may be able to let you order something to eat on the ward or issue you with a meal voucher for the restaurant. Please speak to the ward team who will be able to advise you on this.

Cultural or religious requirements before or after death

If there are any spiritual or cultural requirements or preferences that are important to the dying person to happen either before or after death, please let the ward team know.

There is a multi-faith chaplaincy team who can offer emotional and pastoral support to the patient and their family. You may prefer to our non-religious chaplain. Your own faith leaders are welcome to visit you in hospital. Please discuss this with the ward team.

The hospitals have clearly signposted chapels and prayer rooms which are a place for quiet reflection or prayer.



After someone dies in hospital

A doctor or specially trained nurse will make an assessment to verify that the person has died and the ward nurses will then carry out last offices.

Last offices is the care given to someone after they have died. These are the practical things that can be done for your relative/friend and include washing and repositioning. If you wish to be involved with this or if there are important religious or cultural rites or observances that need to be done at this time, please speak with the ward nurses.

The person will be transferred to the mortuary within a few hours of their death. From there they will be transferred into the care of the chosen funeral directors as swiftly as possible.

We will give you a leaflet called 'Helpful information following a death'. This will guide you on what happens after someone dies in hospital.

Urgent release of the body for burial within 24 hours of death

If there are religious requirements for an urgent release of the body, please let the ward team know. The doctors and the bereavement team will do their best to make sure this happens, although there are certain situations or circumstances when this may not be possible.

Medical examiners

Before the death certificate is issued, one of the hospital medical examiners will contact you to discuss the death certificate and to ask if you have any questions or concerns about the death of your relative in hospital.

Bereavement support service

The bereavement support service offers bereaved families and friends:

- a confidential listening ear
- support
- signposting to organisations that give ongoing support or counselling
- a chance to give feedback or raise questions or concerns

Around six to eight weeks after a death, the bereavement support nurses will contact you to offer support or answer any questions that you may still have. It is possible to speak to the team sooner either:

- following a referral from the ward team or specialist palliative care team
- you may phone them directly on **0116 258 6776/7742** after a death in Leicester's hospitals or **0116 258 4380** following a death in a community hospital
- or email bereavementsupportservice@uhl-tr.nhs.uk

The bereavement support service is available from 9am to 5pm, Monday to Friday, but not bank holidays.

Community hospitals additional information

The community hospitals are in Coalville, Hinckley, Loughborough, Melton Mowbray, Market Harborough and Oakham. There is also one on the site of the Leicester General Hospital (the Evington Centre). The direct phone number will be given to you by the ward team.

Nursing care in the community hospitals will be very similar to that received in the University Hospitals of Leicester but there are some differences you may want to think about.

- Community hospitals offer 24-hour hospital care to all patients. On each site, Monday – Friday there is a senior nurse on duty with advanced skills (Advanced nurse practitioner). There is not always a doctor on site which can make it more difficult to consider moving to a community hospital if your relative/friend has complex medical needs or is using certain medical equipment such as nasogastric tubes.
- There is not a specialist palliative care team on site in the community hospitals but the community palliative care team can visit patients with complex needs and will support the community hospital nurses as required.

There are also some differences in facilities (see below)

- Parking is free at the community hospitals
- There are no on-site restaurants in the community hospitals
- Although community hospitals do not have chapels, a quiet space for prayer can always be found.

After someone dies in a community hospital

Community hospitals do not have a mortuary so your relative/friend will be moved to a funeral director after death. If a funeral director has not been chosen at that time, they will be transferred into the care of Lee Cooper Funeral Directors. You can then choose whether to arrange transfer at a later date to your chosen funeral directors or continue to use Lee Cooper.



Last days of life in LOROS Hospice

Contact details – tel: **0116 231 3771**

Some people decide that LOROS is where they would like to be when they die. Every effort will be made to make sure they can be admitted for the last days of life when a bed is available. Sometimes there may be a wait of a few days to be admitted. LOROS is the only hospice ward in Leicester, Leicestershire and Rutland so is not able to offer long term care.

Dying in LOROS

LOROS aims to make every person's last days of life as comfortable as possible. Professionals work to make sure your relative/friend is cared for with dignity and respect.

Whilst in LOROS your relative/friend will be mainly looked after by doctors, nurses and healthcare assistants. There is also a wide team available to support, these include:

- Volunteers
- Physio and occupational therapy
- Social workers
- Counsellors
- Complementary therapy
- Chaplaincy
- Domestic team and housekeepers
- Trainees

You can assist as much or as little as you wish with the care of your relative/friend.

There are beautiful gardens at LOROS which are all accessible in a wheelchair or bed. If being outside is important to your relative/friend this can be made possible at LOROS.

Support for you

If your relative/friend has chosen to spend their last days of life at LOROS, every effort will be made to meet your needs also.

There are support services available to relatives and carers.

- Counselling and bereavement support. This is available for you to talk through your experiences with a trained counsellor to help you to make sense of your feelings.
- Complementary therapy treatments (massage, aromatherapy, head or hand massage, and so on). These are available to enhance wellbeing and may help reduce stress and tension.

Visiting times and facilities

It is important that all patients are comfortable and happy with visiting arrangements. On admission to the ward a member of the team will discuss visiting arrangements. There are times when the care of the dying person may make accepting visitors difficult.

There is a café and social area just off the ward where food and drink can be purchased.

Children are welcome visitors at LOROS. Young children must always be supervised. There is a family room on the ward.

When the person is in the final days of life you are welcome to stay with them, either at their bedside or there is a limited number of relatives' overnight stay rooms.

We welcome well-behaved pets to visit the dying person where appropriate.

Please discuss facilities with the care team.

Cultural or religious requirements before or after death

If there are any spiritual or cultural requirements or preferences that are important to the dying person that need to happen either before or after death, please let the ward team know as soon as possible.

The hospice has a chapel/prayer room which is a place for quiet reflection or prayer. There is access to religious artefacts outside the prayer room and ritual washing facilities nearby.

After someone dies at LOROS

If you wish to be involved with the care of your relative/friend after death, please discuss this with the ward nurses.

You will be supported to stay with your relative/friend for as long as you need after death. They will not be moved from their room until you are ready or have left. However, once they have left the ward the next time you will be able to see your relative/friend will be at the funeral directors.

After someone dies our family support team will be in contact. This is usually on the next working day, to take you through the next steps.

Medical examiners

Before the death certificate is issued, one of the hospital medical examiners will contact you to discuss the death certificate and to ask if you have any questions or concerns about the death of your relative in the Hospice.

Urgent release of the body for burial within 24 hours of death

If there are religious requirements for an urgent release of the body, please let the ward team know. The doctors will do their best to make sure this happens, although there are certain situations or circumstances when this may not be possible.

Your questions and worries

Members of the nursing and medical team are there to help you to work through your worries and concerns and to offer you care and support. Please ask them if you have any queries.

You may find it useful to make a note of your worries as they arise so that a member of the care team can go through them with you.

What is important to me and my family / any questions or concerns / useful phone numbers
(a space for you to make notes)

Useful websites:

Dying Matters:

dyingmatters.org

NHS End of Life Care:

england.nhs.uk/eolc/

LOROS

loros.co.uk

Marie Curie:

mariecurie.org.uk/help/support

Public Health England:

endoflifecare-intelligence.org.uk

Age UK:

ageuk.org.uk/information-advice

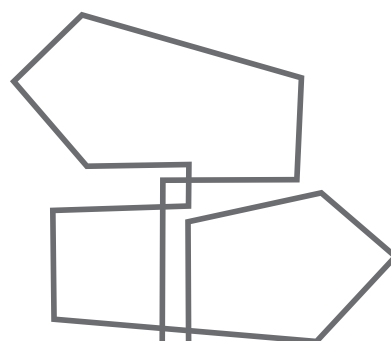
YourHealth

(Leicester Hospitals store of patient information)

yourhealth.leicestershospitals.nhs.uk/

Macmillan :

macmillan.org.uk/cancer-information-and-support



Community nursing/ICSPC

Tel: 0300 300 7777 (24 hrs)

Out of hours GP

Tel: 111

University Hospitals of Leicester

Tel: 0303 303 1573

LOROS Hospice

Tel: 0116 231 3771

Email: info@loros.co.uk

loros.co.uk



*Being there for you
and your family*



University Hospitals of Leicester and Leicestershire Partnership NHS Trusts
...Working together to provide better healthcare