

What to Expect as the Person You Care for Deteriorates



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Aim of the session

- To inform you of what may happen as the person you are caring for deteriorates and enters the last days of life
- To give you the confidence to care and find out about the process of death and how to offer comfort
- Learning what may happen should allow you to prepare for the emotional and physical changes ahead

Emotional Changes

- Worry
- Anxiety
- Panic
- Anger
- Resentment
- Sadness
- Withdrawn
- Quieter
- Retreat from the world
- Less interest in people
- Role change
- Low Mood

Listen and Be There



Fatigue/Low Energy

- Need more help
- Poor concentration
- More need to rest
- Save energy for things that matter and are enjoyed
- Accept help
- More help with personal care
- Equipment to help reduce fatigue

Difficulty Sleeping

- Change of medication (include meds that keep awake, steroids)
- Anxiety and worry
- Fear of dying overnight
- Poor symptom control
- Sleeping in the day
- Keep bedroom for sleeping, get up if can't
- Write down anxieties and get help and support
- Relaxation techniques (music, breathing, massage)
- Symptom control

Symptom Control

Pain:

- Administration of medication correctly
- Assess non verbal signs
- Positioning
- Equipment
- Just in case medication



Nausea and Vomiting

- Oral/Injectable medication
- Odours
- Dry food (Ginger tea/biscuits)
- Little and often meals (snacks)



Weight Loss

- Reduced appetite
- Body slows down, need to eat diminishes
- Do not force food
- Offer little and often
- Snacks, easy foods, soups, custard, ice cream
- Eat slowly
- Talk openly about eating and drinking

Constipation

- Reduced mobility/Reduced fluid intake
- Pain relief
- Laxatives
- Drink fluids encouraged
- Eat high fibre diet



Shortness of Breath

- Due to lung conditions
- General weakness
- Fluid around the lungs
- Chest infection
- Anaemia
- Anxiety
- Medication/Oxygen
- Resting places in home
- Open window/fans
- Mobile alarm/monitor
- Equipment (toileting)
- Positioning
- Calm/Reassurance

Mobility

- Reduced as tired, in pain, swollen limbs/abdomen
- Skin breakdown
- Cushions and mattresses
- Position changing side to side/tilting/pillow support



Mouth problems



Oral Thrush; antifungal & mouthwash



Ulcer; soft toothbrush, drinking straw, salt water, OTC preparations



Dry Mouth; fluids, mouthwash, oral gel, fizzy Drinks, ice lollies, ice, chewing gum, lip balm

Change of Appearance

- Weight gain
- Weight loss
- Hair loss
- Fluid build up (oedema)
- Skin changes
- Bladder problems/catheter/ incontinence products

At End of Life

- Sleep more, drifting in and out of consciousness
- Think what matters to them
- Familiar sounds and sensations
- Favourite blanket
- Music, lighting and noise
- Talking and hearing



Noisy breathing

- Change of breathing pattern/gaps
- “Death rattle” not distressing to the dying person
- This is normal
- Accumulations of secretions
- Relaxation of Throat Muscles
- Positioning and medication helps

Agitation or Restlessness

- Reversible causes (elimination)
- Psychological distress/unfinished business
- Toxins
- Reassurance and touch can help
- Medication can be given oral/injection



Just in case medication

- Pain, Agitation, Nausea and Secretion
- Injections and authorisations
- SPA/District Nurses
- Drips not beneficial



Looking After Yourself

- Exhausted physically and emotionally
- Eat, rest, exercise and fresh air
- Share care, ask for help and take a break
- Be honest with yourself
- Strong emotions (anger, resentment and loss)
- Don't fill time with chores do enjoyable things
- Do not feel guilty
- Guilt if care home option at EOL

Time of Death

- Inform the GP for certification/verification
- Funeral Directors
- Coroner



Palliative and End of Life Care
RESEARCH EDUCATION INFLUENCING PRACTICE