



■ ■ *Body temperature and colour* *Pāmahana tinana me te kara*

The skin may sweat and still be very cool or very hot to touch. As the heart becomes weaker, circulation fails to adequately reach the hands and feet which causes them to feel cold to touch and change colour. Skin can be pale grey and have a blue/purple tinge (mottled). It does not usually mean that they need extra blankets. It's a natural occurrence when the body is shutting down.

■ ■ *Pressure area care* *Pēhinga te tinana tūpore*

It is still important for staff to change the persons position because they may not be able to express the need to move. Sometimes when people get restless they settle with this. It is still very important to prevent pressure areas developing in this late stage as these can cause pain and further complications. The nursing staff may need to administer some pain relief before they change their position.

■ ■ *Pain* *Mamae*

If you feel the person who is dying is in some discomfort please inform the nursing staff. We can perform an assessment and administer pain relief if it is needed. If the person cannot talk, there are still signs we can look for such as facial grimacing, increased respiratory rate, restlessness or tense limbs.

■ ■ *When death has occurred:* *Inahea te mate i taka*

- There is no breathing.
- The chest does not rise.
- There is no heart beat (no pulse).
- Sometimes there is release of the bladder or bowel.
- Please inform the staff when this has occurred if no one is with you at this time.

■ ■ *Contact* *Whakapā*

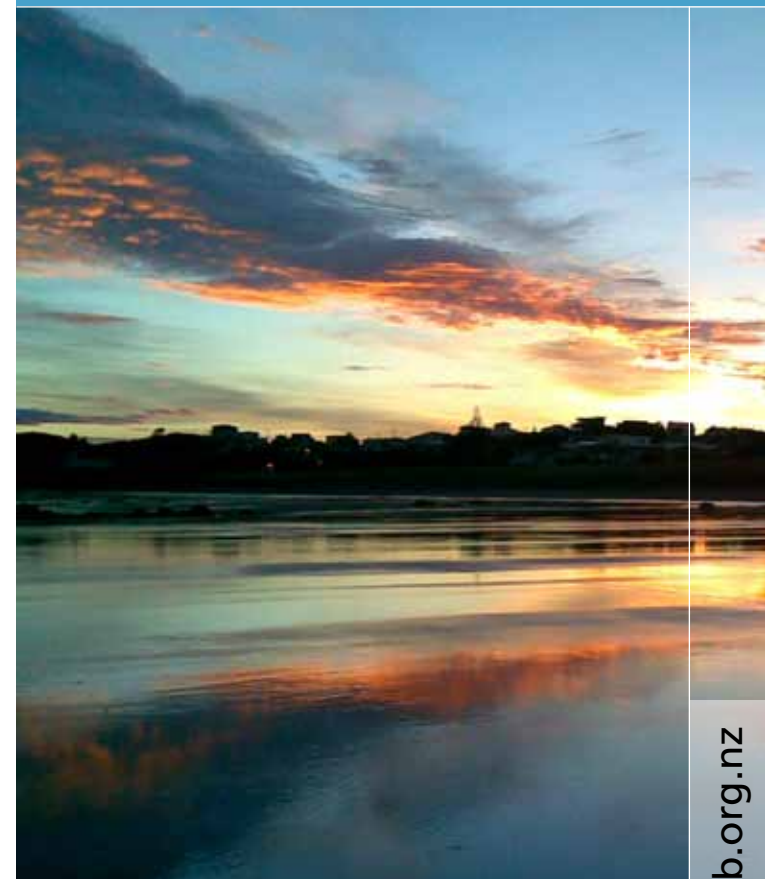
If you have any questions about changes in condition please do not hesitate to talk to one of our team.

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End of Life Questions and Answers



**Older Person's Health and
Rehabilitation Services
Ward One - Inpatient Services**





When confronted with changes that indicate final stages of living, commonly called “dying”, there are many questions you may have.

How exactly will it happen? How much time is left? These can be difficult questions for health professionals to answer as every individual is different.

■ ■ *Signs of dying with suggested cares Ngā whakaaro puaki tūpore mo te tohu mate*

Looking back, there may have been early signs to suggest that someone is dying. This can occur over days, weeks, months. Often this is seen in retrospect, as sometimes these symptoms can also be associated with other medical problems that the team had initially thought could be treated to improve the person’s quality of life and comfort. These signs may include:

- Increased restlessness, confusion, agitation, “not knowing where to put themselves” i.e. requiring frequent positional changes.
- Withdrawal and reluctance to see visitors.
- Increased periods of sleep/lethargy.
- Beginning to show periods of pausing in the breathing when awake or sleeping.
- Inability to heal or recover from wounds or infections.
- Increased swelling of the extremities or the entire body.
- Reporting seeing people who have died or sense impending death themselves.

■ ■ *Food and fluid Kai me te wai*

They may become less interested and only be able to tolerate small sips of fluid and small amounts of food. They may lose their ability to swallow properly. We will keep their mouth clean and comfortable by swabbing with sponges and applying moisture to the lips and mouth.

Artificial hydration/feeding is not normally given at this stage as not eating/drinking is a normal process as the body shuts down. In some patients artificial hydration can cause further complications. If you have any more questions please ask.

■ ■ *Bowel and bladder Whēkau me te pukumimi*

Urine can become darker and more concentrated. Control of their bladder and bowel can be lost. This is managed by using incontinence products to maintain comfort.

■ ■ *Levels of awareness Ngā kōeke mohiotanga*

People who are dying may become less aware of the time of day or their surroundings, not recognise familiar people, or they may see or hear voices that are not there. If it disturbs them you could reassure them by holding their hand and letting them know you are there. They will eventually go into a coma (not rouse).

■ ■ *Restlessness Tāhurihuri*

A person can become quite restless and fidgety – making movements like plucking at bed linen or attempting to get out of bed. Let the nurses know and they can do an assessment to check if there is something causing this such as pain, discomfort from a full bladder or bowel. This restlessness can also be caused by changes in their metabolism. Sometimes the nurses may have to give medication to relieve this symptom if an obvious cause isn’t found.

Aromatherapy, music or massage can be used if you feel comfortable.

■ ■ *Breathing Whakahā*

You may notice dramatic changes in breathing patterns such as slow progressing to very fast and then slow again, or shallow progressing to very deep breathing and occasional gaps between breaths (apneas).

There may be a “rattling” noise at the back of the throat due to a pooling of saliva/phlegm. This does not normally cause distress to them but can be unsettling for you to listen to. Often a change of position or medication can relieve this symptom. Suctioning the person can be distressing for them and therefore is normally avoided.