

“To listen carefully – this can be our greatest gift to one we love.”

*Elizabeth Latimer, MD
Miles To Go, Purdue Pharma*



Discuss with the long term care home staff and your loved one:

- Any cultural or religious traditions
- Funeral planning
- Who should be called at the time of death

What will usually occur following the death of your loved one in a long term care home:

- The staff will not call 911
- A doctor will be called to certify the death
- You will have time to say goodbye
- The funeral home will be contacted, and may wish to speak to a family member
- You may be asked to collect your loved one's belongings as soon as 24 hours after the death
- You will have a chance to talk to staff about the grief supports that are available for you and your family.



When a
**Loved One Is
Dying In
Long Term
Care**

The signs of death may include:

- No breathing
- No heartbeat or no pulse
- No response
- Loss of control of bowel and bladder
- Eyes fixed on a certain spot
- Eye lids will be open or closed
- Jaw will be relaxed and mouth may be slightly opened
- Skin colour may change
- Fluid may collect at the corners of the mouth.

If you think death has occurred, call a staff member into the room.

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When a loved one is

approaching death in a long term care home, it can be a difficult time. This brochure is a guide to help you prepare for your loved one's final stage of living. Knowing some of the physical and emotional signs of death will help you understand what may happen. Some of these signs may not occur with your loved one. There is not a specific order or pattern. Your loved one is unique and will do things in his or her own way and time.

Your loved one may still take pleasure in many things that they have always enjoyed. As an example, if your loved one always read the sports section and is no longer able to do so, they may still appreciate being read to; or playing music they appreciated and loved. It is also appropriate to spend quiet time with your loved one, letting your loved one know that you are there with them.

All of these events or special moments are part of the natural process of living and dying. The long term care home staff is available to answer any of your questions.



*“You held my hand...
I felt your strength, I was not alone”*

Elizabeth Latimer, MD

The following signs and symptoms may be seen over a number of hours or days.

appetite

A decrease in appetite and thirst, wanting little or no food or fluid, is normal at the end of life. Your loved one's body is letting him or her know when it can no longer manage food or fluids. Because this is a normal process as death draws near, your loved one will not experience hunger or thirst. Moistening the mouth and lips frequently is helpful for comfort. Ask the staff for suggestions of what food or drink you might offer safely, and ask about mouth care and lip moisturizers. Do not force fluids if your loved one has problems swallowing.

sleeping

Your loved one may spend a lot of time sleeping. He or she may appear to be uncommunicative and difficult to wake. This is a normal change. Plan to spend time with your loved one when he or she is most alert. As death nears, your loved one may become unresponsive. Never assume that he or she cannot hear. Hearing remains until the moment of death.

elimination

As your loved one's appetite decreases, urine output and bowel function will also decrease. There may be a change in urine and stool colour. He or she may lose control of urine and/or bowels. Talk to the staff about how your loved one can be kept comfortable.

skin change

You may notice a change in your loved one's skin. His or her arms and legs may become cool to the touch. Even though your loved one may be cool to your touch, he or she is usually comfortable. The skin may feel clammy and damp, appearing greyish or bluish. The circulation of blood is slowing down. Touch can be good for your loved one and for you. You may wish to gently massage his or her arms and legs.

breathing

There may be normal changes to your loved one's regular breathing pattern. The number of times he or she breathes may become less. Your loved one may take shallow breaths with short periods of no breathing. These periods may last five seconds up to a full minute. There may be times of rapid, shallow panting-type breathing.

Breathing may also sound noisy, because secretions are collecting in the throat. It may look as though he or she is working very hard to breathe. The use of a cold cloth on the forehead or the use of a fan to circulate the air may also help breathing discomfort. In the final hours, the side-lying position may be most comfortable.

restlessness

Your loved one may become restless or confused. He or she may try to get out of bed, pull at the bed linens and clothes, and reach out to objects or people who are not there. Your loved one may not recognize friends or family members so do not be alarmed. This change may be due to a decrease in oxygen circulation in the brain, medication, or a change in their condition. Speak slowly, quietly and reassuringly. If your loved one is restless, talk to the staff about how to manage this symptom.

emotional

As death approaches, your loved one may withdraw and become quieter. Your loved one may go through different emotional states such as sadness, helplessness, anxiety or fear. He or she may want to say goodbye in personal ways. This, too, is an opportunity for you to express your feelings. He or she may speak to, or appear to be seeing, people you cannot see. Sitting quietly and being with your loved one may be the most comforting thing to do at this time.

It is important to understand that even if many signs and symptoms are present; it is difficult to predict when death will occur.