

## Signs of imminent death

Families of dying people may have no previous experience of the dying process. Staff can prepare them by explaining the physical changes that occur around the time of death, which may include:

- Profound weakness
- Difficulty swallowing and loss of appetite
- Changes to skin colour eg. paler, darker, blue, purple, patchy
- Rise or fall in body temperature
- Blood pressure that is low and difficult to measure
- Pulse that is weak and difficult to palpate
- Glazed, unseeing eyes
- Dry mouth
- Poor or no urinary output
- Loss of bowel or bladder control
- Irregular breathing
- Gathering mucous and altered breathing sounds such as bubbling or rattling
- Episodes of not breathing.

The effort to breathe in the last moments of life can cause distress to family members. They will require support and reassurance at this time.

## Care after death

It will be important to follow Trust guidance on the actions to be taken following a death and advise families appropriately.



Consider the following:

- Verification of death
- Timely reporting of the death to a medical practitioner to enable certification
- Referral to Coroner (as appropriate)
- Care of the body - Last Offices
- Advice to family to contact a Funeral Director for support and guidance regarding burial and cremation
- Informing other professionals involved in the patient's care.

## Bereavement care

Trust bereavement booklets will provide families with additional information and advice, complementing the care and emotional support already provided.

## Caring for yourself

Caring for people who are dying and their relatives, especially in difficult and highly emotional circumstances can be challenging. Staff may find it useful to share experiences and support with peers. Those who have access to supervision may wish to take the opportunity to reflect on situations which they find distressing.

### Useful contact numbers

|                               |               |
|-------------------------------|---------------|
| <b>Carecall</b>               | 0800 389 5362 |
| <b>Staff Care</b>             | 028 9056 5683 |
| <b>Cruse Bereavement Care</b> | 0844 477 9400 |
| <b>National Helpline</b>      |               |
| <b>Lifeline</b>               | 0808 808 8000 |

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## Caring at end of life

A summary of  
best practice guidance for  
health and social care staff

## About this guidance

Many health and social care staff are involved in caring for dying patients and their families. A range of guidance is available to assist staff in this role and some of the main points are highlighted in this leaflet. Further information is available from Palliative Care teams and Trust Bereavement Coordinators.

## Breaking bad news

Breaking bad news to patients and families about impending death will cause them distress.

- How information is shared with the patient and their family at this time and into bereavement may have a significant impact on their physical and emotional wellbeing.
- The use of a structured process will assist staff to deliver bad news in difficult circumstances in a supportive and sensitive way.
- Staff should focus on communicating information clearly with care and compassion in an effort to help the family come to terms with the situation.

The principles in relation to breaking bad news are useful to remember:

- Prepare yourself, your setting and your patient
- Provide information, support and a plan
- Document the conversation and share with appropriate others.

## Supporting people at the end of life

Good end of life care will identify and meet the supportive and palliative care needs of both patients and families throughout the last phase of life and into bereavement. Consideration should be given to the individual wishes of the patient and relatives, to include their decisions regarding preferred place of death.

- A multi disciplinary approach to individualised care planning for people who are dying can support staff to deliver appropriate person centered care in the last days and hours of life
- Good end of life care involves compassionate communication with the dying person and their family, anticipatory planning to meet psychological and spiritual needs, symptom control (pain, agitation, nausea and vomiting and respiratory tract secretions) and care after death
- It is important to remember that the experiences of dying people and their families before, at the time of and after death, can influence grieving and the longer term health of bereaved people.



## Care of the dying person

End of Life care should give attention to meeting patients' holistic needs and keeping them comfortable. Families may wish to be involved in the care of a loved one whether they die in their own home, a nursing home or hospital.

Care will include:

- Essential comfort measures for example, ensuring privacy and dignity, attending to personal hygiene and toileting needs, pressure relief, assisting with eating and drinking as a person's condition allows
- Regular review of symptoms and alteration of treatment if necessary
- A compassionate and understanding presence to support families as they share care at this difficult and stressful time
- Recognition of the spiritual and cultural needs of the person, to include formal or informal support that they and their family may find helpful eg. spiritual care or involvement of relevant voluntary and community networks.

When end of life care is delivered in a holistic way which meets the needs and wishes of patients and their families it can also be a positive experience for all the staff involved.