

Letting Go

Letting go of someone you know and love is very personal. There are many different ways to do it. If you have difficulty with your feelings, let your nurse know. Also let your nurse know if there are any practices, protocols or beliefs so we can do our best to provide support.

Even though you know the person is dying, when someone takes their last breath and their heart has stopped, it can still feel like a shock.

Spend as much time as you wish with the person who has died. There is no need to rush.

Take the time you need to say goodbye.

If you would like ongoing grief support, contact your health care provider or local Hospice Society. Your community centre might also have loss and grief support.



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Health through wellness

Information for Families when End of Life is near



When a person nears the end of life, a number of changes to the body may occur. These changes are normal and expected.

SKIN CHANGES

Hands, arms, feet and legs can become cold, hot or change colour. The colour of the skin may become mottled or blotchy. The face may become pale. It tells us the body is sending blood to only the vital organs to conserve energy.

What can family do? Keep the person warm with soft blankets. If the person keeps removing the blanket, use a light sheet, a cool moist cloth on the forehead and/or provide a fan. If you think the person has a fever and is uncomfortable, sometimes medication can help to lower the temperature.

SLEEP CHANGES

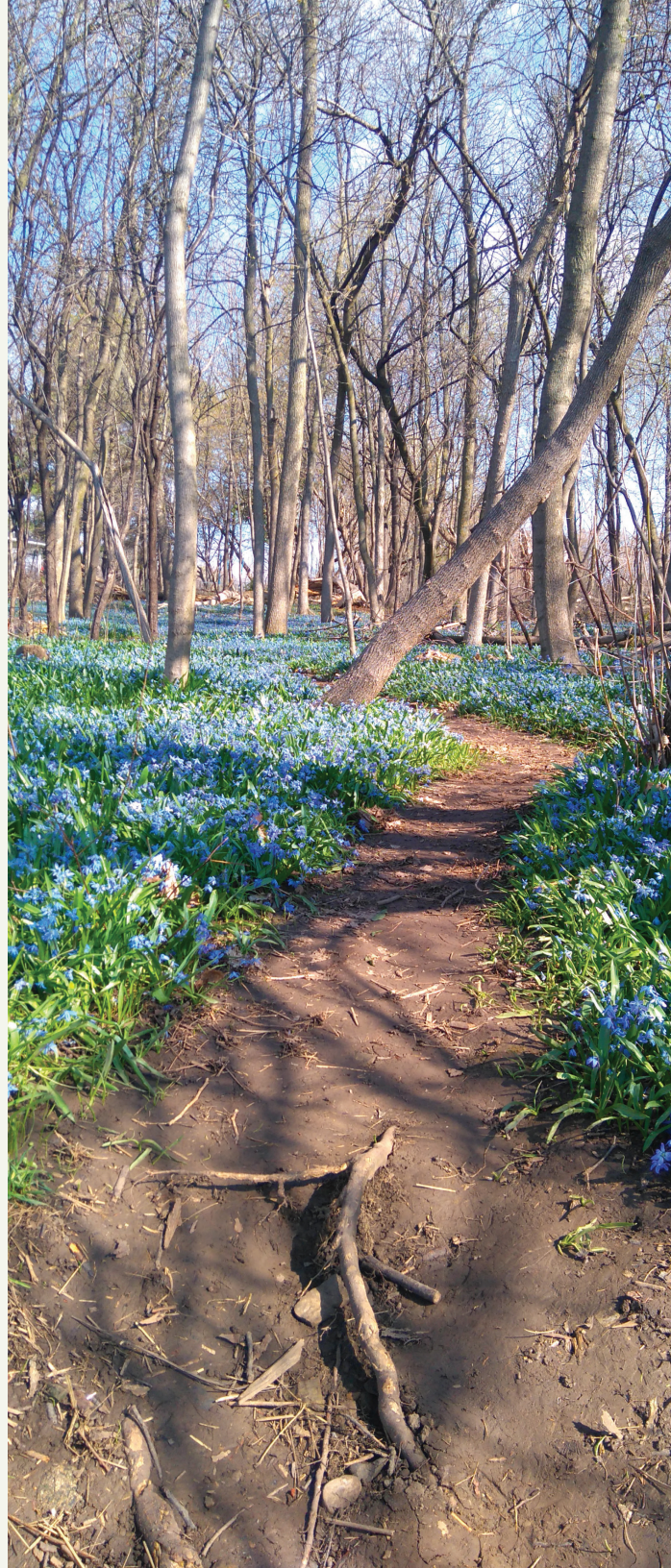
The person may sleep for longer periods, have difficulty waking and lack energy to speak or do other activities.

What can family do? Sitting with the person can provide comfort. Speak softly and naturally because the person can probably hear you. Do what seems right such as: hold their hand, sing, read, play music, share memories and/or pray together.

EATING AND DRINKING CHANGES

A person near the end of life may not be hungry or thirsty. Food and fluids are no longer useful. It is natural to want to feed someone but at this stage, people do not become stronger or live longer when more food or fluid is given. In fact, food and fluid could make them feel worse. Swallowing can also become difficult.

What can family do? Keep the person's mouth moist with a damp cloth and apply moisturizer or lip balm to dry lips. Provide food and drinks when asked. Make sure the person is awake and sitting up to swallow. Stop if they start to cough or choke.



CHANGES IN GOING TO THE BATHROOM

You will notice less urine (pee) and stool (poop). The urine will become darker in colour (like tea) and the person may lose control.

What can family do? Keep the skin clean and dry to prevent sores and odours. This will also protect the dignity of your loved one.

BREATHING CHANGES AND CONGESTION

The person may take shallow breaths with periods of no breathing for up to a minute or so. They may experience periods of rapid, shallow panting. Sometimes there is a moaning sound with breathing. This moaning means the vocal chords are relaxed. There may be loud gurgling sounds inside the chest from not swallowing saliva. This can be upsetting to hear but is not uncomfortable for the person.

What can family do? Oxygen is not useful, unless the person previously required oxygen for an illness. Re-position them on their side so their head is turned, or raise the head of the bed. Suction equipment will not help and could cause discomfort. Sometimes medication can help. It is good to ask questions.

RESTLESSNESS AND CONFUSION

The person might pull at the bedsheets or clothing and may even try to get out of bed. They might not know where they are, who you are or they may not make any sense when talking. This can be distressing for family.

What can family do? Confirm that the person is not in pain, too hot or too cold, or needs the bathroom. Make the person comfortable. Create a calm environment and speak in reassuring tones. Avoid restraining their movements. Provide light massage, play calm music, drum, sing or pray. Sometimes medication and traditional medicines can help.