

ANTICIPATED EMOTIONAL SPIRITUAL & MENTAL SIGNS & SYMPTOMS

WITHDRAWAL: The person appears to become more detached and has less of a need to communicate verbally and a decreased desire to socialize. Touch and silence can still be very meaningful. They may only want to see very few people or even just one person. If you are not part of the inner circle at the end, it does not mean that you are not loved or are unimportant. It may mean that you have fulfilled your task and it is time to say “goodbye”. If you are part of the inner circle it may mean that person needs your affirmation, support and permission to let go.

DISORIENTATION: The person may seem to be confused about the time, place and identity of those around him/her including close and familiar people. They may also converse with loved ones who died years ago. Do not contradict or argue about what the person claims to have seen or heard. Affirm his or her experiences. They are normal and common. If they frighten your loved one reassure him/her. When you need to communicate something important, identify yourself by name. Speak softly, clearly and truthfully, explaining the reason for any request. For example, say: “It is time to take your medication so you won’t hurt.”

HOW TO KNOW WHEN DEATH HAS OCCURRED

The signs of death are: •No breathing
•No heartbeat •No response •Eyelids may be slightly open •Eyes are fixed on a certain spot •No blinking •Jaw relaxed and mouth slightly open.

The death of a hospice patient is *not* an emergency. **Do not call 911.** Call the hospice nurse. There is always a hospice nurse on call 24 hours a day, 7 days a week. The 24 hour hotline number is: **404-351-1897.**

A hospice nurse will come to pronounce the patient and she will call the funeral home. The hospice RN will notify the physician.

The staff of Weinstein Hospice wants you to know that it has been a privilege to assist you with the care of your loved one. It is our hope that your memories will be a source of comfort to you in the days to come. Please know that our bereavement counselors are available for continued support.

Thank you.

...compassionate care in the Jewish tradition



SIGNS & SYMPTOMS OF APPROACHING

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DEATH IS AS UNIQUE AS THE PERSON EXPERIENCING IT

Each person approaches death in his or her own way. What is listed here is simply a guideline.

As you prepare yourself for this event, the members of your hospice team want you to know what to expect and how to respond in the hope that this will help not only your loved one, but you as well.

The physical, emotional and spiritual signs and symptoms of impending death which follow are offered to help you understand what may happen and offer suggestions on how to respond appropriately. Not all of these signs and symptoms will occur with each person, nor will they occur in this particular sequence.

During this time of active dying, your hospice team is available to you either in person or by phone. In order to offer additional support and to ensure that this be as comfortable a situation as possible for you and your loved one, Weinstein Hospice has developed the "Eleventh Hour" program. Several volunteers have received advanced training from our medical director, chaplain and social worker in responding to the needs of the patient and their caregivers going through this time of transition. Whether to hold the hand of your loved one, provide respite to you, or offer words of guidance and encouragement, this "healing presence" is meant to offer comfort and peacefulness for all of you. Please let your hospice team members know if you would like to avail yourself of this service.



ANTICIPATED PHYSICAL SIGNS AND SYMPTOMS

SLEEPING: The person may spend an increasing amount of time sleeping, and appear to be uncommunicative or unresponsive and at times may be difficult to arouse. This is normal. Sit with your loved one, hold his/her hand. Remember that hearing is the last of the senses to be lost. Never assume that your loved one cannot hear.

FLUID AND FOOD DECREASE: When a body is preparing to die, the loss of appetite is perfectly natural. The body will naturally begin to conserve energy. Do not try to force food or drink into the person. Small chips of ice or juice may be refreshing. Glycerin mouth swabs may help keep the mouth and lips moist. Dehydration is not a painful condition. Studies even suggest that dehydration is a natural pain reliever and that, in fact, hydration may place an undue burden on the body by increasing congestion, nausea, vomiting and swelling.

COOLNESS: The person's hands arms feet and then legs may become increasingly cool to the touch, and at the same time, the color of the skin may change. The underside of the body may become darker and the skin mottled. This is an indication that the circulation of blood is decreasing to the body's extremities and being reserved for the most vital organs.

INCONTINENCE: There may be loss of bladder and/or bowel control. The hospice nurse will do all that can be done to teach you how to protect the bed and keep your loved one clean and comfortable.

CONGESTION: As the person goes into a deeper sleep there is often a gurgling sound that

occurs as they breathe. This is natural and happens because of an inability to cough up normal secretions. This sound **does not** mean that the person is in pain and the sound causes more anxiety for family members than for the dying person. Gently turn the person's head to the side if you can. You may also gently wipe the mouth with a moist cloth.

RESTLESSNESS: The person may become restless, pulling at bed linen or clothing. This happens because of the decrease in oxygen to the brain and metabolic changes that are taking place. Sometimes all it takes is calmly reassuring the person, playing soothing music or lightly massaging their forehead and retelling a favorite experience. The hospice staff will assist you with managing these symptoms if they become troubling.

URINE DECREASE: Urine output normally decreases and may become "tea" colored. This is due to decreased fluid intake and decreased circulation through the kidneys.

TEMPERATURE ELEVATION: Regular temperature may become elevated. This is common and comfort measures should be taken. Consult your hospice nurse to determine what is the best treatment. A cool, moist washcloth on the forehead may help to provide comfort.

BREATHING CHANGES: The person's breathing patterns may change and mark the onset of a different breathing pace. Breathing may become shallow and irregular with periods of no breathing for up to 30 seconds or even as long as a minute. This pattern of breathing is called "Cheyne Stokes." On exhaling, the person may appear to be puffing/blowing of the lips. A rattling sound can occur (see explanation under congestion).
