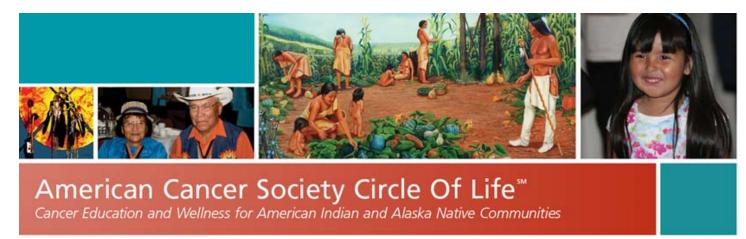
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Wellness along the Cancer Journey:

Nearing the End Of Life

Revised October 2015

Chapter 7: When Death Is Approaching



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When Death Is Approaching

Group Discussion				
	True	False	Not Sure	
1. There will not be signs that a person is nearing				
end of life transition.				
2. Are called EMS workers required to revive				
someone even if they have passed?				

When a person is caring for a loved one who has advanced cancer, they might be there at the time of death. The following covers common events that often happen near the end of life. Knowing more about what to expect may help ease some of the anxiety around events that might otherwise be alarming. This section lists some signs that death may be close.

People often use this time to gather the family to say good-bye to their loved one. They may take turns holding hands, talking, or just sitting quietly. It can also be a time to perform any religious rituals and other activities a person wants before death. It is a chance for many families and friends to express their love and appreciation for a loved one and for each other.

It is important to have a plan for what to do after death, so that people will know what to do during this very emotional time. If the person is in hospice, the hospice nurse and social worker will help. If hospice is not involved, talk with a health care provider about it to know what to do at the time of death. Not all of the following symptoms will happen, but it may be comforting to know about them in case they do. Some of these signs can start days or even a few weeks before a person passes, while others happen just before.

What to Look For

- Profound weakness usually the person cannot get out of bed and has trouble moving around in bed
- Need help with nearly everything they do

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- Less and less interest in food, often with very little food and fluid intake for days
- More drowsiness may doze or sleep much of the time if the pain is relieved; may be hard to rouse or wake
- A short attention span may not be able to focus on what is happening
- Confusion about time, place, or people
- Trouble swallowing pills and medicines
- Limited ability to cooperate with caregiver

Possible Changes in Body Function

- Weakness has trouble moving around in bed and may become unable to get out of bed
- Cannot change positions without help
- Trouble swallowing food, medicines, or even liquids
- Sudden movement of any muscle, jerking of hands, arms, legs, or face

What Caregivers Can Do

- Help someone turn and change positions every hour or two.
- Avoid sudden noises or movements to lessen the startle reflex.
- Speak in a calm, quiet voice to reduce chances of startling the person.
- If having trouble swallowing pain medicines, ask the health care provider or hospice nurse about getting liquid pain medicines or a pain patch.
- If having trouble swallowing, avoid solid foods. Give ice chips or sips of liquid through a straw.
- Do not push to drink fluids. Near the end of life, some dehydration is normal and is more comfortable.

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	 Apply cool, moist cloths to the person's head, face, and body for comfort.
Possible Changes in Consciousness	What Caregivers Can Do
 More sleeping during the day Hard to wake or rouse from sleep Confusion about time, place, or people Restless – may pick or pull at bed linens May talk about things unrelated to the events or people present May be more anxious, restless, fearful, and lonely at night 	 Plan on being there when they are most alert or during the night when a presence may be comforting. When talking, remind the person who is there and what day and time it is. Continue pain medicines up to the end of life as prescribed. Usually pain medicines are given around the clock for cancer pain.
 After a period of sleepiness and confusion, may have a short time when they are mentally clear before going back into semi- consciousness 	 If they are very restless, try to find out if they are having pain that isn't controlled by the regular pain medicine. If it appears so, give extra medicines as prescribed for "breakthrough pain," or check with the health care provider or hospice nurse if none is prescribed.
	 When talking with a confused person, use calm, confident, gentle tones to reduce the chances of startling or frightening

them.

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 Gentle touching, caressing,
holding, and rocking are usually
helpful and comforting.

Possible Changes in Metabolism

- Less interest in food (The person has less need for food and drink.)
- Mouth may dry out.
- May no longer need some of their medicines, such as vitamins, chemo, replacement hormones, blood pressure medicines, and diuretics, unless they help make the person more comfortable.

What Caregivers Can Do

- Apply lubricant or petroleum jelly (such as Vaseline®) to the lips to prevent drying.
- Offer ice chips from a spoon, or sips of water or juice from a straw. These may be enough.
- Check with the health care provider to see which medicines may be stopped. Medicines for pain, nausea, fever, seizures, or anxiety should be continued to keep the person comfortable.

Possible Changes in Secretions

- Mucus in the mouth may collect in the back of the throat. (This can cause a very distressing rattling sound, but it usually isn't uncomfortable to the person.)
- Mucus may thicken due to a lower fluid intake and build up because the person cannot cough.

What Caregivers Can Do

- Help make mucus thinner by adding humidity to the room with a cool mist humidifier.
- If the person can swallow, ice chips or sips of liquid through a straw may thin the mucus.
- Change the person's position.
 Turning the person to the side may help mucus drain from the mouth. Continue to clean the person's teeth with a soft toothbrush or foam mouth swabs.

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Possible Changes in Circulation and Temperature Arms and legs may feel cool to the touch as circulation slows down. Skin of arms, legs, hands, and feet may darken in color and look.	 Certain medicines may help – ask a hospice or home health care provider. What Caregivers Can Do Keep them warm with blankets or light bed coverings. Do not use electric blankets, heating pads, etc.
 feet may darken in color and look blue or mottled (blotchy). Other areas of the body may become either darker or paler. Skin may feel cold and either dry or damp. 	
 Heart rate may become fast, faint, or irregular. Blood pressure may get lower and hard to hear. 	
Possible Changes in Senses and	What Caregivers Can Do
 Vision may become blurry or dim. They may not hear quite as well, but most people are able to hear even after they can no longer speak. 	 Leave indirect lights on as vision decreases. Never assume the person cannot hear what is being said. Continue to speak with and touch the person to let them know someone is there. Words of affection and support are likely to be understood and appreciated.

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Possible Changes in Breathing

- Breathing may speed up and slow down due to less blood circulation and build-up of waste products in the body.
- Mucus in the back of the throat may cause rattling or gurgling with each breath.
- The person may not breathe for periods of 10 to 30 seconds.

What Caregivers Can Do

- Put the person on their back, or slightly to one side.
- Raising the person's head may give some relief.
- Use pillows to prop up the person's head and chest at an angle, or raise the head of a hospital bed.
- Any position that seems to make breathing easier is OK, including sitting up with good support. A small person may be more comfortable in someone's arms.

Possible Changes in Elimination

- Smaller amounts of urine, which may be darker in color
- When death is near, loss of control of urine and stool

What Caregivers Can Do

- Put soft waterproof pads under the person's bottom to make it easier to clean up.
- If the person has a catheter to take urine out of the body, the home health care provider will teach the caregiver about it.

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Signs that Death Has Occurred

- Breathing stops.
- Blood pressure cannot be heard.
- Pulse stops.
- Eyes stop moving and may stay open.
- Pupils of the eyes stay large, even in bright light.
- Control of bowels or bladder is lost as the muscles relax.

What Caregivers Can Do

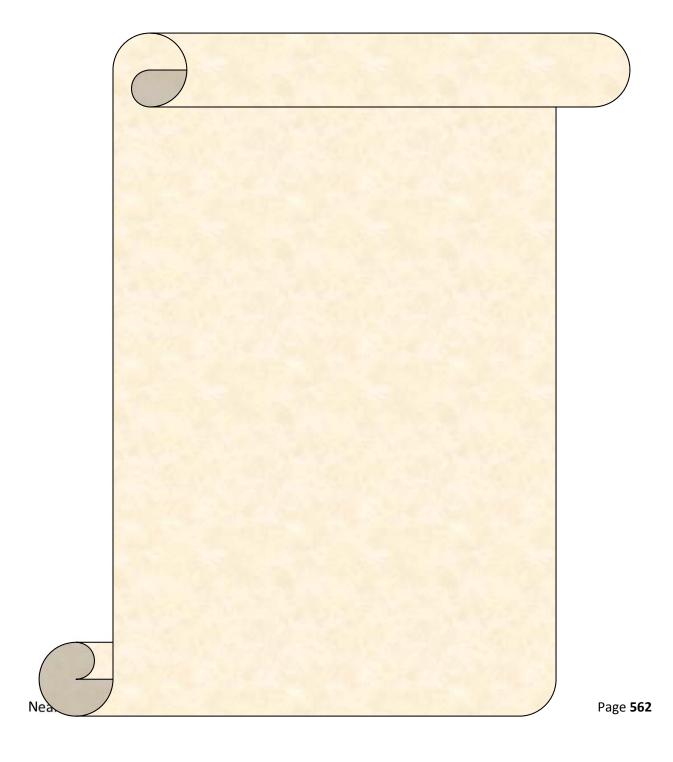
- After death occurs, it's OK to sit
 with a loved one for a while. There
 is no rush to get anything done
 right away. Many families find this
 is an important time to pray or
 talk together and reaffirm their
 love for each other as well as for
 the person who has passed away.
- If the person dies in the home, caregivers are responsible for calling the proper people.
 Regulations or laws about who must be notified and how the body should be moved differ from one community to another. A health care provider can get this information.
- If a hospice or home care agency is involved, call them first. If funeral arrangements are already made, calling the funeral director and health care provider are usually all that is needed.

If someone calls 911 or emergency medical services (EMS), even after an expected death at home, the law often requires that the EMS team try to revive the person or take them to a hospital. This can complicate the situation and delay funeral plans. Be sure that family and friends are ready and know exactly whom to call, so that they don't dial 911 in confusion or panic.

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Activity

Take a few minutes and write down two to three questions that you would want to ask a terminally ill person about any topic: their life, words of wisdom, stories that they want to pass on, etc.



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Story of Hope

"At the end I couldn't figure out what I had to do to help my mom die. That last day, my sister Judy and I with the hospice person came, and we gave her a bath. We washed her; we put baby powder on he;r we gave her lotion on her body and rubbed her skin down and combed her hair and were drying her hair. After we finished cleaning her within about a minute or so later, she left us. And it was kind of a peaceful leaving because she wasn't hurting anymore; her death rattle was gone. The medicine lady told us to get away from her feet. Because when spirit leaves the spirit leaves from your feet, and so we had to get away from her feet. She also told us to open the doors, open the windows to the house so when she is leaving us her spirit could go, and so we did that we opened all the doors and everything.

"My sister Judy was really having a hard time; she was crying real hard. She was outside with one of the medicine ladies. She was crying and the lady was trying to help he; they looked up and they saw an eagle that was flying around, flying around, flying around, flying around, and the medicine lady said, 'See? There she goes; the eagles are taking her now. Don't cry.'"

CeCe Whitewolf, Confederated Tribes of Umatilla Breast Cancer Survivor
 (Clark, R., (Producer) & Whitewolf, C. (Artist). (2007). Survivor Video Vignettes: Mother Dying.
 [Web]. Retrieved from http://www.natamcancer.org/vignettes/cc9-palliative.html)

Key Messages

- Take time to talk to the terminally ill person to receive any life lessons or stories they may want to pass on.
- Caregivers are very important. Caregivers are a critical part of a person's support and care team.
- Share caregiving tasks with family and friends. Don't try to do it all.

(Mayo Clinic Staff.(2009). Cancer survivors: managing your emotions after cancer treatment. Retrieved September 24, 2009, from http://www.mayoclinic.com/health/cancer-survivor/CA00071.)