

Preferred place of care

For some people the place that they are cared for at the end of their life is important and they may want to be in their usual residence or in a hospice or hospital.

Members of your community health care team are happy to discuss this with you and will try as far as possible to enable your loved one to be cared for in their preferred location. If your loved one's preferred location is at home we can provide carers and equipment. GPs and community nurses provide support and symptom management.

Spiritual care

Some people find it helpful to meet with someone who can attend to their spiritual or religious needs. You or your loved one may have cultural, spiritual or religious traditions or beliefs which are important. If you require support, your community healthcare team can either ensure that you are in contact with your local priest, vicar, minister or spiritual advisor, or they can put you in contact with the Chaplaincy department at the Great Western Hospital.

Contact Details

Community Nursing: 01793 646436 (8am-10pm)
Out of hours: 0300 7771058
Prospect 24hr line: 01793 816109

Bereavement Support

This can be a very difficult time and it is important for you to have the emotional and spiritual support you require. There are many services available to support you through this process. Here are just a few. You can visit their websites or call the numbers below:

- Prospect Bereavement Support: 01793 813355
- Bereavement Advice Centre: 0800 6349494
- Carers UK: 0808 8087777
- Cruse Bereavement Centre: 0808 8081677
- The Good Grief Trust

This information sheet is available to order in other languages and formats. If you would like a copy, please contact us on 01793 604031 or email gwh.pals@nhs.net

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Patient Information

What to expect at the end of life

Information for family friends and carers



What to expect at the end of life



Introduction

It is difficult to see someone you love dying and sometimes it is hard to know what to say or what to do.

Although people are different there are patterns and signs which we can recognise when someone is dying. This leaflet will explain the changes that happen when a person is reaching the end of their life. We hope that it will reduce some of the uncertainty, and support you through this time.

Symptoms

Eating and drinking less

When people are dying they need less food and drink than they did previously. A reduced appetite is a natural part of dying but this can be hard for loved ones to see. You may wish to offer small amounts of your loved one's favourite food. If they do not want this please do not see this as rejection.

Sleeping more

People will slowly become more sleepy, weaker and less able to interact with those around them. It can be hard to know how to support someone at this point. However, it can be very comforting for the person to have someone hold their hand and talk to them.

Pain

For some people the thought their loved one may experience pain at the end of their life is worrying. Not all people will experience pain and if the person was not in pain prior it is unlikely to develop. If it is present, there are a number of ways that we can manage pain.

Secretions

You may hear bubbling sounds when the person is breathing and some people worry that it sounds like they are drowning. However, this sound of noisy breathing is like snoring and although it doesn't disturb the person themselves it can be distressing for loved ones. There is a medication we can use to help this.

Becoming agitated or confused

People nearing the end of their life can become agitated. This could be physical in that they want to move around a lot or may say things that don't make sense. There are medications we can use to help this and hearing a familiar voice or music can also help them to relax.

The final moments

Before dying, a person may become pale and cool to touch. Gradually their breathing will become more irregular and there may be gaps in the breaths which can last many seconds.

Observations

When a person is in the last few days of their life we change the way we record observations to make sure they are not disturbed with interventions that will not benefit them. Instead of measuring blood pressure and oxygen saturations or doing blood tests we monitor for signs of pain, breathless, agitation, nausea or respiratory secretions.

Medications

There are a number of medications we can use to treat symptoms that occur at the end of life. These medications are given through a needle inserted just under the skin when the dying person is no longer able to swallow. These can also be given in a syringe pump to allow a constant steady dose of the medication.

Food and drink

A person at the end of their life may become unable to swallow. It can be helpful to use liquid on a soft toothbrush to moisten their dry mouth and lip balm applied to their lips. Some people think that having a drip may help in this situation. This can be uncomfortable for the person and may cause fluid to collect under the skin or make breathing noisy or uncomfortable. If you have more questions about this, please talk to your GP or community nurse.