

Death and Dying

Module III

Objectives

- Verbalize signs of active dying.
- Explain role of Hospice aide when patient is dying
- Role of hospice aide in post mortem care
- Verbalize importance of knowing rituals/customs related to death/post mortem care.

Dame Cicely Saunders said

“How people die remains in the memories
of those who live
on.”

- Cicely Saunders

Important Components of Quality at End of Life

- Pain free
- Spiritual peace
- Family at bedside
- Knowing what is going on around them
- Receiving treatment the patient chooses

Five Tasks of Dying

- Ask For Forgiveness
- Offer Forgiveness
- Offer Heartfelt Thanks
- Offer Sentiments of Love
- Say Goodbye

Interventions

- Comfortable environment
- Comfort measures for the patient
- Support for the patient/families
- Observation for pain-physical or emotional discomfort
- Report findings to IDG
- Respect for beliefs, rituals, culture

Support

- Recognize need for privacy with family
- Frequent visits
- Listen to patient and family
- Presence is important

Pre-Active Phase of Dying

- Withdrawal
- Restlessness
- Hours of sleep increase
- Intake decreases (food & water)
- May see people who are deceased
- Inability for wounds to heal
- Swelling of extremities
- Patient reports they are going to die

Intervention

- Comfort measures
- Listen to family
- Be attentive to family
- Assure family patient is not starving
- Elevate head of bed if breathing labored
- Be aware of terminal diagnosis- can influence intervention

Active Phase of Dying

- Arousal difficult (if any)
- Breathing patterns change
 - Apnea increases
 - Respirations shallow
 - Respirations become noisy
 - Rate of respirations may increase
 - Cheyne Stokes-- “fish out of water” breathing
- Unable to swallow

Noisy Respirations

- The noise that is produced by the movements of secretions in the upper airways that occur with the inspiratory and expiratory phases of respirations in the patient who is dying.
- Avoid using “death rattle” although this is the common name for it
 - Congestion or
 - Noisy respirations is more appropriate

Active Phase of Dying-cont.

- Urinary & bowel incontinence
- Blood pressure very low
- Changes in extremities
 - Cold to touch
 - Cyanotic-bluish- purple color
 - Mottling of legs, knees, hands

Interventions

- Comfort measures for the patient
- Inform family of what is happening
- Respect their wishes
- Beware of any ritual, respect their customs & rituals
- Call supervisor to inform
- Emotional support for family

Preparing for the Death

- Know if there is a Do Not Resuscitate (DNR)
- Be familiar with different cultures or religions.
- Be familiar with agency policy & procedure on post mortem care.
- Inquire about special precautions at the time of death.

When Death Occurs

- Skin color: Very pale or bluish color
- May be incontinent of stool and/or urine
- No pulse, breaths, or blood pressure
- Mouth may be open
- Eyes open-no blinking-pupils fixed

When Death Occurs-Cont.

- Adhere to any rituals, customs the family may have related to death.
- Call Supervisor.
- Know scope of practice regarding removal of any tubes, dressings, etc.
- Know agency policy related to removal of tubes, dressings, etc.
- Inquire about staying with the family until RN arrives to pronounce.

Post Mortem

- Post Mortem Care is care after the death.
- The care may include:
 - Remove all but one pillow under the head
 - Bathe the body (may be incontinent)
 - Replace dentures
 - Close the eyes
 - Keep body flat
 - Fold arms over abdomen

Pediatric Hospice

- Age & developmental level determine how a child views death. This knowledge is needed for Hospice Aides who work with the pediatric population as well as working with families who may have young children around during the end of life/dying of a loved one.

Perceptions of Children

- Newborn- 3 y/o: Can sense absence. No understanding
- 3-6 y/o: Death is reversible. Magical thinking
- 6-9 y/o: Begins to understand finality: Fear death is contagious
- 9-13 y/o: Near adult thinking
- 13-18 y/o: Adult understanding. Viewed as interruption, enemy

Issues of Staff Caring for Children in Hospice

- Being knowledgeable of how children at different developmental levels perceive death and dying
- Associating fears for own child and interfering with the professional care of the patient
- Help the child maintain normalcy in their life.
- Providing support for siblings as well as parents.

Caring for the hospice child

- Children do feel pain
- Children long for honesty
- Children worry about their prognosis
- Children worry about how it affects others
- Children's goals may be different than the parent.
- Children may not be able to express themselves

Opportunities for Hospice Aides when Caring for the Hospice Child

- Broaden knowledge base to know how to care for children at different developmental levels
- Promote a sense of trust by being honest and compassionate
- Help them maintain some normalcy
- Support parents and siblings at this difficult time

Take Away Thought

“Death should not be viewed as a medical failure but as a natural conclusion to life.”

Christine Cowgill, [*Soul Service: A Hospice Guide to the Emotional and Spiritual Care for the Dying*](#)
