

Understanding the dying process

What happens when a person is dying?

It is very difficult to predict exactly what will happen. Some people deteriorate rapidly, slip into unconsciousness and die within hours. Some people are awake and alert right to the time of death. Others may be in and out of consciousness over a period of days.

WHAT MAY HAPPEN

The dying person usually becomes drowsy and spends more time sleeping. At times they may be difficult to wake. This is due to major organs slowing down.

There is less need for food and drink. This is a natural and inevitable part of the dying process. Almost everyone will completely stop eating and drinking.

The dying person may become confused about time, where they are and the identity of family, and friends.

The dying person may become restless or agitated. There are a number of possible reasons for this including pain and discomfort, fear or the need to resolve unfinished business.

Arms and legs may feel cool. Lips, fingers and toes may look blue. This is due to blood circulation slowing down.

Loss of bowel or bladder control may occur when a person is very close to death.

Saliva and mucus may increase in the back of the throat as the person becomes too weak to cough or swallow.

Breathing patterns may become irregular with times of no breathing at all. This is a normal part of the dying process as the respiratory system slows down.

WHAT YOU CAN DO

The best time to communicate is when the person seems alert. Never assume your loved one can't hear, so continue talking to them.

Do not offer food or fluid if a person is unable to swallow as this may cause them distress. To keep the mouth moist, use swabs dipped in water or fruit juice (your nurse will provide these) or apply lip balm to lips.

Talk calmly and confidently to provide reassurance. Identify yourself by name. Use a night light and keep familiar objects in the room.

Contact your nurse or doctor for further advice. Try to find out what is concerning the dying person and offer comfort and reassurance. Try a change of position, mouth care or toileting.

Avoid too many blankets unless their chest is cold as well as this can cause overheating and restlessness.

Use incontinence pads and sheets to protect the bed and maintain comfort. Contact the GP or nurse to see if the dying person may require a catheter.

Sit the person up a little or turn them to one side. Mouth care may help. Talk to your GP or nurse as medication may help.

This is usually a late sign. Contact family members who wish to be present at the time of death.

How will I know when they have died?

There are many signs that death has occurred.

They include:

- Possible loss of control of bowel and/or bladder
- Stiness of muscles occur several hours after death
- Relaxation of facial muscles with mouth and eyes slightly open
- Person is unresponsive/not breathing
- No visible pulse or heartbeat

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What should I do after they have died?

There is no hurry to do anything immediately. You may wish to spend time with the person who died. This can be a time of sharing and closeness for family, and close friends.

It is helpful to note the time of death and let your nurse know. If it is during the night, this can be left until the morning.

For a death at home you need to inform your GP. If it is during the night, it is all right to leave this until the morning. Your GP will need to complete some forms. There are forms needed if the person wanted to be cremated so let your GP know.

Contact a funeral director to help make the necessary arrangements. You might like to choose a favourite outfit for the person to be dressed in.

There may be a lot of people to tell that the person has died. This can be tiring and stressful. Think about asking family or friends to help you make these calls.

Caring for someone who is dying

The reality of caring for somebody 24 hours per day may be impossible to sustain at home. There may be an unplanned admission to hospital, hospice or long-term care facility. If you are a caregiver, it is important not to feel you have failed or let the dying person down if this happens. You can still provide valuable support and care even if they are not at home. There is no right way or place to die. You and your family will go through it in your own way when the time comes.

Time at the end of life can be precious. Make the most of the time to share special moments, express your feelings, say goodbye and perhaps discuss unresolved issues.

Children need open and honest information from adults when someone they love is dying. It is important they feel included in discussions and in caring for the person. Encourage them to talk about their feelings and ask questions.

What supports are available?

For people wishing to die at home, the PEACH (Palliative Extended and Care Home) Program is available for the person's last seven days of life. Speak to your GP about how to be referred to this service.

There are a number of grief support services in south western Sydney. The [South Western Sydney Local Health District Bereavement Counselling Service](#) is based in Prairiewood. You can make an appointment by calling 9616 8678.

Other grief support services include:

- Southern Highlands Bereavement Care Service: 4862 1701
- Leukemia Foundation Grief Support: 9902 2222
- Transcultural Mental Health Team: 9840 3800
- Bereavement Care Centre: 9869 3330
- Solace: 9519 2820
- Canteen: 1800 226 833
- National Association for Loss and Grief: 8230 1527
- Lifeline: 13 11 14
- The Compassionate Friends NSW: 9290 2355
- Quest For Life Foundation retreats: 1300 941 488

Where can I learn more?

NSW Multicultural Health - A practical guide to coping with bereavement (available in English and 43 languages): mhcs.health.nsw.gov.au

This information is to be viewed by someone who has received a diagnosis from their doctor. It is not designed to be used to diagnose a condition or as a substitute for ongoing medical care

Health Resource Directory factsheets are endorsed by South Western Sydney PHN's Community Advisory Committee and local GPs

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