

Medical checks

At this stage, in a person's life, the healthcare team may feel it is unnecessary to continue with blood tests and blood pressure and temperature checks.

Spiritual, pastoral and religious needs

Many people wish to explore their human spirituality such as their personal values, beliefs, wishes or desires as the end of a life approaches.

We encourage people to voice what is important to them. Not everyone has a formal religious tradition or faith-based belief, but where they do, we will do our best to contact your local religious minister or faith group if wished. We will work with you to support your needs.

Dying at home - what to do

If your loved one has died at home you should contact your GP or, if it's out of hours, call the palliative GP service (the number is overleaf). They may arrange for a nurse to visit and verify the death. After this you can contact your chosen funeral director. However, there is no hurry for your loved one to leave your home.

Feedback

In the future we may ask for your views on the service you and your loved one received so that we can ensure that we are providing the best possible care.

Useful Numbers

Chaplaincy and Spiritual Care (inpatient wards): 01752 435502

Marie Curie: 0800 090 2309

Cruse (Advice service for bereaved people): 0808 808 1677

Samaritans: 116123

Age UK: 0800 678 1602 (8am - 7pm)

Jeremiah's Journey: 01752 424348

Macmillan: 0808 808 00 00

Contact details

Plymouth Patients

This contact number is an urgent palliative care line and is available every day, 24 hours a day:

01752 435237

Alternatively contact 111 - option 4 (palliative line). If you are already known to the District Nursing Service, please inform the NHS 111 call handler if your visit is for a new or existing condition.

 Livewell Southwest

 @livewellsw

When someone is dying



This information is written for relatives and friends, but you may find it helpful to read it together with your loved one.

Introduction

We've written this leaflet to help people who are nearing the end of their life, and their loved ones, understand what is happening and to prepare.

It is hard to recognise when someone may be entering the final stage of their illness, and each experience is unique. By planning for their care at this time, you can ensure your loved one receives the best quality of support at the end of their life.

A plan of care can be based on a person's wishes and needs, including where they want to be cared for at the end of their life. The plan can be reviewed daily, and you can be involved in this if your loved one wants that.

It's natural that you will have lots of questions and concerns about what is happening.

Please do not hesitate to ask to speak with the doctors or nurses about any concerns you have. Your loved one's healthcare team is here to support you through this difficult time.

As your loved one nears the end of his or her life, you may find that you need more support. Some people find it easier to talk to someone outside their family, like a doctor, specialist nurse, district nurse or chaplaincy.



Changes you may notice

These are some of the things which are normal when a person is dying

Sleeping: People become more sleepy. They may not wake at all but may still be able to hear and be aware of those around them. Some people have phases where they are awake and can talk, and then slip back into unconsciousness.

Reduced need for food and drink: Food and drink may not be wanted or needed, and giving fluids in a drip may not be appropriate. Hydration and nutrition can be discussed with the clinical team. Your loved one may just wish to have sips or a little of what they enjoy rather than meals. Their mouth may be dry and need to be moistened.

Skin and sensation changes: Your loved one's hands, feet and skin may at times feel very cold. Sometimes the skin changes colour and becomes slightly more blue, grey or white and be sensitive to touch. Several layers of light, warm clothing and bedding can help to keep them comfortable.

Symptoms: Your loved one may develop signs of being uncomfortable, such as pain, nausea, vomiting, breathlessness, restlessness. If this should happen, the use or dose of medications may need to be reviewed. The doctors and nursing team will also check for other causes of these changes.

Breathing: You may notice the breathing pattern changes. It is quite normal for breathing to become irregular, with longer gaps between breaths. It may also become noisy. This may be distressing for you but it isn't usually distressing for the person themselves.

Medication/Treatment

If your loved one's symptoms change, their medicines may also need to change. Some medicines may no longer be needed and may be stopped. If new symptoms develop, new medicines can be started.

If there are problems with swallowing, it is possible to give medicines either by injection, by patches or by using a small battery operated pump called a syringe driver which delivers very small amounts of medication almost continuously.

You may hear the doctor, nurse or palliative care nurse talk about 'just in case' medicines. If your loved one develops symptoms, "just-in-case" medicines are prescribed by their doctor to enable a nurse to administer appropriate medication to relieve symptoms without delay.