



Last Days of Life: What You Can Expect

As a person’s body slows down and prepares for death, some physical changes will happen. Each person is different and what happens is not the same for everyone. These changes are normal and can happen over hours or days. It is hard to know when the person will die. Sometimes a person improves or seems to be ‘better’ for a short period of time. This does not happen with everyone.

A doctor or nurse will talk to the person about what they want the healthcare team to do if their heart or breathing stops. It is important for the healthcare team to know if the person wants to have CPR (cardiopulmonary resuscitation) an attempt to restart their heart or breathing). Agreeing to a DNAR (do not attempt resuscitation) does not change any other care that is given. Talk to the doctor or nurse if you have any questions about this.

It is helpful to call a funeral home in advance to talk about funeral planning. The doctor or nurse will ask you for the name of the funeral home. This information is needed after the person’s death. More planning is needed if the funeral home is outside of Durham Region. Talk to the doctor or nurse about this.

The chart below lists some of the physical changes you may see and what you can do to help.

The physical changes you may see

The person may:	What you can do to help
<ul style="list-style-type: none"> • Not feel hungry or thirsty. • Eat or drink only small amounts. <p>Food or fluids will not make the person live longer. As the body's systems slow down, it is not able to use food and fluids in the right way. If you try to give food or fluids to someone who is very sleepy, they may choke or vomit.</p>	<ul style="list-style-type: none"> • Offer small meals 5 to 6 times a day. • Ask the healthcare team about food supplements. • Keep the person’s mouth moist. You can do this by giving them small sips of water using a syringe or a baby cup with a spout. You can also give them small ice chips. The person should be sitting up. If the person starts to cough or have trouble breathing, do not give them anymore water or ice chips. You can buy artificial saliva in a spray or gel

The person may:	What you can do to help
<ul style="list-style-type: none"> • Be restless or agitated. • Grab or pull at bed sheets or clothing. • “See” or “hear” things. This is called ‘delirium’. 	<p>from your pharmacy.</p> <ul style="list-style-type: none"> • Continue to touch, stroke and hold hands with the person. • Play calm and soothing music in the room. • Give a gentle massage. <p>The doctor may prescribe a medication to help calm the person.</p>
<ul style="list-style-type: none"> • Sleep for longer periods and have trouble waking up. This may happen over a few weeks or a few days or hours. 	<ul style="list-style-type: none"> • Talk to the person when they are awake. • Have visitors come for only short periods of time.
<ul style="list-style-type: none"> • Not know who people are. • Not know where they are. • Lose interest in people and events around them. 	<ul style="list-style-type: none"> • Use dim lighting in the room (example: a night light). • Talk to the person calmly using your normal voice. • Remind the person of time, place and who is in the room. Do not argue if they do not agree with you.
<ul style="list-style-type: none"> • Have breathing changes when they are just hours from death. • Breathe slower than normal. It may seem like they are gasping. This is normal and the person does not feel this happening. • Cough. <p>The person’s breathing may change from a normal rate and rhythm to several rapid breaths with periods of no breathing. The amount of time the person stops breathing may get longer as they get closer to death. This may</p>	<ul style="list-style-type: none"> • Use a fan to circulate the air. (note: fans cannot be used in the hospital). • Raise the head of the bed up or raise the person’s upper body with pillows. <p>Giving the person oxygen does not help with these breathing changes.</p> <p>The doctor may prescribe medications that may help if the person feels “short” of breath or has difficulty breathing. The doctor may also prescribe a medication that will lessen the “rattling sound” you may hear.</p>

The person may:	What you can do to help
<p>happen over a few weeks or a few days or hours.</p> <p>The body's fluids may begin to build up in the lungs. This fluid may cause a rattling sound. This is not a problem for the person.</p>	
<ul style="list-style-type: none"> • Lose control of their bladder and bowels. • Urinate (pass urine) less than before. 	<ul style="list-style-type: none"> • Keep the person clean and dry. • It may help to use adult diapers or to have a catheter inserted into the bladder to drain the urine.
<ul style="list-style-type: none"> • Have cool arms and legs. The skin may look blue or purple in color. • Have a fever. 	<ul style="list-style-type: none"> • Use a 'normal' amount of bed sheets and blankets. • Put a cool washcloth on the forehead and face. • Change the bed sheets or the person's pajamas if they become damp or wet.
<ul style="list-style-type: none"> • Not respond to voices or touch. • Not see as well as they did before. • Keep their eyes open even when they are sleeping. This may cause their eyes to become very dry. 	<ul style="list-style-type: none"> • It is okay to keep talking to the person. They may still hear you talk to them. • It is okay to gently touch or stroke the person. They may still feel your touch. • Use dim lighting in the room (for example: a night light). • Ask the doctor or nurse about 'artificial tears'.
<ul style="list-style-type: none"> • Have twitching (sudden jerking) of their arms and legs. The person does not feel this. 	<ul style="list-style-type: none"> • It is okay to gently touch or stroke the person.

Talk to the nurse or doctor if you have any questions about these changes. Your questions are important.

At the time of death

The person:

- Will not respond to touch or when you talk to them.
- Will not breathe.
- May have an overall twitching of the body. This is not a seizure.
- May let out a loud 'sigh'.
- Will not have a pulse or a heartbeat.
- May have their eyes open or closed.
- May have an open mouth with a jaw that is very relaxed.
- May leak a small amount of urine or stool.

When death occurs at home

- **Do not call 911 when a DNAR has been agreed to.** You need to call 911 if a DNAR was not agreed to.
- If you or someone else calls 911, the paramedics may attempt CPR to get the person's heart or breathing to restart. The paramedics may ask you about a 'yellow package' called the Palliative Care Plan for Expected Death Package or the Do Not Resuscitate Confirmation Form. This package or form has information about the person's wishes about CPR.
- Take the time you need to say your goodbyes. Call family, friends and your spiritual advisor if you would like them to be with you.

What you need to do next

Call the visiting nursing agency to have a nurse come to the home to pronounce death. If you are not able to contact the nurse or the family doctor, call Home and Community Care Support Services and they will help you. You may have been told to call the family doctor first. Once death is pronounced, you will be asked to call the funeral home.

What to do at a later time

- Call Home and Community Support Services to plan for the chart or equipment pick up.
- If a volunteer has been coming to the house, call the agency to cancel future visits.
- Take any leftover medications to the pharmacy. They will discard them in the right way.

Important Contacts and Phone Numbers

Family Doctor/Nurse Practitioner: _____

Palliative Care Physician/Team: _____

Home and Community Care Support Services: Care Coordinator: 905-430-3308 extension: _____

Visiting Nursing Agency: _____

Personal Support Worker: _____

VON Durham Hospice Services: 905-240-4522

Funeral Home: _____

Spiritual Care: _____

Last reviewed: December 2023