

If people are already very seriously ill and near the end of their life, there is usually no benefit in trying to resuscitate them each time their heart and breathing stop. This is particularly true when patients have other things wrong with them that mean they do not have long to live. In these cases, trying to re-start the heart and breathing may do more harm than good, by prolonging the pain or suffering of a terminal illness.

If it is decided that CPR will not be attempted, what then?

The healthcare team will continue to give the best possible care. The healthcare professional in charge of your relative's care wants you to be involved and to understand why the decision has been made. There will be a note in the health records that your relative is 'not for cardiopulmonary resuscitation'. This is called a 'do-not-attempt-resuscitation' or DNACPR decision.

What about other treatment?

A DNACPR decision is about CPR only and your relative will receive all the other treatment and care appropriate at that time.

Coping with dying

The dying process is unique to each person but there are common changes that may take place. Knowing about these changes may help you cope during that time.

- **Reduced need for food and drink**

Loss of interest in and a reduced need for food and drink are part of the normal dying process. It may be a physical sign that they are not going to get better and in advanced illness, people can start to lose weight even when their appetite is still fairly normal because the body is no longer able to use the food it is given, to build itself up.

This is why the appetite gets smaller – the body seems to recognise that it can no longer cope with food.

When a person stops eating and drinking, it can be hard to accept even when we know they are dying. Your relative or friend will be supported to eat and drink by mouth for as long as possible. It is normal for people who are dying from advanced cancer and other illnesses, to eventually stop drinking and to stop feeling thirsty. As the body weakens and the systems start to work less well, there is less need for fluid.

It is also important to remember that it is the illness which is making the body systems fail, not a lack of fluid. If someone is very weak and is given fluid by mouth it may go down the wrong way and make them cough and splutter.

Good mouth care is very important at this time to ensure the mouth remains moist and comfortable. The nurses will explain how this is given and may ask if you would like to help.

- **Changes in breathing**

When death is approaching the breathing pattern may change. Sometimes there are long pauses between breaths or the breathing may become fast and shallow. Occasionally a 'bubbly' noise may develop as a result of a build-up of fluid that the person can no longer cough up but this does not cause distress. Medication or a change of position may help but will often have only limited success. We try to avoid suction as it can be more distressing. If a person is breathing through their mouth, moistening the lips and tongue and applying lip salve will help.

- **Withdrawing from the world**

A person who is reaching the end of their life will spend more time sleeping and may eventually become unconscious.

This is part of the natural process and they may remain in this state for a surprisingly long time (in some cases, many days) although for others this time will be much shorter.

Even if the person is unresponsive, keep communicating and touching as they may still be aware of your presence which can be a great comfort to them.

- **Appearance**

Skin can change in colour and become clammy or slightly cold. The eyes may stay open and seem to stare which can indicate death is getting near. The heart struggles to pump properly which can result in swelling of the arms and legs. Urine may become darker in colour and decrease in amount. The person may also become incontinent and need a catheter or incontinence pads to prevent their skin becoming sore.

- **Restlessness and Agitation**

In the last few days of life the person may become more restless and agitated, although they may become more peaceful again before they die. Sometimes they may appear confused and may not recognise familiar faces. They may hallucinate and see or hear things that are not actually there – for instance they may see pets or people that have died. Simply sitting with the person may often help to calm them down and keeping things as normal as possible may help comfort the person.

- **Bowel and Bladder**

The person may lose control of their bladder and bowels. This happens because the muscles in this area relax and don't work as they did. They may also have fewer bowel movements as they eat less and their urine may become darker as they drink less.

- **Comfort**

The staff will aim to keep your relative or friend comfortable so please feel free to discuss any preferences they may have such as their position in bed.

Communication

We would like to discuss with you so that you fully understand the reasons why decisions are being made. The care will be reviewed and changed if your relative's or friend's condition deteriorates or improves.

This information booklet has been written to support what you have been told because it is sometimes difficult to remember everything at this difficult time. The doctors and nurses will ask you for your contact details, because keeping you updated is our priority.

Medication and treatment

Regular medication that is not helpful at this time may be stopped and new medicines may be prescribed to keep your relative/friend comfortable. Medicines for symptom control will be given only when needed to help relieve the symptom they are experiencing.

If your relative/friend is no longer able to take medication by mouth, it may be given by injection or by a small pump called a syringe driver.

What is cardiopulmonary resuscitation (CPR)?

Cardiorespiratory arrest means that a person's heart and breathing stop. When this happens, it is sometimes possible to try to restart their heart and breathing with an emergency treatment called CPR, which might include:

- repeatedly pushing down very firmly on the chest
- using electric shocks to try to correct the rhythm of the heart
- inflating the lungs with a tube inserted into the windpipe or a mask on their face.

A person's heart and breathing can stop working as part of the natural process of dying.

Introduction

The doctors and nurses will have explained to you that there has been a change in your relative's or friend's condition. They believe that the person is now dying and is likely to be in the last hours or days of their life.

Our aims now are:

- to provide care for these days that reflects their specific needs
- to promote care that ensures their safety and wellbeing
- to promote the patient's involvement and that of the family/carers if they so wish, in the planning of the care.

To achieve these goals we will:

- communicate to the family/carers regarding the current condition and care as often as is needed by them, but at least at each visit
- assess regularly and document our assessments in their care record
- ensure that symptoms such as pain, nausea, agitation, shortness of breath and respiratory secretions are managed
- support the intake of food and fluids by mouth for as long as possible
- ensure that physical needs such as bowel care, mouth care, urine output, pressure area care and personal care are assisted with whenever required
- assess and review effectiveness of medication.

It is very important for everyone involved to be clear about the plan of care and have their needs understood and met. We would encourage you to tell us what is important to both you and your relative/friend. Please feel free to ask questions at any time although you may also find answers to your questions within the 'Coping with dying' section.

• Spiritual care

We embrace both religious and non-religious perspectives on life. We support anyone who wishes to explore personal thoughts and feelings that have arisen at this time. Please advise a member of staff if your relative or friend, or you require spiritual support and/ or a referral to a community faith leader.

• The person's final moments

Particularly in the last few minutes, the person's face muscles may relax and they may become very pale. Their jaw may drop and their eyes become less clear. Their breathing will eventually stop. Often, the person's body will completely relax. Sometimes it can be difficult to identify the exact moment when the person has died. There maybe one or two last gasps a minute or so after what seemed like a last breath. You should note down the time as close as possible to the time they died.

This is always a profound moment, even when death has been expected for days. You may suddenly feel overwhelmed with sadness, you may want to be alone or you may wish to phone family and friends.

You should contact Singlepoint on 01206 890360, so they can talk you through what to do next and arrange verification.

• Care after death

Caring for a patient at the end of their life, and after death, is enormously important and is a privilege. There is only one chance to get it right, and so knowledge of the appropriate practice will ensure the key elements of care are undertaken. Total care after death demonstrates our respect for the patient and is focused on maintaining privacy, dignity and fulfilling religious and cultural beliefs. If the patient has any particular religious or cultural wishes, please let the nurses know.

Also if the family would like to participate in the final care of the patient, or wish to dress them in specific clothing, please let the nursing staff know that too.

Your own notes:

Please ask if this leaflet is required in an alternative format

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Coping with dying

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Kind Involving Professional
Caring Communication Consistency
Welcoming Responsive Be the difference

