

## As Death Nears

**WEEKS to DAYS**

Decreasing socialization, mental status changes, decreased oral intake, fatigue, and a decrease in functional status.

**DAYS to HOURS**

Decreased urine output, little response to stimuli, secretions, changes in vital signs (temperature fluctuates), a "Rally Day" (1-2 days of unexpected alertness and energy), glassy eyes, tearing, and near-death awareness experiences.

**HOURS to MINUTES**

Cooling and purplish/blotchy changes in skin color to the knees and feet, slow/weak heartbeat, changes in breathing pattern (periods of apnea), waxy appearance to the skin, non-responsiveness.

## Interventions

| Clinical Signs                 | Description   | Management Techniques   | System                       |
|--------------------------------|---|---|------------------------------|
| <b>COLOR</b>                   | Extremities and dependent areas darken; lips look <b>blue or purple</b>   | <ul style="list-style-type: none"> <li>• Normal process, educate &amp; support family</li> </ul>  | Cardiovascular (circulation) |
| <b>COOLNESS</b>                | Hands, arms, feet, and legs become <b>increasingly cool</b>   | <ul style="list-style-type: none"> <li>• Keep the patient warm with a non-electric blanket</li> </ul>   |                              |
| <b>FEVER</b>                   | Fever may be common   | <ul style="list-style-type: none"> <li>• Applying a cool compress; if sweating, keep dry</li> <li>• Medications: acetaminophen</li> </ul>   |                              |
| <b>CONGESTION</b>              | <b>Noisy breathing</b> , gurgling sounds from the back of the throat (resembles snoring or liquid moving through a straw)   | <ul style="list-style-type: none"> <li>• Suctioning is usually ineffective and may increase secretions</li> <li>• Position on their side, raise or lower head as tolerated</li> <li>• Medications: anticholinergics and antihistamines</li> </ul> | Respiratory (breathing)      |
| <b>BREATHING PATTERN</b>       | Apnea (pauses), <b>shallow breathing</b> , Cheyne-Stokes (shallow/fast breaths that alternate with periods of apnea), <b>panting</b> , mandibular breathing (occasional deep breaths, sometimes between <b>periods of apnea</b> ) | <ul style="list-style-type: none"> <li>• Assess for signs of discomfort, if none, educate and support the family</li> </ul>   |                              |
| <b>FLUID &amp; FOOD Intake</b> | Decreased appetite and thirst   | <ul style="list-style-type: none"> <li>• Pleasure feeding</li> <li>• Ice chips</li> <li>• Oral care</li> <li>• Moisten lips</li> <li>• Lubricate eyes</li> </ul>  | Biological (physical)        |

| Clinical Signs | Description   | Management Techniques  | System                  |
|----------------|---|--|-------------------------|
| ENERGY         | "Rally" a surge of energy, <b>suddenly alert</b> , oriented, hungry   | <ul style="list-style-type: none"> <li>Encourage family members to spend this precious time with the patient</li> </ul>  | Biological (physical)   |
| INCONTINENCE   | Incontinent of bowel and bladder, <b>decreased output</b> , dark urine  | <ul style="list-style-type: none"> <li>Keep clean and comfortable</li> <li>Treatment: urinary catheter if causing skin irritation</li> </ul>   |                         |
| SLEEPY         | <b>Sleeps most of the time</b> , non-communicative, difficult to arouse   | <ul style="list-style-type: none"> <li>Encourage family to sit with loved one, speak softly, and naturally</li> <li>Assume they can hear, hearing is the last sensation lost</li> </ul>  | Orientation (behavior)  |
| DISORIENTED    | <b>Confused</b> about time, place, and identity of people, including those close or familiar  | <ul style="list-style-type: none"> <li>Identify yourself before you speak, speak clearly</li> <li>Avoid joking and sarcasm</li> </ul>  |                         |
| RESTLESSNESS   | Restless and <b>repetitive motions</b> such as pulling at bed linen or clothing.  | <ul style="list-style-type: none"> <li>Reduce stimuli that seems to make it worse</li> <li>Implement sensory interventions that seems to make it better (music, gentle massage, soothing smells, reading aloud)</li> </ul>   |                         |
| AGITATION      | <b>Abrupt onset</b> of restless disorienting behaviors that do not respond to normal comforting interventions                                 | <ul style="list-style-type: none"> <li>Assess the cause of the agitation and treat as indicated (such as full bladder, pain, impaction (constipation), or an effect of hypoxia (decreased oxygen))</li> <li>Medication: opioids, haloperidol, benzodiazepines</li> </ul> |                         |
| VISIONS        | Vision-like experiences, speaking or seeing persons who have already died, or speaking of going to places not presently accessible or visible | <ul style="list-style-type: none"> <li>Affirm the experience instead of contradicting what they see and hear</li> <li>This is typically not distressing to the patient and can be comforting to them</li> </ul>  | Spiritual (existential) |
| WITHDRAWAL     | A person may become less communicative, use symbolic language relating to travel, such as "going home or on a trip" or "standing in a line"   | <ul style="list-style-type: none"> <li>Family and friends may need reassurance that these comments are natural and not causing the patient distress.</li> </ul>  |                         |