

The Myton Hospices

Ensuring the best care in the last hours or days of life



Information for
patients, families
and carers



Best care for dying people in their last hours or days of life

Everybody's death is unique but in most cases when someone is expected to die, there are some common changes that help us to know that person is about die.

There are 4 main changes:-

1. **The need for less food and drink**

When someone is dying their body no longer has the same need for food and drink as before. The body's processes slow down and they can't digest food as well as they used to. People stop drinking, or may even find this uncomfortable. Although their mouth and lips may look dry, gently moistening both will give comfort.

Family and carers can assist with this if they wish, using either a soft toothbrush or mouth cleanser brush. This can be dipped in water or juice for added flavours. Please speak to the nursing team for assistance with this.

2. **Withdrawing from the world**

People who are in the last days and hours of life will often become gradually more withdrawn. They may spend more time sleeping and when they are awake they may be more drowsy and be less interested in the world around them.

3. **Changes in breathing**

As someone approaches the end of their life, their body becomes less active so they need less oxygen.

Sometimes in the last hours of life breathing may become laboured or noisy. This is due to the build-up of mucus or secretions that the body produces naturally in the back of the throat. When someone is dying they no longer have the strength to cough or clear their throat and this causes the noise. Changing their position may be helpful to allow the secretions to clear. Sometimes medication is used to try to prevent this noisy breathing from becoming any worse.

The noise can be distressing for relatives and carers but experience shows that it doesn't appear to distress the dying person.

When death is very close (within minutes or hours) the breathing pattern may change. Sometimes there are long pauses between breaths, or the tummy muscles will take over the work, so the tummy appears to rise and fall instead of the chest. This can look a little strange but is natural. Any concerns about breathing or distress should be mentioned to the nursing team.

4. Becoming agitated and other changes

Some people may become more restless or agitated as death approaches. If this happens staff will be able to assess if there is a reason and, where possible, provide medication or other therapy to help comfort and calm the person and relieve any distress.

Most people, however, do not rouse from sleep but die peacefully, comfortably and quietly.

The person's skin may become pale, moist and slightly cool before death.

How we can help

When someone is dying they will be regularly reviewed by the doctors, nurses and Clinical Nurse Practitioners (CNPs) to ensure that they are comfortable and well cared for. Their need for food and drink will be assessed and this will be explained to you, but please ask if you are unsure.

Medication will be reviewed so that any treatment is for the comfort of the patient. Unnecessary medication will be stopped but essential medication will be continued. This may mean that the medication is given in a different way than by mouth, for example as an injection under the skin or as a continuous infusion pump called a "syringe driver". Medications will be made available "just in case" of pain and other symptoms so that the patient will not need to wait should they require these.

The patient's comfort is our priority so a plan will be made regarding any monitoring of their condition and whether any investigations are needed.

It is important that we look after the whole patient so we will try to care for their emotional needs as well. When appropriate we also support spiritual and religious needs as far as possible. Similarly we hope to be able to support close relatives and friends in this way.

We are aware that this is likely to be a difficult and distressing time for you. Nurses, doctors and other staff are here to help and support you, so if you have any questions please ask.

How relatives and carers can help

The close relatives and carers of someone who is dying will often know that person best and may have thoughts about the best way they can care for and support them. They may have previously discussed with the person how they would hope to be cared for when they die or know what would be important to that person at this time. For example they may wish to donate tissue after they have died to help someone else. Passing on information about the person's preferences to the nurses, CNPs and doctors will be very helpful.

If relatives and carers are not sure what they can do to help, the nurses and doctors can advise on things you might like to try. Even if it may seem like the person cannot hear or understand, they may still feel reassured by a familiar voice or the touch of their close relatives or carers.

If the person is sleepy you may choose to spend more time with them when they are most alert even if this is in the middle of the night.

When someone is close to dying, they may become confused, disorientated and may not recognise friends and relatives. Although this can be distressing for you, it may not be distressing the person who is dying. Relatives and friends may help by talking to the person, but there is no need to correct them if they are not distressed by this.

Useful information

We are here to support you so if you have any questions, concerns or worries at any time please speak to a member of staff.

Nurses and doctors can call on the Interpreter Services to ensure that we can communicate well with people whose first language is not English. Please ask about this service if you feel it would be helpful.

Whatever your outlook on life, there are people who may be able to support your emotional, spiritual and religious needs. Our Pastoral Care Team is skilled in supporting people and their relatives whatever their beliefs and background. Please ask the nurses and doctors caring for you if you are interested in seeking this support.

The doctors looking after you are:

The nursing team looking after you is:

With thanks to the Coventry and Warwickshire
Care of the Dying Working Group

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