

Suggestions on Coping

Consider each day as another day of life, a gift to be enjoyed as fully as possible.

Help your loved one finalize family planning such as funeral arrangements, signing of a will, or to write letters. Keep in mind your loved one’s spiritual or emotional needs. A social worker can be of assistance at your request.

Accept the help of family and friends. They can assist with grocery shopping, laundry and errands. They can also assist with writing thank you notes and other correspondence, as well as screening phone calls and taking messages.

Take the cues from your loved one. If he or she asks directly. “Will I get better?” Try to be honest in your reply.

We are available to help you during this difficult time of uncertainty. Please feel free to contact the following departments for emotional and spiritual support:

Care Management
Newport Beach 949-764-8225
Irvine 949-517-3439

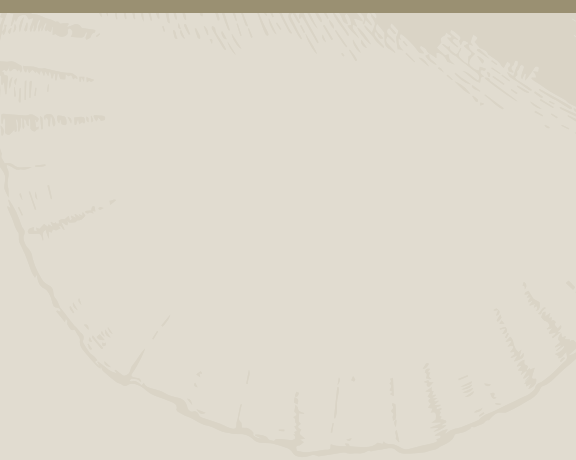
Pastoral Care
Newport Beach 949-764-8358
Irvine 949-517-3860



Hoag Memorial Hospital Presbyterian
One Hoag Drive PO Box 6100
Newport Beach, CA 92658-6100
949-764-4624 (HOAG)
www.hoag.org



COMFORT CARE



Hoag CARES Program
949-764-8585
hoag.org/comfort-care



Comfort Care & Support at End of Life

The Final Stages

The staff at Hoag understands this will be one of the more difficult times for you and your family. Realizing this and anticipating the anxiety and fear you may experience while caring for your loved one, we have provided information to help you understand and respond to the symptoms indicative of the dying process.

Note that not all these symptoms will appear at the same time, and some may never appear.

These symptoms are merely the natural progression of the body as it prepares for the final stages of life. Use these guidelines with the understanding that the end-of-life process is unique to each person. For some, this process could take months, for others, hours or days. The hospital staff is here to answer questions, provide support and assist you in any way possible. You and your family are encouraged to utilize the support services provided by Hoag.

Early Stages: Months to Weeks Prior to Death

Patients often experience:

- Withdrawal
- Decreased appetite
- Spend more time sleeping, hard to awaken
- Disorientation
- Decrease in vision and hearing
- Incontinence of urine and bowel movements
- Restlessness

Withdrawal often begins one to three months prior to end of life. First, it is withdrawal from the world, then friends and finally those closest to your loved one. During these periods of withdrawal, your loved one may begin to sort out and process their life. Words may be

associated with the physical life, while touch and wordlessness may take on more meaning.

Continue to talk to your loved one about everyday events just as you would have in the earlier months. (Remember, everything does not have to be serious; laughter can be great medicine).

Your loved one will gradually spend more and more time sleeping during the day and at times it will be difficult for them to awaken. This is a result of a change in the body's metabolism. Try to plan time with your loved one on those occasions when he or she is most alert. Silence can be golden. Being by their side is reassuring.

Your loved one may experience a decrease in appetite and thirst because the body naturally begins to conserve energy expended on these tasks. Since the metabolism is slowing down, the body cannot utilize food taken in. Encourage small amounts of easily digested foods and liquids such as ice chips, juice, water and popsicles.

At times, your loved one may become disoriented about the day, time, place and even the identity of close and familiar people. This is a result of chemical changes in the body. If this occurs, gently correct them. Remind your loved one frequently of the day and time and who is in the room. Try to talk slowly and clearly near his or her head, using short phrases. Explain things you do for his or her care, even if your loved one is unconscious.

Clarity of vision and hearing may decrease. Keep the lights on in the room and never assume that your loved one cannot hear you. Hearing is the last of the five senses to be lost. During your visit, touch them as you speak.

Incontinence (loss of control) of urine and bowel movements are often not a problem until end of life becomes imminent. If this occurs, place a bed pad under your loved one. It is important to always keep them clean and dry. Don't be alarmed if urine is colorless, dark, or ceases to flow.

Problems with constipation may develop due to a decrease in activity, limited food and fluid intake, an increase in pain medications, as well as slowing of the metabolism and weakness. Please consult with your loved one's physician or nurse about treatment options for constipation.

The need for more pain medication due to increased pain is common and manageable. If this is the case, please consult with your loved one's physician or nurse immediately.

You may notice your loved one becoming restless, pulling at bed linens and having visions of people or things that do not exist. These symptoms are a result of a decrease in oxygen circulation to the brain and a change in the body's metabolism. Speak calmly and assuredly not to startle or frighten your loved one. Gently reorient and reassure them, then consult with the nurse or physician about appropriate medication that may relieve some of these symptoms.

Late Stages: Weeks to Days Prior to Death

Patients often experience:

- Cool hands and feet with potential changes in skin color
- Increased oral secretions
- Changes in breathing pattern

- Decrease in blood pressure
- Increase in pulse rate
- Fluctuating body temperature

His or her arms and legs may become cool to touch, blue and/or blotchy. These are symptoms of decreased circulation. Warm blankets may make your loved one more comfortable; however, they may wish to remain uncovered. Support the body and extremities by padding with pillows or blankets and repositioning your loved one every two hours.

Oral secretions may become more profuse and collect in the back of the throat. This is a result of an increase in weakness causing an inability to clear the throat. This is often frightening to the caregiver, but the individual does not usually experience any discomfort. You can roll or prop your loved one's head higher or position them on his or her side rather than on their back. Medications can be given to help dry secretions.

You may notice changes in breathing patterns. There may be periods of 10-30 seconds of a delay in breathing (especially noticeable at night). These are periods of apnea. This is common and may continue for days to weeks. It is caused by a decrease in circulation and a build-up of body waste products. Heavy breathing with mouth open and/or sleeping with eyes open frequently occurs. Both areas need to be kept moistened.

You may notice a decrease in blood pressure, along with an increased pulse rate. The **body temperature** may fluctuate, and you may notice some perspiration and clamminess. A cool washcloth to the forehead often provides comfort.

What are Comfort Care Orders?

A Guide for Relatives and Friends of Dying Patients

The doctor is writing a special set of orders for your loved one to make his or her last hours or days as comfortable and peaceful as possible. The orders are meant not to prolong life, but to allow nature to take its course. Comfort care orders will ensure a pain-free, quiet passage from this life in as dignified manner as possible.

We will give pain medication and anti-nausea medication if needed, through the intravenous route, subcutaneous route, or sometimes by mouth or skin patch. Also, if breathing sounds moist and labored, we can give medications to dry up secretions so breathing is a little less difficult. (The morphine that is given for pain also allows people to breathe with less effort and struggle.)

- We can also give medications for anxiety, restlessness and confusion. These medications can be calming and allow a more peaceful rest.
- We will position your loved one as you and patient desire to make him or her as comfortable as possible. We won't change position routinely to minimize any discomfort.
- We may take vital signs such as blood pressure, pulse, temperature or blood sugar, once a day if needed. We will also discontinue cardiac monitoring and checking oxygen saturation to ensure the highest level of comfort.
- No lab tests, no needle pokes, or routine medication unless needed for comfort.
- Your loved one can eat or drink anything he or she can tolerate, including food and alcoholic beverages you may bring from home. It is OK if your loved one does not want to eat or drink.

- If your loved one can't drink fluids, we will moisten his or her mouth with dabs of water and keep lips from drying out with ointment. You can do this if you wish also. Eyes can also get dry; we can provide special eye drops if this happens.
- Too much fluid in a dying person's body can actually cause more discomfort. Lungs can fill up, making breathing difficult and wet sounding. Uncomfortable swelling in the legs, arms and torso can appear, and people may even throw up, making it necessary to pass a tube into their stomach.
- Studies are showing that natural dehydration, which occurs during the dying time, may release natural painkillers, making the process less painful than we may imagine.
- A visit from a favorite pet may provide comfort to your relative.
- The hospital chaplain may visit you. If you wish, your own clergy may be contacted to provide emotional and spiritual support.
- Your physician may make a referral to our Care Management department for help in planning for discharge with hospice services if there is a possibility that your relative will leave the hospital.
- If you have any questions or concerns about comfort care orders, please don't hesitate to ask the physician and nurses caring for your relative. We know this is a very difficult, stressful time for you and want to ease as much of the burden as we can.

Adapted from Sacred Heart Medical Center, Eugene Oregon