
What can we do?

Care at Dying phase

Company

- Accompany & speak to the patient with soothing tone & encouraging words.
- Unconscious patient can still hear, hearing sense is more sensitive now.
- A confused or restless patient need repeated calm reassurance.
- Touch patient gently.

Body & Skin Care

- Clean the face & body with wet towel and wipe dry.
- Apply lotion to the skin with gentle massage.
- Frequent change of soiled diapers
- Apply barrier cream/zinc oxide for diaper rash.
- Turn patient gently every 2 to 4 hours to prevent bedsores (if turning does not cause pain or discomfort).
- Help patient to a comfortable position.
- Put cushion underneath the pressure points such as the ears, heels & bony parts that press on the bed.

Is it time yet?

- *Speak to your palliative doctor or nurse about prognosis~estimation of how long the patient has?*
- *Each patient is different, the last journey can be in range of days, weeks or even months*

What are the signs?

Signs & Symptoms of Dying

- Bedridden, unable to walk
- Lost of interest, tired
- Unable to talk or being unconscious
- Unable to eat and drink
- Sleeping most of time
- Confuse
- Rattling sounds of secretion
- Gasping
- Irregular breathing, episodes of stop breathing
- Shallow breathing
- Cold hands & feet with skin colour turning dark or pale
- Unable to close eyes or mouth

Caring for the loved one during the last journey of life...



Preparing patient & family
for End of Life Care...



Faith Hope Love Hospice Care Malaysia
信望爱安宁疗护

Persatuan Hospis Harapan Kasih Malaysia

(PPM-014-14-18052018)

9, Jalan 1/3, 46000 Petaling Jaya, Selangor.

Tel: 010-3930150, Fax: 03-74985151

Email: fhlihospicecare@gmail.com, website: fhlihospice.org

This brochure is prepared by FHL Clinical Team for patient and family education

What can we do?

Care at Dying phase

Seek Help & Decision Making

- You may seek help from palliative/hospice team, psychiatrist, psychologist, social worker, chaplain or religion organisation for assistance.
- We respect patient's wishes, his/her right, considering their beliefs, social & cultural background.
- Every decision must be of our patient's best interest, bring benefit of comfort/relieve, improve quality of life, cause no harm & with fairness.

When death happen at home

- When the patient stop at his/her last breath, report to the nearest police station with a letter from the doctor or palliative/hospice team.
- Proceed with funeral arrangement.
- You can always contact palliative/hospice team for bereavement support.

Take care of yourself well. Understand your own needs & limitations are important..

What can we do?

Care at Dying phase

Rattling Sounds of Secretions

- This is due to vibration of the weak throat muscles & a very thin layer of fluids at the airways. Patient will not feel discomfort/distress or choked by the secretions.
- Suction will cause discomfort and will not help.
- Prop patient up to 30 or 45 degree. Remove the secretion if it is visible at the mouth cavity.

Spiritual Support

- Patient may have spiritual pain/distress such as feeling of isolation/separation, lonely, angry, guilty, fear (of losing control), in search of meaning of life, helplessness or hopelessness, etc.
- Being there, actively listen, empathy and providing spiritual/religious support help.
- Spiritual pain can be the pain associated with spiritual growth. It may draw out compassion, rekindle love & relationship, prompt patient to re-evaluate their life, lead to greater self-understanding & recovery of values/beliefs/talents, etc.
- Those who care for a dying person can also experience spiritual pain/distress.

What can we do?

Care at Dying phase

Mouth Care

- Use drinking water in spray bottle to spray and moisture the mouth. You can also use sponge brush/gauze stick/swabs to wet & clean the mouth cavity to provide comfort.
- Apply lip balm to the dry lips.

Eye Care

- Use eye drops regularly for dry & exposed eyes.
- Suggest to use eye pad or cloth to cover the dry, open eyes if culturally acceptable.

Feeding, Nutrition & Hydration

- Provide comfort feeding in small amounts when the patient is conscious & indicate hungry.
- Do not insist or force feeding. Swallowing, digestion & absorption of fluids/nutrition is poor at this stage.
- Feeding at terminal stage can cause choking or vomiting. Unabsorbed fluids can accumulate & causing limbs oedema/swelling, more secretions & worsen brain oedema.
- IV Drips and artificial feeding via feeding tubes will not prolong survival.