**End-of-Life: Providing Physical Comfort**

End-of-life care refers to health care for a person with a terminal condition that has become frail, advanced, progressive, and/or incurable.

**The principles of End of life Care are**

* People must be treated with dignity, compassion and respect.
* People must be made to feel comfortable clean and free from distressing symptoms or pain.
* People must be respected as a whole person, and not treated as an illness.

The narrative statement below takes into consideration the five key ‘domains’ of caring for the dying, that form the basis of a 'person centred approach' when supporting people with end of life care

*"We work for my goals and the quality of my life and death. I have honest discussions and the chance to plan. The people who are important to me are at the centre of my support. My physical, emotional, spiritual and practical needs are met. I have responsive and timely support day and night."*

**Signs & symptoms that may suggest the body is shutting down.**

This includes extreme **tiredness**, **loss of appetite**, **mental confusion**, **laboured breathing**, **and low blood pressure**, little to no urination, and cool fingers and toes.

There are ways to make a person who is dying more comfortable. Discomfort can come from a variety of problems. For example, a dying person can be uncomfortable because of:

* Pain
* Breathing problems
* Skin irritation
* Digestive problems
* Temperature sensitivity
* Fatigue
* Communication problems

**Pain.** Not everyone who is dying experiences pain, but there are things we can do to help someone who does. Experts believe that care for someone who is dying should focus on relieving pain without worrying about possible long-term problems of drug dependence or abuse.End of life medication is used to control pain and ease any discomfort. It is an important part of end of life palliative care and used to help people who are dying to have a good death. The D/N will visit regularly throughout a 24 hr period to administer end of life drugs that are needed which will reduce and pain or discomfort.

**Breathing problems.** Shortness of breath or the feeling that breathing is difficult is a common experience at the end of life. A dying persons breathing may become more laboured, breathe intakes and exhales become raggedy and irregular i.e. loud, deep inhalation is followed by a pause of not breathing for between five seconds to as long as a full minute, before a loud, deep breath resumes followed by a slow breath. This is known as apnoea. People very near death might have noisy breathing, sometimes called a death rattle. This is caused by fluids collecting in the throat or by the throat muscles relaxing. Sometimes excessive secretions create loud, gurgling inhalations and exhalations. The stopped breathing or loud rattle can be alarming, but the dying person will not be aware of this changed breathing. Noisy breathing, although alarming to family and friends is usually not distressing to the dying person.

**It might help to turn their head slightly, elevate gently with a pillow or turn their body to the side slightly. The dying person may have a lot of phlegm.**

**Skin irritation.** Skin problems can be very uncomfortable. With age, skin naturally becomes drier and more fragile, so it is important to take extra care with an [older person's skin](https://www.nia.nih.gov/health/skin-care-and-aging). Gently applying alcohol-free lotion can relieve dry skin and be soothing.

Dryness on parts of the face, such as the lips and eyes, can be a common cause of discomfort near death. A lip balm could keep this from getting worse. A damp cloth placed over closed eyes might relieve dryness. If the inside of the mouth seems dry, giving ice chips (if the person is conscious) or wiping the inside of the mouth with a damp cloth, cotton ball, or specially treated swab might help.

Sitting or lying in one position puts constant pressure on sensitive skin, which can lead to painful bed sores (sometimes called pressure ulcers). When a bed sore first forms, the skin gets discolored or darker. Watch carefully for these discolored spots, especially on the heels, hips, lower back, and back of the head.

Turning the person from side to back and to the other side every few hours may help prevent bed sores. Putting a foam pad under an area like a heel or elbow to raise it off the bed and reduce pressure. A special mattress or chair cushion might also help. Keeping the skin clean and moisturized is always important.

**Digestive problems.** Nausea, vomiting, [constipation](https://www.nia.nih.gov/health/concerned-about-constipation), and loss of appetite are common issues at the end of life. The causes and treatments for these symptoms are varied. There are medicines that can control nausea or vomiting or relieve constipation, a common side effect of strong pain medications.

If someone near death wants to eat but is too tired or weak, you can help with feeding. To address loss of appetite, try gently offering favorite foods in small amounts. Or, try serving frequent, smaller meals rather than three big ones.

Don't force a person to eat. Going without food and/or water is generally not painful, and eating can add to discomfort. Losing one's appetite is a common and normal part of dying. Swallowing may also be a problem, especially for people with [dementia](https://www.nia.nih.gov/health/diagnosing-dementia). If the dying person is struggling to swallow or eat, offer food little and often e.g. ice lolly pops, ice cream, yogurts. Offering sips of water and keeping the mouth area clean by using a moistened warm cloth around their mouth will help. Applying lip balm to the lips, keeping them moist will also help to reduce the risk of lips becoming dry and cracked.

A conscious decision to give up food can be part of a person's acceptance that death is near.

**Temperature sensitivity.** People who are dying may not be able to tell you that they are too hot or too cold, so watch for clues. For example, someone who is too warm might repeatedly try to remove a blanket. If a person is hunching his or her shoulders, pulling the covers up, or even shivering—those could be signs of being cold.

**Fatigue.** It is common for people nearing the end of life to feel tired and have little or no energy. They may start to sleep the majority of the day and night - this is may be because their metabolism has begun to slow down and a decline in food and water intake will contribute to dehydration. It may become difficult to rouse rom sleep. The fatigue may become so prominent that awareness of immediate surroundings begins to drift. **If this occurs staff must** allow the dying person to sleep.

**Communication problems.** Staff must remember that people at end of life will still be able to hear as the sense of hearing is thought to continue, even when a person is unconscious, or not responsive. Therefore it is very important for staff to continue talking to the person even though they may not respond .Staff can offer support and comfort by continuing to talk to them and by stroking their arm.Staff should still announce their presence in the room when entering. Eg *"Good Morning Jean, its Alison here, how are you feeling today? Would you like a drink?" etc. .*

It is important to remember that throughout the 24 hour care that staff deliver they support the person in a calm dignified manner and always take into consideration any cultural and spiritual needs of the dying person.

**If family members are present**: Staff must take into consideration the dying person's family, making sure they are comfortable throughout their stay, ensuring they have a meal and are offered plenty of drinks.

*Please bear in mind it would only be experienced members of staff who feel comfortable supporting those on end of life care, that would be asked to support someone dying. End of life care is a sensitive area and not all care staff feel comfortable. As a volunteer you would not be asked or expected to support someone at end of life, unless it was something you are really passionate about and feel you already have the skills to support people at such a difficult time. If you do want to support please make your assigned manager aware that this something you would like to do if needed whilst in your volunteer role.*