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Care for the dying patient and the family

When it is not possible to prevent a patient dying, and medical care is no longer possible or useful, the nurse provides supportive care to the patient and family. The main goals are to:

- keep the patient comfortable and free of pain
- make the patient's final days as good as possible for both patient and family, with as little suffering as possible
- help the patient to die peacefully
- provide comfort to the family.

It is important for nurses who care for the dying to be aware of their own feelings about death and about their patients. It is difficult to see people die who you have cared for. It is especially difficult if a child or young person dies. You have not only cared for them, you have also cared about them. Many nurses feel frustration and grief when their patients die. It is important for you to recognize those feelings. You need to comfort and support each other in your care of the dying.



Relieve the dying person's pain

Measures to relieve pain are described fully in the chapter on caring for the patient in pain. With patients who are in the last stages of illness, it is essential to remember that one of the main goals of nursing is to relieve or stop suffering. The following guidelines will be helpful.

- Always trust what patients say about their pain. Never just make your own decision about how much pain they are suffering.
- Many patients fear that they will die in agony. Be kind when people express or show fear. Comfort them and tell them that you can take care of the pain and that they do not need to fear.
- Give doses of pain medication that give the most pain control with the least side-effects.
- Give pain medication all through the day and night (around the clock) to make sure that the patient has enough pain relief.
- The best pain medication for the dying is morphine. It can be given in increasing doses as the patient develops tolerance and as its effectiveness is reduced.
- Giving some drugs together (in combination) increases their effectiveness. For example, non-steroidal anti-inflammatory drugs increase the effectiveness of opioids like morphine.

Clinical alert: Do not hesitate to give effective doses of pain medication.

- Use the simplest route to give medicine. Give it by mouth, as long as the person can swallow. If the person cannot swallow, repeated boluses of opioids can be given under the skin (the subcutaneous route). Intramuscular routes are not as effective.
- Use other ways to control pain, including massage, music, and comfortable positioning of the patient. Sometimes a hot pad or hot water bottle is helpful with pain.
- Addiction to medication is never important for dying patients.
- Reduced breathing (respiratory depression) is not important for dying patients.



Keep the patient comfortable

- The patient may suffer other discomfort, partly as a result of pain medication.
- If the patient is constipated, a laxative may be helpful. Also encourage the patient to drink fruit juices.
- As much as possible, give the patient a high-calorie, high-vitamin diet. Do not force the patient to eat. The patient should eat only what foods he or she wishes to eat.
- Encourage the patient to drink fluids.
- Keep the patient clean; give frequent baths, give mouth care if the mouth is dry, and clean the eyelids if secretions collect.
- Help the patient to get out of bed and sit in a chair if he or she is able. If not, change the position every two hours and try to keep the patient in whatever positions are most comfortable.

- If the patient has trouble breathing, help him or her to sit up a little.
- If the airway is obstructed, you may need to suction the patient's throat.
- If the patient feels short of breath or gasps for air, give oxygen.
- Even when patients are close to death, they can hear, so do not speak in a whisper. Speak clearly. The patient will also still feel your touch.



How to help the patient to a peaceful death

It is important to ask the patient and family whether the patient would prefer to stay in the hospital or to go home for the last days. Sometimes the family are not able to care for the patient at home, but often there is a choice. If the patient wants to go home, teach the family how to care for him or her. In particular, show the family how to give medication for pain. Make sure that they understand that it is very important to give the medicine in the right dose at the right times. Also explain to them how to make the patient comfortable, as listed above.

If the patient stays in the hospital, try, as much as possible, to do what he or she and the family want. It is important to provide physical comfort. It is also important to make the patient feel secure to calm any fears, and give him or her hope.

Make the person feel safe and secure by showing that he or she will be taken care of, and will not be left alone.

Calm any fears by assuring the patient that he or she will not suffer or die alone.

Give hope. Do not give false reassurances. Give smaller targets. Talk about the future of the patient's family, or suggest that the patient can hope for a good day tomorrow, or remind him or her that the children will soon be visiting.

If the patient has unfinished business, give help with what he or she needs to do. The patient might need help with arrangements for his or her children or house.

Provide spiritual care if the patient wishes, or speak to the family about having the priest or pastor or other religious leader visit.

Above all, respect the patient's decisions. Accept the patient's feelings. If he or she does not want to eat, or get out of bed, or be turned in bed, accept it. Listen and allow the person to talk about how he or she feels. If the patient or family are angry, try to accept it.

Make it easy for the family to stay with the patient as much as they want. Show them how to take care of the patient and keep him or her clean and comfortable.

Keep the family informed about how the patient is. When death is near, let them know so that they can be with the patient at the time of death if they wish.



Care after death

If the family are there at the death, allow them to stay with the patient after death, to say goodbye.

If the family are not there, but would like to see the body after death, make the person look as natural as possible. Make the environment clean. It is important to do this immediately, since the body will start to stiffen (rigor mortis) about two to four hours after death.

Put the body in a flat position on the back, arms at the sides. Put a pillow or rolled towel under the head so that blood does not discolour the face. Close the eyelids and hold them in place for a few seconds so that they will remain closed. Close the mouth. Wash soiled areas of the body. Take away all equipment and supplies from the bedside.

Comfort the family and let them grieve.