Care after death
If you are on your own with your loved one and think that they have died please call a member of staff who will be able to support you and confirm this is the case. If you wish to, you will be given time to sit with your loved one and to call any other family members who may want to come in to say their goodbye.

If you haven’t already had a discussion with staff about which funeral director you wish to use, this will need to take place quite soon following death so that we can make arrangements for your loved one to be moved into their care. Your loved one will be cared for in preparation for their transfer to the care of your chosen funeral director. We will also ask you if it was their wish to be buried or cremated as there is specific paperwork for our doctors to complete where an individual is to be cremated.

Before you leave a nurse will talk to you about coming back to Countess Mountbatten House in the next day or two to collect the Medical Certificate of Cause of Death. This is prepared by one of the doctors who cared for your loved one. Personal belongings will also be returned to you when you collect this certificate. We will explain how to register the death and give you any other support that we can. You may also be given a booklet explaining what to do after someone dies.

Support for you and your family
This is likely to be a difficult and painful time for you as you lose someone you love or have cared for. We’re here to support you during this time. We will talk to you about grief and coming to terms with what has happened, and help you work through any concerns or worries you might have. If you feel you may be unable to cope, we can supply details of other organisations that may be able to help. Furthermore the CMH social work team are also available to support and help you as much as possible. Please let staff know if you would like them to be involved.

If you have any questions or would like more information about anything covered in this booklet, please speak to the staff nurse involved in your loved one’s care or the nurse in charge.

This text has been adapted from the St Christopher’s Hospice publication, Coping with dying.

If you need a translation of this document, an interpreter or a version in large print, Braille or on audiotape, please telephone 023 8120 4688 for help.

www.uhs.nhs.uk
This leaflet describes some of the physical changes that happen to people as they start to die. It also covers what will happen immediately following death.

It anticipates some of the questions you may want to ask about what is happening and why, and encourages you to ask for further help or information if there is anything at all that is worrying you.

Understanding that a person is dying
As the end of life approaches it can be difficult to estimate how much time is left, but this may now be days or hours.

The dying process is unique to each individual but in most cases there are common characteristics or changes that help us to know that a person is dying. These fall into four main categories:

• reduced need for food and drink
• withdrawing from the world
• changes in breathing
• changes which occur in the last few hours

Reduced need for food and drink
When someone starts to die, their body no longer has the same need for food and drink as before. The body's metabolism slows down and they cannot digest food as well or take up nutrition from it. People may stop drinking, and although their mouth may look dry, it’s not usually a sign that they are dehydrated.

As a carer this can feel very hard, as providing food and drink is such a large part of caring for someone and expressing love. However it’s important not to try to force your loved one to eat and drink at this time, especially if they are unrousable as this could cause them to become distressed.

You can help by keeping their mouth moist using mouth swabs – these can be dipped in their favourite drink or tipple! You can also apply lip salve to keep their lips moist. Sometimes fluids given via a drip may be offered, but only where this is likely to be helpful.

Withdrawning from the world
For most, the process of withdrawal from the world is a gradual one. As people approach the end of their life, they may become weaker and can appear to be losing interest in their surroundings and those closest to them. People may spend more and more time asleep, and when they are awake they are often drowsy.

This withdrawal is recognised as a natural part of the dying process and does not mean that the person has lost interest in you. It can however feel upsetting and sometimes frightening for carers as a loved one loses their ability to tell you their needs or express their feelings. Just ‘being’ with someone at this time is supportive.

Even when the person appears to be deeply unconscious they may still be able to hear you, or sense when someone is with them.

For some people this stage may last for some days but for others it is much shorter.

Changes in breathing
As people get closer to death their breathing can change. There can sometimes be longer gaps between breaths, and breathing may become irregular or shallower.

Occasionally in the last hours of life there can be a noisy rattle to the breathing. This is due to a build up of fluids at the back of the mouth or throat. Medication may be used to dry up these secretions although this is not always successful. Changes in position may also help.

The noisy breathing can be upsetting to carers but often doesn’t appear to distress the dying person as they are normally deeply unconscious at this stage. It’s a bit like snoring – more disturbing to the listener than the person snoring. Having a radio or music playing quietly sometimes helps, as the noise does not seem as prominent.

If the breathing appears laboured, remember that it is more distressing to you than it is to the person dying.

The last few hours
The last few hours can be difficult to determine. Sometimes carers can feel frightened or overwhelmed.

Some people may wish to sit with their dying relative or friend but others may feel so overwhelmed that they are not able to be in the room. There is no right or wrong way to behave at this time and different family members may want different things.

Some people may become more agitated or restless as death approaches. If this is the case, then staff on the unit will talk to you about it. Once they have ensured that pain and other symptoms are controlled they will administer some sedation which should help to resolve the restlessness.

You may notice that your loved one’s colour changes, they may appear pale or moist. They may also have cold hands and feet and the skin may look mottled. Pauses between breaths may increase at this stage. These are all normal changes but if you are concerned please ask a member of staff.

Most people do not rouse from sleep, but die peacefully, comfortably and quietly.
This leaflet describes some of the physical changes that happen to people as they start to die. It also covers what will happen immediately following death.

It anticipates some of the questions you may want to ask about what is happening and why, and encourages you to ask for further help or information if there is anything at all that is worrying you.

Understanding that a person is dying
As the end of life approaches it can be difficult to estimate how much time is left, but this may now be days or hours.

The dying process is unique to each individual but in most cases there are common characteristics or changes that help us to know that a person is dying. These fall into four main categories:

- reduced need for food and drink
- withdrawing from the world
- changes in breathing
- changes which occur in the last few hours

Reduced need for food and drink
When someone starts to die, their body no longer has the same need for food and drink as before. The body's metabolism slows down and they cannot digest food as well or take up nutrition from it. People may stop drinking, and although their mouth may look dry, it's not usually a sign that they are dehydrated.

As a carer this can feel very hard, as providing food and drink is such a large part of caring for someone and expressing love. However it's important not to try to force your loved one to eat and drink at this time, especially if they are unrousable as this could cause them to become distressed.

You can help by keeping their mouth moist using mouth swabs – these can be dipped in their favourite drink or tipple! You can also apply lip salve to keep their lips moist. Sometimes fluids given via a drip may be offered, but only where this is likely to be helpful.

Withdrawing from the world
For most, the process of withdrawal from the world is a gradual one. As people approach the end of their life, they may become weaker and can appear to be losing interest in their surroundings and those closest to them. People may spend more and more time asleep, and when they are awake they are often drowsy.

This withdrawal is recognised as a natural part of the dying process and does not mean that the person has lost interest in you. It can however feel upsetting and sometimes frightening for carers as a loved one loses their ability to tell you their needs or express their feelings. Just ‘being’ with someone at this time is supportive.

Even when the person appears to be deeply unconscious they may still be able to hear you, or sense when someone is with them.

For some people this stage may last for some days but for others it is much shorter.

Changes in breathing
As people get closer to death their breathing can change. There can sometimes be longer gaps between breaths, and breathing may become irregular or shallower.

Occasionally in the last hours of life there can be a noisy rattle to the breathing. This is due to a build up of fluids at the back of the mouth or throat. Medication may be used to dry up these secretions although this is not always successful. Changes in position may also help.

The noisy breathing can be upsetting to carers but often doesn't appear to distress the dying person as they are normally deeply unconscious at this stage. It's a bit like snoring - more disturbing to the listener than the person snoring. Having a radio or music playing quietly sometimes helps, as the noise does not seem as prominent.

If the breathing appears laboured, remember that it is more distressing to you than it is to the person dying.

The last few hours
The last few hours can be difficult to determine. Sometimes carers can feel frightened or overwhelmed.

Some people may wish to sit with their dying relative or friend but others may feel so overwhelmed that they are not able to be in the room. There is no right or wrong way to behave at this time and different family members may want different things.

Some people may become more agitated or restless as death approaches. If this is the case, then staff on the unit will talk to you about it. Once they have ensured that pain and other symptoms are controlled they will administer some sedation which should help to resolve the restlessness.

You may notice that your loved one's colour changes, they may appear pale or moist. They may also have cold hands and feet and the skin may look mottled. Pauses between breaths may increase at this stage. These are all normal changes but if you are concerned please ask a member of staff.

Most people do not rouse from sleep, but die peacefully, comfortably and quietly.
This leaflet describes some of the physical changes that happen to people as they start to die. It also covers what will happen immediately following death.

It anticipates some of the questions you may want to ask about what is happening and why, and encourages you to ask for further help or information if there is anything at all that is worrying you.

Understanding that a person is dying

As the end of life approaches it can be difficult to estimate how much time is left, but this may now be days or hours.

The dying process is unique to each individual but in most cases there are common characteristics or changes that help us to know that a person is dying. These fall into four main categories:

• reduced need for food and drink
• withdrawing from the world
• changes in breathing
• changes which occur in the last few hours

Reduced need for food and drink

When someone starts to die, their body no longer has the same need for food and drink as before. The body's metabolism slows down and they cannot digest food as well or take up nutrition from it. People may stop drinking, and although their mouth may look dry, it's not usually a sign that they are dehydrated.

As a carer this can feel very hard, as providing food and drink is such a large part of caring for someone and expressing love. However it's important not to try to force your loved one to eat and drink at this time, especially if they are unrousable as this could cause them to become distressed.

You can help by keeping their mouth moist using mouth swabs – these can be dipped in their favourite drink or tipple! You can also apply lip salve to keep their lips moist. Sometimes fluids given via a drip may be offered, but only where this is likely to be helpful.

Withdrawing from the world

For most, the process of withdrawal from the world is a gradual one. As people approach the end of their life, they may become weaker and can appear to be losing interest in their surroundings and those closest to them. People may spend more and more time asleep, and when they are awake they are often drowsy.

This withdrawal is recognised as a natural part of the dying process and does not mean that the person has lost interest in you. It can however feel upsetting and sometimes frightening for carers as a loved one loses their ability to tell you their needs or express their feelings. Just ‘being’ with someone at this time is supportive.

Even when the person appears to be deeply unconscious they may still be able to hear you, or sense when someone is with them.

For some people this stage may last for some days but for others it is much shorter.

Changes in breathing

As people get closer to death their breathing can change. There can sometimes be longer gaps between breaths, and breathing may become irregular or shallower.

Occasionally in the last hours of life there can be a noisy rattle to the breathing. This is due to a build up of fluids at the back of the mouth or throat. Medication may be used to dry up these secretions although this is not always successful. Changes in position may also help.

The noisy breathing can be upsetting to carers but often doesn’t appear to distress the dying person as they are normally deeply unconscious at this stage. It’s a bit like snoring - more disturbing to the listener than the person snoring. Having a radio or music playing quietly sometimes helps, as the noise does not seem as prominent.

If the breathing appears laboured, remember that it is more distressing to you than it is to the person dying.

The last few hours

The last few hours can be difficult to determine. Sometimes carers can feel frightened or overwhelmed.

Some people may wish to sit with their dying relative or friend but others may feel so overwhelmed that they are not able to be in the room. There is no right or wrong way to behave at this time and different family members may want different things.

Some people may become more agitated or restless as death approaches. If this is the case, then staff on the unit will talk to you about it. Once they have ensured that pain and other symptoms are controlled they will administer some sedation which should help to resolve the restlessness.

You may notice that your loved one’s colour changes, they may appear pale or moist. They may also have cold hands and feet and the skin may look mottled. Pauses between breaths may increase at this stage. These are all normal changes but if you are concerned please ask a member of staff.

Most people do not rouse from sleep, but die peacefully, comfortably and quietly.
Coping with dying
Information for patients, families and carers

Care after death
If you are on your own with your loved one and think that they have died please call a member of staff who will be able to support you and confirm this is the case. If you wish to, you will be given time to sit with your loved one and to call any other family members who may want to come in to say their goodbye.

If you haven’t already had a discussion with staff about which funeral director you wish to use, this will need to take place quite soon following death so that we can make arrangements for your loved one to be moved into their care. Your loved one will be cared for in preparation for their transfer to the care of your chosen funeral director. We will also ask you if it was their wish to be buried or cremated as there is specific paperwork for our doctors to complete where an individual is to be cremated.

Before you leave a nurse will talk to you about coming back to Countess Mountbatten House in the next day or two to collect the Medical Certificate of Cause of Death. This is prepared by one of the doctors who cared for your loved one. Personal belongings will also be returned to you when you collect this certificate. We will explain how to register the death and give you any other support that we can. You may also be given a booklet explaining what to do after someone dies.

Support for you and your family
This is likely to be a difficult and painful time for you as you lose someone you love or have cared for. We’re here to support you during this time. We will talk to you about grief and coming to terms with what has happened, and help you work through any concerns or worries you might have. If you feel you may be unable to cope, we can supply details of other organisations that may be able to help. Furthermore the CMH social work team are also available to support and help you as much as possible. Please let staff know if you would like them to be involved.

If you have any questions or would like more information about anything covered in this booklet, please speak to the staff nurse involved in your loved one’s care or the nurse in charge.

This text has been adapted from the St Christopher’s Hospice publication, Coping with dying.

If you need a translation of this document, an interpreter or a version in large print, Braille or on audiotape, please telephone 023 8120 4688 for help.

www.uhs.nhs.uk

© 2016 University Hospital Southampton NHS Foundation Trust. All rights reserved. Not to be reproduced in whole or in part without the permission of the copyright holder.
Version 1. Published August 2016. Due for review August 2019. 2016-1456
Care after death

If you are on your own with your loved one and think that they have died please call a member of staff who will be able to support you and confirm this is the case. If you wish to, you will be given time to sit with your loved one and to call any other family members who may want to come in to say their goodbye.

If you haven’t already had a discussion with staff about which funeral director you wish to use, this will need to take place quite soon following death so that we can make arrangements for your loved one to be moved into their care. Your loved one will be cared for in preparation for their transfer to the care of your chosen funeral director. We will also ask you if it was their wish to be buried or cremated as there is specific paperwork for our doctors to complete where an individual is to be cremated.

Before you leave a nurse will talk to you about coming back to Countess Mountbatten House in the next day or two to collect the Medical Certificate of Cause of Death. This is prepared by one of the doctors who cared for your loved one. Personal belongings will also be returned to you when you collect this certificate. We will explain how to register the death and give you any other support that we can. You may also be given a booklet explaining what to do after someone dies.

Support for you and your family

This is likely to be a difficult and painful time for you as you lose someone you love or have cared for. We’re here to support you during this time. We will talk to you about grief and coming to terms with what has happened, and help you work through any concerns or worries you might have. If you feel you may be unable to cope, we can supply details of other organisations that may be able to help. Furthermore the CMH social work team are also available to support and help you as much as possible. Please let staff know if you would like them to be involved.

If you have any questions or would like more information about anything covered in this booklet, please speak to the staff nurse involved in your loved one’s care or the nurse in charge.

This text has been adapted from the St Christopher’s Hospice publication, Coping with dying.