The Last Hours of Living

Ian Anderson Continuing Education Program in End-of-Life Care

The Last Hours of Living

- Over 90% of us will die after long illness
- Last hours can be some of most significant time of our lives
- Last opportunity to:
  1. finish our business
  2. create final memories,
  3. give final gifts
  4. achieve spiritual peace
  5. say good-bye

Care in the Last Hours…

- Those who provide care only have 1 chance to do it right
- If done well ⇨ significant personal and family growth
- If done poorly ⇨ life closure can be incomplete, suffering may occur, and bereavement may be difficult and prolonged
- Careful management will lead to smooth passage and comfort for the patient and loved ones

Objectives

- Describe the importance of this phase of a person's illness
- Identify the signs and symptoms of impending death
- Develop a care plan for the common symptoms/sources of distress
- Describe the psychosocial and spiritual issues in the last hours and a management plan to address those needs/expectations
- Identify the initial bereavement counseling issues for the family

Objectives

Develop a care plan for:

- Weakness & fatigue
- Secretions
- Pain
- Delirium
- Agitation
- Incontinence
- Dyspnea
- Respiratory changes
- Dry membranes
- Skin care

Comprehensive Care Considerations

- Importance of final hours is independent of proposed site of dying
- Address physical, psychological, social, spiritual needs
- Skilled around the clock care
- Anticipate medication, equipment and supplies

Caregivers

- Providers, family and volunteers must be:

1. **prepared**
2. **educated** about potential time course, signs/symptoms & management of dying process
3. **supported**

- All must be aware of patient's health status, goals for care, advance directives and substitute decision-makers

Caring in the Last Hours

- Setting must allow loved ones private, 24-hour access without disturbing others
- Need regular reassessment of patient's condition and family's ability to cope with rapid and unexpected changes
- Caregivers must respond quickly and modify plan especially when dying patient is at home if readmission to be avoided

Caring for Families and Loved Ones

- Perceptions may be different than patient's actual experience
- Explore ways of involving families in care
- Involvement may provide sense of final gift giving to loved one, prevent frustration, fear, guilt
- Advise that time of death is unpredictable
- Educate about usual course of comfortable and peaceful death

Absolute Necessities in the Last Hours

- Family & care provider education
- Multidisciplinary teams with 24-hour rapid response capability
- Adequate pain and symptom control
- A written care plan
- Institutional backup if patient is at home
- Enough help to avoid family exhaustion

Signs and Symptoms of Impending Death

1. Rapidly increasing weakness and fatigue
2. Decreasing intake of food and fluids
3. Difficulty swallowing with loss of gag reflex
4. Decreasing level of consciousness
5. Terminal delirium or agitation
6. Respiratory changes, especially apneic spells
7. In very last hours, evident cardiovascular changes

The Need for Frequent Reassessment

- May be rapid changes in patient's condition
- Team must be prepared to assess patient and family frequently
- Frequent presence of team members including physicians provides comfort to families

Rx-Management

Three phases to management of the last hours:

1. Preparation
2. Symptom Management
3. At the Time of Death

Phase 1: Preparation

1) Focus on patient AND family/caregiver
2) Educate family on last hours processes to reduce fear and increase involvement
3) Encourage patient, if able, to deal with feelings, last wishes, say goodbyes
4) Contact care provider to arrange for urgent responses & increased contact
5) Arrange medication supply/administration
6) Discuss death certification process

Family Education

- Changes with dying
- Role of family and care providers
- Issues of grief, previous experiences, fears and expectations
- Being with loved one
- Different agendas of family members
- Children
- Food and fluid
- Pain and symptoms
- Issues of religious customs, rituals
- On call backup
- Clarifying advance directives
- No 911
- Pronouncement

Phase 2: Symptom Management

1) Positioning
2) Skin care
3) Mouth care
4) Pain
5) Nutrition and hydration
6) Secretions

Phase 2: Symptom Management

7) Terminal delirium and agitation
8) Incontinence
9) Medications
10) Breathing patterns and dyspnea
11) Terminal sedation
12) Other issues

Positioning

- Slightly on side, pillow support esp. trunk & shoulders
- Head, minimally elevated
- Change position q 2 hrs except in very last hours ⇨ q 8-12 hrs
- Use a draw sheet to turn

Skin Care

- If positioned well, ulcers can be avoided
- Gentle cleansing ⇨ comfort
- Incontinence must be dealt with quickly
- If ulcers occur choose dressings to minimize changes
- Avoid massaging stage 1 skin ulcers

Mouth Care

- Maintain good oral hygiene
- Clean & moisten dentures; remove if drowsy
- Hydrate with mouthwash or unflavored sponge-tipped swab
- Avoid commercial mouthwash, lemon glycerin, artificial saliva
- Use 1L water/½ tsp. salt/1 tsp baking soda
- Do hourly when p.o. intake is low

Pain

- Rarely increases in last hours
- Assessment more difficult if drowsy
- Moaning may be related to delirium, agitation, position or environment change
- May need to reduce or change morphine to PRN if dehydrated
- Consider alternative methods of administration

Nutrition and Hydration

- Families often concerned patient will suffer if not eating or drinking
- Need good counseling & education
- Hydrate IV or s.c. if reversible illness and considerable life remaining or special situation
- Moisturize lips, nares, conjunctiva
- Watch for difficulty swallowing

Secretions

- Pooling common at EOL
- Often misinterpreted as dyspnea
- Avoid term “death rattle”
- Positioning is vital ⇨ turn semi-prone
- Avoid suctioning
- Use direct swabbing with sponge tipped swab and flashlight
- Hyoscine/scopolamine/glycopyrrolate

Terminal Delirium and Agitation

- Very common but can be prevented
- Warn about the possibility AND educate
- Symptoms: restlessness & moaning
  increased confusion
  increased drowsiness
- Rx: 1st line = benzodiazepines
  2nd line = major tranquilizers
- Avoid using opioids as sedatives ⇨ increase agitation/delirium

Incontinence

- Catheters may be best
- Diapers often difficult to use
- Use diapers only if diarrhea, stool incontinence
- Incontinence pads

Breathing Patterns & Dyspnea

- Changes in breathing may be misinterpreted
- Educate family & allay fears
- Oxygen rarely needed
- Use opioids and benzodiazepines

Terminal Sedation

- Heavy sedation at EOL may be needed to control pain and suffering
- Need guidelines & discussions with family members
- Indications: severe pain, severe dyspnea, severe restlessness, hemorrhage
- Use benzodiazepines, barbiturates, major tranquilizers

Don’t Forget….

- Stop all unnecessary medications

- Stop all blood work or other investigations

Phase 3: At the Time of Death

1. Educate family beforehand to avoid panic
2. Advise family to spend some time with deceased and respect sense of peace that accompanies most deaths and early grief
3. Begin bereavement counseling (emphasis on early grief reactions and issues around funerals)
4. Opportunity to say your own goodbyes

Evaluation

- Frequent monitoring of patient and family by phone and at least one visit/day
- Presence of physician often very reassuring to patient and family
- Assure rapid interdisciplinary team access
- On-call providers should be informed and care plan clarified for synchrony of provider teams