

TITLE: Changes at End of Life

Topic: 9 (2)

Early discussion and planning by caregivers can be helpful in preparing for and addressing signs and symptoms at end of life.

Even with thoughtful and thorough preparation there are situations and symptoms that can be distressing for the patient and family. Caregivers have a difficult task in being prepared themselves and sharing pertinent information with the patient and family without causing undue distress. Knowledge, skill and thorough assessment can help manage distressing changes if and when they occur. Communication is a key element to successful management of care for the patient and the family.

Changes in Breathing

- Family may believe the medications are causing the breathing changes
- Breathing may be rapid, have periods of apnea, and may be loud and distressing to listen to
- The patient may appear uncomfortable or may look peaceful
- Sudden dyspnea

What we can do

- Discuss breathing changes and provide explanation for the changes
- Provide medications (opioids) if it appears that there is distress
- Provide good oral hygiene
- Indicate that noisy respirations do not mean distress for the patient
- Explain the difference in breathing pattern in someone who is actively dying or is having respiratory depression from opioids (narcotization).

Other potentially distressing signs or symptoms

Bleeding

- Family may be unaware that a malignant wound could bleed
- Internal bleeding is less predictable unless there have been previous episodes of bleeding; lower GI, esophageal, and hemoptysis

What we can do

- Prepare the family, dark towels, have sedative, intranasal or injectable medications readily available

Seizures

- Prepare family only if there is significant possibility of a seizure (previous seizure, brain tumor or metastasis)
- Ensure sedative medications are available.