Caring for the Patient and Family
After Death

Death is a universal life event, at some point being experienced by all human beings and the people who love them. Even though death is a commonplace experience, it is often very difficult for many people. Caring, compassionate and knowledgeable healthcare providers can help to make this time more peaceful and meaningful for the patient and family.

This newsletter will discuss care of the patient and family during and after an expected death, when a DNR (do not resuscitate) order is in effect. The role of the nursing assistant in providing physical, emotional, and spiritual care will be covered.

The Body at Death

Death occurs when the normal physiologic mechanisms, designed to keep the body living and functioning, are unable to maintain the cellular processes required for life. Vital functions, such as respiration and circulation, stop. The brain's electrical activity ceases.

Even though a patient's death may be expected, there is no way to know exactly how much longer the person may live. There are, however, some signs to indicate that death is approaching. There are two phases that can be identified in the process of dying, before death actually occurs. The first is the "pre-active" phase, which usually occurs about two weeks before death, but may last a shorter or longer time. Patients in the pre-active phase may:

- eat and drink less than normal
- have lower temperature, cool skin
- have slowed breathing and/or periods of apnea (breathing pauses)
- appear restless, confused, anxious, or uncomfortable
- have slower healing of infections, wounds or bruises
- sleep or rest more than usual
- lose interest in normal activities
- state that they are dying and/or talk about dying
- desire to see only a few close people
- want to take care of final legal or financial matters
- want to "make amends", talk to clergy, or settle issues with others
- report that they see family/friends who have died

The active phase usually occurs about 3 days before death, but may be shorter or longer. Signs include:

- not taking in any food or fluids
- cold skin on the arms and legs, with blue/purple patches (mottled)
- bowel or bladder incontinence
- very low blood pressure
- edema in lower areas of the body
- irregular, slow and/or noisy breathing with periods of apnea
- lung congestion
- difficulty being awakened
- little movement or position change
- agitation or change in personality
- loss of senses, such as ability to see, hear, or feel sensations—hearing is usually the last sense to be lost

After reading the newsletter, the nursing assistant should be able to:
1. List signs of the pre-active and active phases of death.
2. Identify common physical, emotional and spiritual needs of the patient/family related to death.
3. Discuss care of the patient/family following death.

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When death occurs, respirations cease, the heart stops beating, and the eyes have a fixed, glassy look. The skin turns grayish, waxy, and pale in appearance, a change called pallor mortis. Almost immediately after death, the body temperature begins dropping (algor mortis). Within the first few hours after death, blood settles in the dependent areas of the body, producing a dark reddish-purple skin discoloration called livor mortis. Also, the muscles begin to stiffen and harden into position, usually within 2-6 hours after death (rigor mortis).

**Working with the Patient and Family**

The prospect of facing death has a tremendous impact on your patient and the family members. You can help them through this difficult time by offering physical, emotional and spiritual care.

*Physical care*: Promoting the comfort of the dying patient is a priority of your care. The patient may have discomfort from a variety of causes, such as shortness of breath, dry mouth, immobility, nausea, or pain due to illness, such as cancer. Ask the patient if discomfort is present, and how you can help. If pain or nausea are present, let the nurse know promptly so that medications can be ordered or changed. Comfort measures, such as a back rub, change of position, or mouth care, can greatly improve the patient’s comfort and quality of life. Watch the patient carefully for signs that death is nearing, and keep the nurse informed of changes.

*Emotional care*: For the comfort of the patient and family, it is helpful to maintain a clean, calm, and peaceful environment. Stress can be contagious, so if you find yourself becoming tense, take some deep breaths. Talk to and touch the patient as you normally would, whether he/she is responsive or not. Remember that hearing is usually the last sense to be lost, so never say anything in the presence of an unresponsive patient that you would not say if he/she was alert. Listen to the patient and family when they want to talk. Listen, rather than talk. Do not discuss your own experiences or those of other patients—these are not important at this time. Offer support by saying things such as, “I’m so sorry you’re going through a difficult time—how can I help?” Do not offer cliché statements, such as, “I know how you feel” or “He’ll be in a better place”, as these can be offensive and do not show support.

*Spiritual care*: For many patients and their families, spiritual and/or religious needs are very important as death approaches. If the patient and/or family expresses the desire to visit with a member of the clergy or other spiritual advisor, let the nurse know so that these arrangements can be made. Honor and respect the wishes of the patient/family regarding their spiritual and religious practices, even if these seem unfamiliar, strange, or very different from your own beliefs and practices.

**Avoid sharing your own beliefs with the patient and family— the focus should be on them and their needs.**

**When Death Occurs**

If you are present as the patient nears death, ask the family members if they would like for you to stay with them in the room, or if they would prefer to be alone with the patient. Encourage them to interact with the patient in a way that gives the patient and them comfort, such as by holding his/her hand or lying on the bed.

When the patient dies, quietly note the time of death, and notify the nurse, if he/she is not present. The nurse will notify the doctor and funeral home. The patient must be legally pronounced dead before transfer to the funeral home. This procedure varies from state to state.

Turn your support to the patient’s family. They may want you to just sit quietly with them in the room, touch them on the arm, or embrace them in a hug. Be aware that family reactions to death can vary widely, so do not judge them based on how you think they “should” react. Some may cry or scream openly, while others may express gratitude or show little reaction. All of these can be normal responses.

Do not touch the body until you have notified the nurse of the death. Follow your facility’s policy for caring for bodies after death. At the nurse’s direction, you may be asked to provide the usual postmortem (after death) care... turn off machines, such as suction or oxygen, and clean the body, as the bladder and bowels commonly relax and release after death. As always, make sure to observe standard precautions when touching the patient’s body, using gloves and other personal protective equipment as needed. Wash the patient’s face and comb the hair. Close the eyes using gentle pressure. If the eyes do not stay closed, moisten gauze pads with water and place them over the closed eyelids for a few minutes, until they remain closed on their own. If dentures have been removed, place them back in with water and place them over the closed eyelids. Close the mouth promptly, before muscles begin to stiffen. The patient’s mouth should be closed, so that it will not stiffen into an open position. A rolled-up washcloth can be tucked under the patient’s chin to help it remain closed. Place fresh sheets and pillowcase on the bed, using absorbent pads under the patient’s hips to contain any leakage. The patient should be positioned on his/her back, with a pillow under the head. The head of the bed should be slightly raised, about 30°, to prevent discoloration of the face and neck from livor mortis. When care is complete, cover the body up to the shoulders with the sheet. Remember to treat the body with care and respect. The family may want to help provide this care, or may prefer to step out of the room until it is finished.

Along with the other members of the care team, you can help the patient and family toward a peaceful and meaningful ending to life.