

EAST LIVERPOOL CITY HOSPITAL  
PATIENT CARE POLICY & PROCEDURE

- SUBJECT: Care of the Dying Patient
- PURPOSE: To care for the dying patient with respect, dignity and consideration, by providing physical, emotional and spiritual comfort for the patient and their family.
- PROCEDURE:
1. Care of the dying patient aims to provide physical, emotional and spiritual comfort. Such a patient needs intensive physical support as they develop the signs of impending death:
    - Reduced respiratory rate and depth.
    - Decreased or absent blood pressure.
    - Weak or erratic pulse rate.
    - Lowered skin temperature.
    - Decreased level of consciousness.
    - Diminished senses and neuromuscular control.
    - Diaphoresis
    - Pallor
  2. The dying patient needs emotional and spiritual support, but at this final stage, such support most often means simple reassurance, someone's physical presence to ease any fear, and loneliness, or familiar prayers, if desired, to help give the patient support and strength as they prepare for the end of life.
  3. To meet the dying patient's physical needs:
    - A. Take vital signs often, and observe for pallor, diaphoresis and decreased level of consciousness.
    - B. Reposition the patient in bed at least every 2 hours, because sensation, reflexes and mobility diminish first in the legs and gradually in the arms. Make sure the bed sheets cover the patient loosely to reduce discomfort caused by pressure on arms and legs.
    - C. When the patient's vision and hearing start to fail, turn his/her head toward the light and speak to the patient from near the head of the bed. Because hearing may remain acute, despite loss of consciousness, avoid whispering or speaking inappropriately about the patient in his/her presence.

- D. Change the bed linens and the patient's gowns as necessary, because the body temperature may rise, causing diaphoresis. Provide skin care during gown changes, and adjust the room temperature for patient comfort, if necessary.
- E. Observe for incontinence or anuria, the result of diminished neuromuscular control or decreased renal function. If necessary, obtain an order to catheterize the patient or place chux beneath the patient's buttocks. Provide perineal care to prevent irritation or discomfort.
- F. Suction the patient's mouth and upper airway to remove secretions. Elevate the head of the bed to decrease respiratory resistance. As the patient's condition deteriorates, he/she may breath mostly through the mouth.
- G. Offer fluids frequently and lubricate the patient's lips and mouth with lemon glycerin swabs to counteract dryness.
- H. If the comatose patient's eyes are open, provide appropriate eye care to prevent corneal ulceration. Such ulcerations can cause blindness and prevent the use of these tissues for transplant should the patient not recover.
- I. Provide ordered pain medication, as needed.
4. To meet the dying patient's emotional and spiritual needs:
- A. Fully explain all care and treatments to the patient (even if the patient is unconscious, because he/she may still be able to hear.) Answer the patient's questions as candidly as possible, without extinguishing hope.
- B. Allow the patient to express his/her feelings, which may range from anger to loneliness. Take time to talk with the patient. When doing so, sit near the head of the bed. Avoid looking rushed or unconcerned.
- C. Notify family members, if not present, when the patient wishes to see them. Let the patient and family discuss death at their own pace. Give them opportunities to express their feelings, but avoid encouraging them if they seem unwilling.

D. Offer to contact a priest, a member of the clergy, or pastor, if appropriate.

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Director, ICCU/Telemetry

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Director, Med/Surg, SNF

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Vice President Patient Care

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