Care of Imminently Dying Patient
“Comfort Care”

Theresa Kristopaitis, M.D.
Objectives

- Explain physiologic changes that occur in the last hours/days of life
- Develop a treatment plan for the last hours/days of life
- Effectively communicate with the loved ones of dying patients
My Perspective

Time of intensive “caring”
A Dying Patient

- in bed
  - Flat, HOB elevated, sitting upright
- sleepy, unarousable, alert
- nonverbal, mumbling, moaning, verbally communicative
- breathing pattern “normal”, shallow, rapid, slow, apneic, Cheynne-stoking
- unable to swallow, swallowing bits of food or liquids or pills
- tachycardic, bradycardic
- hypotensive, hypertensive
- in pain, no pain
We all live differently
We all die differently
No one quite takes the same road
The “Usual Journey”
Appetite

Oral food/fluid intake

- Decrease/inability is normal
- Associated with many fears and misconceptions
  - ?starve to death

Reaffirm this is natural

- Well-being from secreted cytokines, catecholamines
- Parenteral fluids may be harmful
- New tubes generally uncomfortable
  - What if they have a tube?

- Mouth care q 2 hours
  - Swab, lubricant
Loss of ability to swallow

- **Swallowing is complex**
  - Sick, weak lose ability
  - Natural
  - Limit PO intake to avoid aspiration
    - Sips of liquid if able
    - Ice chips

- **Saliva/secretion pooling – “Death Rattle”**
  - Bothers observers more than patients?
  - Positioning
  - Anticholinergics
    - Scopolamine patch 1.5mg behind ear q 72 hours
    - Glycopyrrolate 0.2mg IV
  - Avoid suctioning
Changes in Respiration

- Tachypnea
- Apnea
- Cheyne-Stokes respiration
- Accessory muscle use

- All or none or some of the above
Changes in respiration

- **Oxygen**
  - May relieve dyspnea
  - May not relieve dyspnea
  - May prolong dying process

*Discontinue Pulse Ox Checks!*
  - Titrate O2 to patient’s *comfort*

- **Air hunger**
  - Opiates
  - Repositioning
Changes in respiration

- Explain to the family

- Last reflex breaths
  - “Fish out of water breathing”
Increasing weakness, fatigue

- Decreased ability to move
- Joint position fatigue
- Increased need for care
  - reposition q 2 hours

What about decubitus ulcers?
Communication Issues

- Awareness > ability to respond
- Too weak to talk
- Assume patient hears everything!
Communication

“Near Death Awareness”

- Dying patients see and speak to deceased relatives and friends
- Prepare for travel
- Describe a place they see in another realm
Nonverbal communication

- Touch, hand-holding

“If they didn’t like touchy-feely and huggies before, they’re probably not gonna’ like it now”

T. Kristopaitis
Decreasing Perfusion

- Tachycardia, hypotension
- Peripheral cooling cyanosis
- Skin mottling
- Diminished urine output

- Parenteral fluids will not reverse

- Patients may die with “normal” blood pressures and pulses
"Why is he/she sleeping with eyes open?"

- Loss of ability to close eyes
  - Loss of retro-orbital fat pad
  - Insufficient eyelid length
- Conjunctival exposure
  - Lubricant
Comfort Care

Medications

- Limit to essential medications
  - Comfort
  - Does not mean “stop everything”

- Use clinical judgement for each individual patient and each of their medications
Neurologic dysfunction

2 roads to death

THE USUAL ROAD

Normal

Confused → Tremulous

Restless

Sleepy

Lethargic

Obtunded

Semicomatose

Comatose

Dead

THE DIFFICULT ROAD

Hallucinations

Mumbling Delirium

Myoclonic Jerks

Seizures
Comfort Care

- **Pain**
  - Continue to treat if pain was an issue
    - Dose, route adjustments

- **Grimacing, groaning, moans**
  - May not indicate pain
  - May err on the side of treating for pain
Care for the Actively Dying

Stop unnecessary procedures, monitoring
- d/c telemetry
- d/c pulse ox checks
- d/c accuchecks
- d/c TEDs and SCD’s
- Vitals daily and PRN (ie fever)
- ?Dobhoff tubes
- ?Nasogastric tubes
- Keep bladder catheter
Keeping Vigil

- Individual decision
  - Loved ones have to go to bathroom, eat, sleep, (smoke), work, take care of others
    - Sometimes they need permission to do so
- Dying can be a private event
- The precise hour of death CANNOT be predicted
Questions?