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# Nature's Way



By: Carolyn Wall, RN

**“An End of Life Experience”**

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*A special thanks to the staff of  
Hospice of the Calumet Area  
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*Produced by:*



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# A Natural Experience

The Hospice staff realizes that this particular period of time is one of the most difficult times you and your family will have to go through. Our approach in all matters affecting you during this time is to be honest and straightforward. In this way, the Hospice team can establish a trusting and open relationship with you, the patient, and other family members concerned about the impending death. Our philosophy of care is that the “fear of the unknown” is always greater than the “fear of the known.” For this reason we offer you this booklet to help you prepare and anticipate symptoms which are indicative of progressive illness and approaching death.

Dying is a natural process. Whether from older age or disease, the process of body systems shutting down is the same. It took nine months for systems to develop; likewise, the reverse process does not happen overnight. Of course anything unforeseen can happen, but the following information is the norm.

Dying is a natural part of life. When a person is diagnosed with a terminal illness the grieving process begins. Families also go through the grieving process.

**These following five stages are recognized by Elizabeth Kübler-Ross.**

## **Stage One: Denial and Isolation**

The patient believes there has been a mistake. Many patients seek a second opinion, convinced that the results will be different. Then comes isolation as family and friends make less visits because they “don’t know what to say.”

## **Stage Two: Anger**

This stage can be especially hard for loved ones, since the anger can be aimed in all directions, usually on those closest to the patient.

## **Stage Three: Bargaining**

It is very common to believe that if certain things are changed in a person’s life, then this illness will not continue. “If I will attend church every Sunday, my illness will go away.”

## **Stage Four: Depression**

Depression can be due to advanced illness, extensive financial burdens, family role changes, and continued losses.

## **Stage Five: Acceptance**

Patient may go to another stage and then bounce backward again. All stages help the patient to work their way to acceptance.

***\* During all of these stages, family and friends need to be patient, understanding and above all loving.***

Along the road to acceptance many physical changes take place. Our goal on the following pages is to give a very flexible guide of the dying process.

Not all of these signs and symptoms will appear at the same time. Some may never appear.

We want to relate each possible symptom to you in order to decrease your fear if a symptom should appear suddenly. All the symptoms described are indicative of how the body prepares itself for the final stage of life. The Hospice nurse and physician are your best resource to help you clarify your concerns about this information.

## **Withdrawal**

As the knowledge that “I am not going to beat this after all” becomes real, a person starts a separation process. Watching television or reading may no longer be interesting for the person. Previously welcome visitors may now be rejected. More quiet time is spent as a person begins to re-evaluate his life.

### **Suggested helps:**

- Allow quiet time to patient.
- Monitor guests, if patient does not wish to see many.
- Provide materials for private journal, if desired. Make sure journal stays private.

## Decreased Appetite

As the digestive system begins to slow down to conserve energy, it sends a message to the brain to reject any more food. The digestive system wants to stop working; it doesn't want any more food to process. This response is unknown to the patient but it comes out in the response of, "I'm not hungry."

**This is okay!** Meats are the first to go, followed by vegetables and other hard-to-digest foods. At some point, even soft foods are no longer eaten.

### Suggested helps:

- Offer small amounts more often.
- Instead of three meals, try six.
- You can also leave something on a tray nearby that the patient can snack on throughout the day.
- A nutritional supplement may be offered to get some extra calories.
- Offer only soft, easy to digest food, unless the patient requests something different.
- Try to give the patient what he has a taste for, even if he only takes a bite or two. Let him eat his favorite foods!
- Offer high calorie, high protein foods.

## Sleeping More

The patient will gradually require more and more sleep due to changes in the body's metabolism. A battle is raging inside as the immune system is trying to rid the body of invading disease. This fight requires a lot of energy and the patient will sleep more in response.

### Suggested helps:

- Plan your schedule so you can maximize the time spent with the patient when he's most alert.
- Patients may get days and nights mixed-up. Try to plan activities to keep patient awake during the day. Families may have to readjust their schedule around patient, taking naps during the day while patient sleeps.

## Confusion

The patient may become confused, talking to people about places and events unknown to others. Patients may relive their earlier years as though the events are currently happening. Some patients may talk with others who have already died. This confusion can be the result of lack of oxygen to the brain, lesions on the brain, or metabolic changes.

### Suggested helps:

- Remind the patient frequently what day it is, what time it is, who is in the room and talking to him. Never argue if patient is convinced someone else is present. Always talk in a calm voice. Decrease stimulation and keep familiar objects in room.

- Be an active listener and explore fears.
- Sit with patient and give physical contact.
- Keep a calendar and clock within view. This will help to orient patient upon waking.
- If patient can write, keep a tablet handy for memory cues.

## **Decrease Fluids**

As appetite decreases, the patient relies on fluids. At some point the amount of liquid intake will also decrease due to the slowing down of the circulatory system.

The heart works harder as the disease progresses, in order to keep the body going. The circulating of fluids is an added burden to the heart and the body responds by taking in less fluids.

### **Suggested helps:**

- Offer sips of fluids often. (see Dry Mouth under Symptom Control)

## **Decrease Urine**

There will be a decrease in urine output as fluids decrease. The urine will darken and may have a strong odor. This is a result of concentrated urine and the renal system slowing down.

### **Suggested helps:**

- Keeping a record of urine output is helpful to the nurse.
- Keep the room free of offensive odor if possible.

## **Incontinent of Urine and Stool**

As death becomes more imminent, the patient will lose control of urine and bowel movements. This is generally due to loss of muscle control.

### **Suggested helps:**

- Let the nurse know so a Foley catheter can be inserted, if desired.
- Disposable pads can be placed under the patient.
- Wash patient's skin often to prevent breakdown of skin tissue.

## **Restless**

The patient may become restless, pulling at bed linens and picking at space. Some may have difficulty lying still. Again, this is related to decreased oxygen in the brain and in the body's metabolism.

- Make sure patient is in no distress.
- Give pain medication if appropriate.

- Keep bed linens free of wrinkles if possible.
- Use touch and a calm voice to reassure patient that you are there.

## Hearing and Vision

Clarity of hearing and vision may decrease slightly.

### Suggested helps:

- Keep lights on constantly in the room when vision decreases, even at night during sleep.
- Always identify yourself when entering room if you are unsure about the patient seeing you.
- Speak in a tone that patient can hear.
- Never assume that the patient cannot hear you. Hearing is often the last of the five senses to be lost. Experts believe a person can hear up to the very last moment of life. Never say anything—when patient is present—that you would not want him to hear.

## Temperature Fluctuation

The arms and legs of the body may become cool to the touch. Usually coolness of the legs and feet are noticed first. Dark purple patches known as mottling may appear on the knees. This is all a result of the circulation of the blood slowing down.

### **Suggested helps:**

- Keep warm blankets on patient's body to prevent him from feeling overly cold.
- Do not use an electric blanket. Burns can result since the circulation is slowing down.

It is also possible for the body temperature to rise extremely high.

### **Suggested helps:**

- If patient has a high temperature, use cool moist cloth to the face.
- A sheet over patient instead of a blanket may be more comfortable.
- Change bed linens often if perspiration is a problem.

## **Breathing Changes**

Patient may mouth breathe in normal response to the heart needing more oxygen. These breaths can be hard and deep or rapid and shallow. They may be accompanied by periods of no breathing, called apnea. As a result the mouth will become very dry. Breathing changes is a normal function as the respiratory system slows down.

### **Suggested helps:**

- Use mouth swabs to moisten mouth.
- Lubricant on lips will prevent cracking.

- Elevating head of bed may ease breathing.

## Swallowing

Patient may lose the ability to swallow, due to decreased muscle tone.

### Suggested helps:

- Elevate head and offer drops of liquid, and only give more if patient swallowed.
- If patient does not swallow, STOP all liquids.
- Keep mouth moist with swab sticks.

## Oral Secretions

Oral secretions may become more profuse and collect in the back of the throat. You may have heard of the “death rattle”. This symptom is a result of the body’s inability to cough up normal saliva production. The noise comes from the passage of air through these secretions, and is generally much more troublesome to families than to the patient.

### Suggested helps:

- Elevating the head of the bed with pillows or by adjusting the hospital bed will help to make breathing easier.

## Periods of Improvement

There seems to be an interval of peace before death, or an improvement in condition.

### Suggested helps:

- Be there! Make the most of the time left if possible.

## Death

Breathing stops. What appears to be the last breath is often followed by one or two long spaced breaths as the excess air is expelled from the lungs.

***The patient is no longer in need of an imperfect body!***

# Symptom Control

During the course of the illness, other symptoms may appear. Listed on the following pages are some symptoms that the patient may experience at any time. Under each symptom several things are listed to help relieve the patient's discomfort.

Of course, notify the nurse or physician as soon as possible when these signs appear and give medications as ordered.

## **Constipation:**

- Encourage physical activity if possible.
- Provide privacy and comfort.
- Give fluids and fruit juices.
- Use bran and Metamucil if adequate fluid intake.
- Give stool softener if ordered.
- Try anything that has worked for patient in past, i.e. prunes, dried fruit, coffee, etc.

## **Cough:**

- Remove irritants from room.
- Keep throat moist with sips of water or hard candy.
- Throat lozenges.
- Humidification, steam vaporizer.

### **Pressure or Bed Sores (Decubitus Ulcer):**

- Relieve pressure with eggcrate mattress, sheepskin, wrinkle-free linens, alternating pressure mattress.
- Turn often, every 2 hours is recommended.
- Lightly massage area to stimulate circulation.
- Give adequate nutrition and fluids if possible.
- Change patient's position as often as possible.
- Increase protein and Vitamin C if possible.
- Protect from physical and chemical irritants.

### **Shortness of Breath (Dyspnea):**

- Elevate head of bed.
- Use cool humidified air.
- Fan in room to circulate air (not blowing directly at patient).
- Keep patient as calm as possible, anxiety makes breathing worse.
- Help patient with breathing exercises and relaxation techniques.
- Educate the patient regarding pacing of activities.

### **Swelling (Edema):**

- Reduce sodium intake if possible.
- Avoid pressure on edematous area.
- Give good skin care.

## **Sleeplessness (Insomnia):**

- If due to fear, explore the reason why and be an active listener.
- Environment should be familiar and quiet. Reduce anxiety.
- Use night light.
- Give back rub.
- A warm to hot drink may be helpful.
- Use relaxation techniques.
- Keep patient active during day if possible.
- Remember, patient will not change long-term habits, re-adjust to patient's schedule.

## **Nausea and Vomiting:**

- Give frequent mouth care.
- Offer food and liquids in small portions.
- Avoid cooking odors that are offensive.
- Avoid the acid, spicy, high fat and sweet foods that may trigger episodes.
- Cold foods are often tolerated better than warm.
- Give medication as ordered.
- Give small frequent feedings.

### **Diarrhea:**

- Liquid diet at room temperature.
- If lactose intolerance, eliminate dairy products.
- Use skin barrier to protect skin, i.e. A & D ointment, Desitin ointment, Vaseline.
- Give medication as ordered.
- Encourage elemental diet (bananas, potatoes, cheese).

### **Dry Mouth/Tongue:**

- Use good oral hygiene.
- Use toothettes or mouth swabs.
- Brush teeth with soft toothbrush every 12 hours.
- Mouthwash of Hydrogen Peroxide and water 1:4 every 12 hours is helpful.
- Ice chips or sour candy.
- Vaseline to prevent lips cracking.

### **Heartburn (Dyspepsia):**

- Avoid spicy foods.
- Eat frequent small meals.
- Antacids may be helpful, i.e. Mylanta, Tums.

### **Difficulty Swallowing (Dysphagia):**

- Give good oral hygiene.
- Position patient so the head is elevated.

- Liquid or soft foods may be easier to swallow.
- Avoid hard, dry or large pieces of food.
- Give small amount of water first, to lubricate throat.
- Never give fluids if patient cannot swallow or chokes.

### **Itching (Pruritus/Rash):**

- If due to dry skin, creams may be helpful.
- Avoid hot baths.
- Avoid irritants and soap.
- Use cotton clothing and bed linens.
- Rinse clothing with white vinegar to remove soap.

### **Seizures:**

- Remain calm, most seizures will soon pass.
- Do not force open patient's mouth.
- Do not attempt to restrain patient.
- Do not attempt to move patient or feed patient for 30 minutes after seizure.
- Expect patient to sleep afterwards.
- Notify nurse.

### **Dizziness (Vertigo):**

- Advise patient to move slowly.
- Avoid swift head movements.

- Avoid looking upward.
- Encourage slow change of position, especially from sitting or standing.

### **Odors:**

(from wounds, pressure sores, rectal discharge, ostomy)

- Scented soaps, talcum powder and colognes may be helpful.
- Scented air fresheners should generally be avoided because they tend to mix with existing smells rather than removing them.
- Electric air cleaners are helpful and can be left on if the noise does not disturb the patient.
- Specialized deodorant sprays are available for use when colostomy bags are emptied or dressings are changed.
- Frequent bed bath.
- Frequent washing and changing of an incontinent patient.

# The Green Caterpillar

“Life is hard these days, I am sure,” said the green caterpillar as it crawled a quarter of an inch over the cabbage leaf in the garden. “I’ve just about come to the conclusion that it is not worth living. Who would wish to be a caterpillar and spend his days like this?” And the caterpillar groaned in disgust and looked up at the robin that sang a song from the topmost branch of a nearby tree.

“Cheer up! Cheer up!” said the robin as he sang from the apple tree. “I was not always able to fly around in the sunshine. Once I was wrapped up in a shell, where one might suppose I was doomed to spend my whole life, but the day came when I broke my shell and found myself with three others just like me in a nest. My mother taught me to be confident that one day I’d be able to use my wings and fly for myself.”

“But I have no wings,” said the caterpillar. “A green caterpillar I was born and a green caterpillar I shall die.”

At this the robin gave a long, long chirp. “But you will have wings,” he trilled. “Only have courage and believe and you will be much happier. Some day you will be a butterfly.”

“I already feel very miserable,” said the caterpillar, “so please do not say such nonsense.”

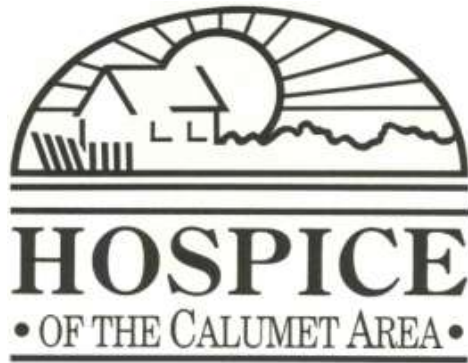
The caterpillar grew tired. It made a small home-made bed, called a cocoon, and took a long sleep. Soon the cocoon opened and all that was left of the caterpillar was an empty shell where had once been a green caterpillar.

In its place, poised on eager wings, was a joyous creature — a radiant butterfly. And the butterfly that was once a caterpillar, quivered in an ecstasy of joy as his wings vibrated in the sunlight of the morning, and he soared away. And the little robin in the apple tree who had been a silent spectator all the time, burst into a song of joy that rang throughout the bright blue skies.

## Sweet Recompense

*After the clouds the sunshine,  
After the winter the spring,  
After the shower the rainbow,  
For life is a changeable thing.  
After the night the morning,  
Bidding all darkness cease,  
After life's cares and sorrows,  
The comfort and sweetness of peace.*

***Poem by: Helen Steiner Rice***



*Hospice helps the  
terminally ill and their  
loved ones live with  
dignity—In a place where  
the sounds and sights of  
life surround them—A  
place like no other—  
Home.*