

The doctors and nurses would have explained to you that there has been a change in your loved one's condition, and believe the person you care about has now entered the dying phase. This may be measured in hours or days, however it is recognised that each person is unique, and therefore a person may either live longer, or die sooner than expected.

Te Ara Whakapiri - care in the last days of life is the national guideline endorsed by the Ministry of Health to assist health professionals to provide holistic, quality care at end of life, and will now be used by staff caring for your loved one. Your relative will be reviewed regularly by health professionals to assess for comfort and changing needs.

Discussions with you about the care of your loved one will be inclusive to ensure that you fully understand the reasons why decisions are being made*.

We encourage you to ask questions so that a unified approach to your loved one's end-of-life care is understood by all concerned, and agreed.

If for some reason your loved one's condition improves, then the plan of care will be reviewed and may be changed.

***Please note** - your family/whānau or friend may have an Enduring Power of Attorney (EPOA) under the Protection of Personal and Property Rights (PPPR) Act 1998. If so, final decisions would have to be made according to the terms of that document.

Communication

Clear communication between the healthcare team, the person at end -of-life, and their family/whānau is extremely important, so keeping you updated is a priority.

We encourage you to discuss with the doctors and nurses what is important to your loved one. Understanding your loved one's wishes, including any specific cultural or spiritual needs will be important for the healthcare team to know.

Comfort

Staff will take a discretionary approach as they will not want to intrude on family time together. However regular assessment on comfort and needs will be ongoing.

Family/whānau may wish to assist in some of the more physical aspects of their loved one's care e.g mouth cares, repositioning, bathing etc.

Memorabilia such as photographs and/or music may also be of comfort.

Medication

Medication that is not necessary or helpful at this time may be discontinued and new medications prescribed.

Medications for symptom management will be utilised as required and will be reviewed regularly in order to optimise comfort.

Understanding the changes that may occur before death

Even when your loved one is settled and comfortable, it can be distressing for family / whānau or friends to observe at this time.

Therefore you may benefit from understanding some of the common signs and symptoms that indicate death may be approaching. It is important to know that these signs and symptoms may not always be experienced as each person approaches death differently.

- **Sleep** - May spend more time sleeping and may be more drowsy when awake.
- **Food and fluids** - May have a reduced appetite and experiences little or no interest in food and fluid intake.
- **Temperature** - May have fluctuations in body temperature, either cool to the touch, or hot and clammy.
- **Changes in level of consciousness** - May become unresponsive and no longer able to hold a conversation.
- **Circulation** - May have changes in circulation such as discolouration or mottled effect on the skin.
- **Breathing** - May develop abnormal breathing patterns due to the respiratory system slowing down. When there is long pauses between breaths, this is known as Apnoea or Cheyne Stoking.
- May experience accumulation of saliva and secretions that create noisy breathing.
- **Confusion/restlessness/agitation** - May develop terminal delirium, agitation, or restlessness. This may occur for multiple reasons e.g. full bladder, being uncomfortable, pain, or changes in brain function.