

# Recognising Dying

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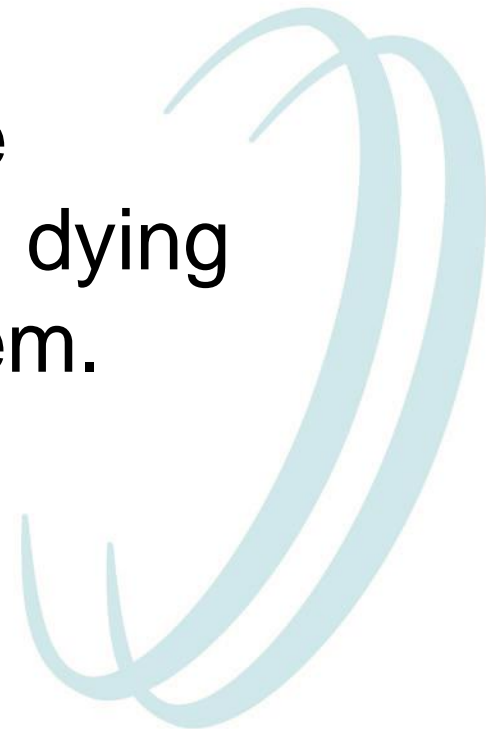
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# Aim

Participants will have:

- a better understanding of how to recognise when a person may be entering the last days of life.
- Understand the need for sensitive communication between staff, the dying person and those important to them.



# Key Point

Recognising that a patient is probably dying is perhaps “the” most important factor in enabling achievement of all factors we associate with a “good death”.

(Faull and Nicholson, 2012)



# Barriers to recognising a person may be dying

- Hope that the patient may get better.
- No definitive diagnosis
- Pursuing unrealistic or futile interventions
- Disagreement in the team about the patient's condition
- Failure to recognise key symptoms and signs
- Lack of knowledge about how to prescribe for symptom management



# Barriers to recognising a person may be dying

- Poor ability to communicate with the family and patient
- Concerns about withdrawing or withholding treatment
- Fear of hastening death
- Concerns about resuscitation
- Cultural and spiritual barriers
- A fear of medical negligence



# Recognising when a person may be in the last days of life

- Can often be difficult to be certain that a person is dying.
- Recommendations in NG31 (NICE 2015) should supplement individual clinical judgement that is needed to make decisions about the level of certainty of prognosis and how to manage any uncertainty.



# The recommendations in NG31 can be used to help health care professionals to recognise when a person

- May be entering the last days of life
- deteriorating
- stabilising
- Improving (even temporarily)



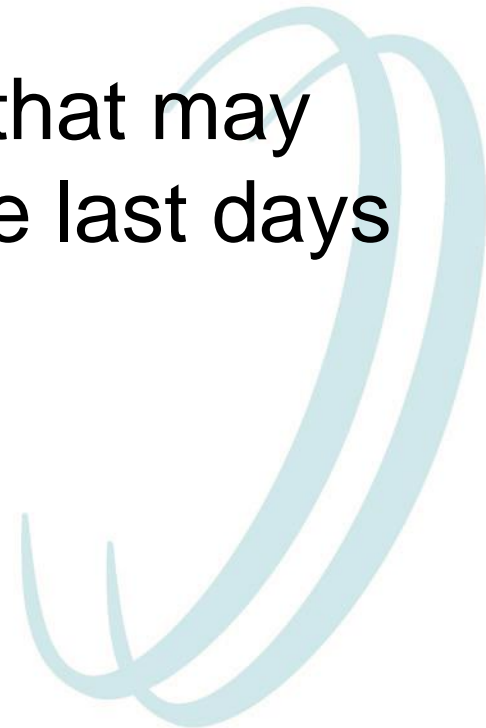
# If it is thought that a person may be entering the last days of life gather and document information on:

1. The person's physiological, psychological, social and spiritual needs.
2. Current clinical signs and symptoms.
3. Medical history and the clinical context, including underlying diagnoses.
4. The person's goals and wishes
5. The views of those important to the person about future care.



# Recognising the last days of life

- Assess for signs and symptoms that indicate the person may be in the last days of life.
- Review any investigation results that may suggest the person is entering the last days of life.



# Recognising the last days of life

## Signs

Restlessness/agitation

Mottled skin and feeling cold to touch

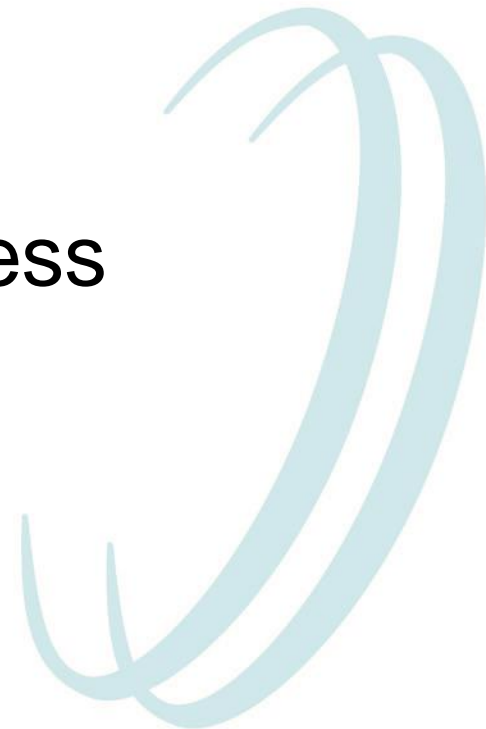
Cheyne-Stokes breathing

Noisy chest secretions

Decreased consciousness/drowsiness

Progressive weight loss

Gaunt physical appearance



# Recognising the last days of life

## Symptoms

Increasing fatigue

Loss of appetite

Poor concentration

Loss interest



# Recognising the last days of life

## Functional observations

Being less able to communicate

Deteriorating mobility or performance status

Social withdrawal

Difficulty swallowing tablets



# Recognising the last days of life

## Signs

Agitation  
Mottled skin  
Cheyne-stokes breathing  
Noisy respiratory secretions  
Deterioration in level of consciousness  
Progressive weight loss

## Symptoms

Increasing fatigue  
Loss of appetite

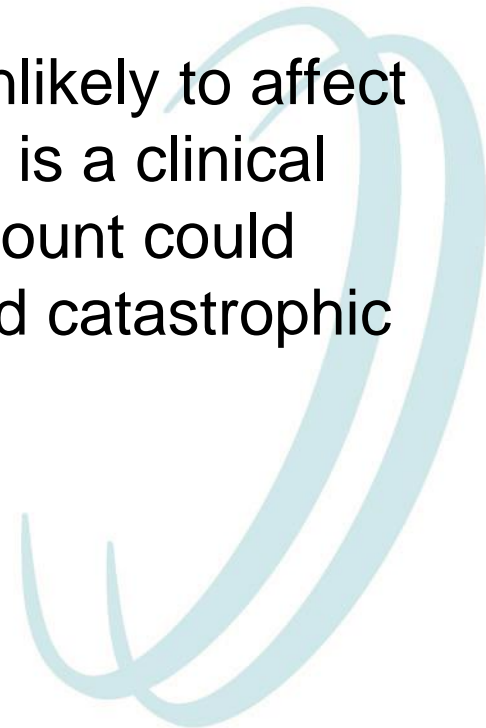
## Functional observations

Changes in communication  
Deteriorating mobility or performance status  
Social withdrawal



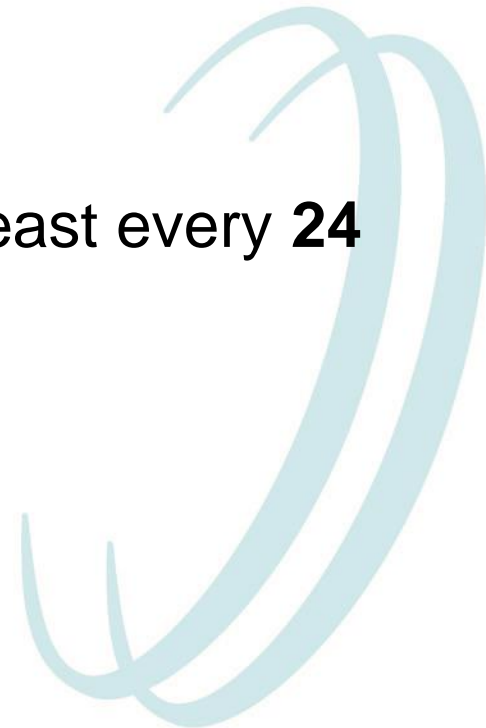
# Recognising the last days of life

- Be aware that improvement in signs and symptoms or functional observations could indicate that the person may be stabilising or recovering.
- Avoid undertaking investigations that are unlikely to affect care in the last few days of life unless there is a clinical need to do so, for example, when a blood count could guide the use of platelet transfusion to avoid catastrophic bleeding.



# Recognising the last days of life

- Use the knowledge gained from the assessments and other information gathered from the multi-professional team, the person and those important to them, to help determine whether the person is nearing death, deteriorating, stable or improving
- Monitor for further changes in the person at least every **24 hours** and update the person's care plan.



# Recognising the last days of life

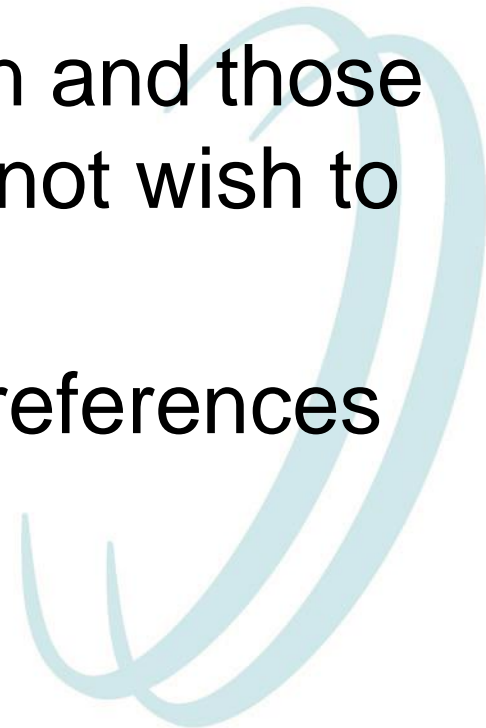
If there is a high level of uncertainty (for example, ambiguous or conflicting clinical signs or symptoms):

- Seek advice from colleagues with more experience of providing end of life care about whether a person is entering the last days of life, may be stabilising or if there is potential for even temporary recovery.



# Communication

- Establish communication needs, expectations and current level of understanding
- Discuss prognosis with the multi-professional team and document
- Discuss prognosis with the person and those important to them unless they do not wish to be informed
- Consider advanced statements/preferences for care



# Communication

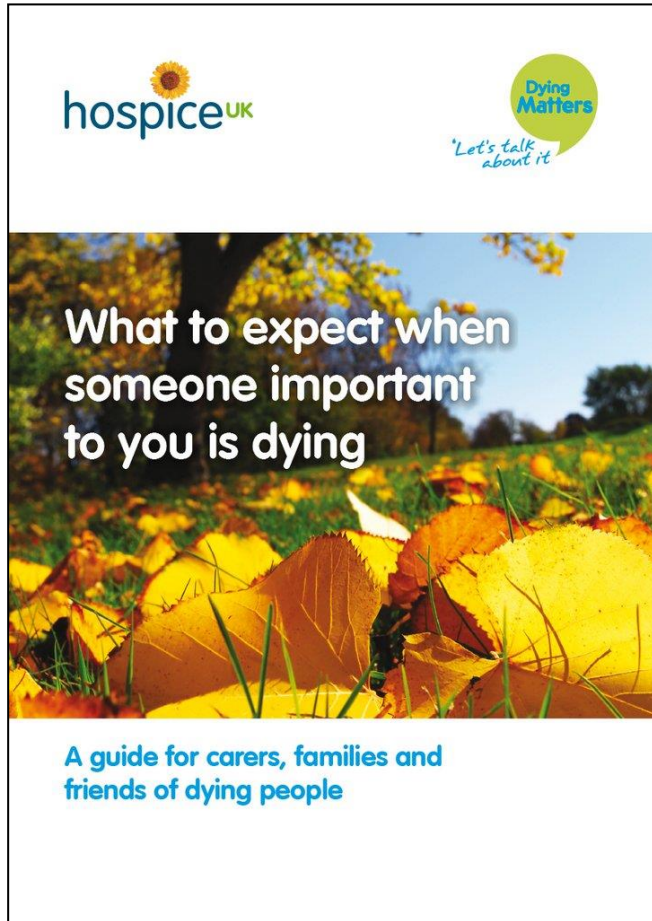
<http://www.sad.scot.nhs.uk/video-wall/>



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# New information booklet



- To help carers, families and friends of the dying person to understand the dying process.
- Written information is used to enhance verbal communication.
- It should not replace a face to face conversation with the patient and/or carer



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# References

Faull, C. Nicholson, A (2012) Terminal care and dying. In: Faull, C. DE Caestecker, S. Nicholson, A. and Black, F. eds. *Handbook of Palliative Care*. 3<sup>rd</sup> ed. New Jersey: John Wiley and Sons, Inc, 295 – 313.

Leadership Alliance for the Care of Dying People (2014) *One Chance to get it right. Improving people's experience of care in the last few days and hours of life*. London: LACDP.

National Institute for Health and Care Excellence (NICE) (2015) Care of dying adults in the last days of life. NICE.

<https://www.nice.org.uk/guidance/ng31>



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**Thank you for  
listening ....**

Any questions



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