

Table 2-6: Clinical Issues and Family/Caregiver Support As Patients Approach the End of Life \*

<b>PROGNOSTIC TIME-FRAME FOR APPROACHING END-OF-LIFE</b>				
<b>Clinical Issues</b>	<b>Months</b>	<b>Weeks</b>	<b>Days</b>	<b>Last 24-48 Hours</b>
<b>Medical</b>	<ul style="list-style-type: none"> <li>• Increased fatigue</li> <li>• Increased sleep</li> <li>• Decreased interest in eating</li> <li>• Increased pain, other symptoms</li> </ul>	<ul style="list-style-type: none"> <li>• Increased time in bed</li> <li>• Insomnia</li> <li>• Decreased interest in food &amp; drink</li> <li>• Decreased energy</li> <li>• Difficulty walking</li> </ul>	<ul style="list-style-type: none"> <li>• Incontinence</li> <li>• Sleep pattern reversal</li> <li>• Sweats</li> <li>• Confusion</li> <li>• Cognitive failure</li> <li>• Changes in skin (pallor)</li> <li>• Respiratory changes</li> </ul>	<ul style="list-style-type: none"> <li>• Somnolence</li> <li>• Restlessness</li> <li>• Agitation</li> <li>• Gradual or sudden loss of consciousness</li> <li>• Further changes in skin color</li> <li>• Periodic breathing</li> <li>• Gurgling</li> <li>• Moaning</li> <li>• Delirium</li> </ul>
<b>Emotional</b>	<ul style="list-style-type: none"> <li>• Increased need for closeness, talking, physical contact</li> <li>• Social withdrawal</li> <li>• Increased sadness, crying</li> <li>• Seeking closure, expressing feelings of love</li> </ul>	<ul style="list-style-type: none"> <li>• May talk about funeral arrangements</li> <li>• Periods of intense emotional expression</li> <li>• “Bargaining”</li> <li>• Life review, discussion of past events</li> <li>• Reassuring family</li> <li>• Fear of sleep</li> </ul>	<ul style="list-style-type: none"> <li>• More peaceful, quiet</li> <li>• Increased communication</li> <li>• Signs of final closure/Saying “Goodbye”</li> <li>• Increased anxiety</li> </ul>	<ul style="list-style-type: none"> <li>• May be unresponsive or minimally responsive</li> <li>• Confusion, delirium, inability to express emotions clearly</li> </ul>
<b>Spiritual</b>	<ul style="list-style-type: none"> <li>• Increased interest in spiritual matters</li> <li>• Prayer</li> <li>• Contact with religious/spiritual leader</li> <li>• Questioning faith</li> </ul>	<ul style="list-style-type: none"> <li>• Dreams or visions of deceased loved ones</li> <li>• Increased faith in God</li> <li>• Periods of quiet reflection</li> </ul>	<ul style="list-style-type: none"> <li>• Increased clarity in thinking &amp; emotions</li> <li>• Increased sense of peace and transcendence</li> </ul>	<ul style="list-style-type: none"> <li>• Perception of other dimensions of experience</li> <li>• Increased sense of peace</li> <li>• Deep peaceful sleep</li> </ul>

Table 2-6: Clinical Issues and Family/Caregiver Support As Patients Approach the End of Life \* (continued)

**PROGNOSTIC TIME-FRAME FOR APPROACHING END-OF-LIFE**

Clinical Issues	Months	Weeks	Days	Last 24-48 Hours
<p><b>Family/Caregiver Support and Education</b></p>	<ul style="list-style-type: none"> <li>• Allow patient to dictate food preferences</li> <li>• Offer &amp; encourage food/fluids (never pressure or force)</li> <li>• Offer assistance with walking</li> <li>• Help create a comfortable, safe environment</li> <li>• Work closely with treatment team &amp; report any new or worsening, symptoms or problems</li> <li>• Provide emotional support</li> <li>• Listen</li> <li>• Try not to deny patient's acceptance of illness by saying "everything will be OK"</li> <li>• Allow patient to cry &amp; vent emotions</li> <li>• Do not minimize sad feelings</li> <li>• Pray with patient if possible</li> <li>• Assist in contacting spiritual leader</li> </ul>	<ul style="list-style-type: none"> <li>• Support patient's choices to rest as needed</li> <li>• Continue to report any increase in pain or symptoms to the treatment team</li> <li>• Monitor any changes in sleep patterns, eating etc.</li> <li>• Support discussion of end-of-life wishes</li> <li>• Moderate visiting so patient can rest</li> <li>• Allow for life review discussion, reminiscing</li> <li>• Provide physical contact: back rub, foot massage</li> <li>• Communicate feelings of love, acceptance</li> <li>• Leave bedroom light on if fearful of the dark</li> <li>• Reassure frequently that loved ones will be present whenever possible</li> <li>• Participate in discussion of spiritual issues</li> </ul>	<ul style="list-style-type: none"> <li>• Keep patient clean &amp; dry</li> <li>• Reposition frequently if unable to move</li> <li>• Offer, don't force foods/fluids</li> <li>• Be aware of level of consciousness, ability to swallow prior to feeding</li> <li>• Provide physical contact</li> <li>• Moisten lips with ice chips, swabs</li> <li>• Continue verbal communication, play favorite or soothing music</li> <li>• Family may keep bedside vigil</li> <li>• Remember to rest &amp; eat whenever possible (for care providers)</li> <li>• Pray with patient</li> </ul>	<ul style="list-style-type: none"> <li>• Provide warm/cool compresses as needed if cold/sweating</li> <li>• Talk to patient (even if unresponsive)</li> <li>• Report changes in breathing to treatment team (and be reassured about "normal" breathing changes at end-of-life)</li> <li>• Notify team if patient appears uncomfortable (frowning, grimacing, furrowed brow)</li> <li>• Provide medications as needed/directed</li> <li>• Talk with patient &amp; express emotions</li> <li>• Provide verbal and nonverbal support through words &amp; actions</li> <li>• Saying goodbye &amp; "giving permission" to go is also appropriate at this time</li> <li>• Reassure patient</li> <li>• Express love, acceptance</li> <li>• Participate in supportive rituals</li> </ul>

\*This a listing of representative symptoms and signs that can occur as patients approach the end-of-life, along with specific suggestions for family/caregiver support and education at each stage. Not all findings may occur in all patients, and the final course of illness may differ significantly between patients.

Each category also may include some or all of the symptoms and signs mentioned in the preceding categories as patients approach end-of-life.