

SUBJECT: CARE OF DYING PATIENTS
Policy: PC 370
Effective Date: 8/8/2024
Revision Date:

Provision of Care Policies & Procedures

POLICY

The Hospital cares for the dying patient with respect, dignity and consideration by providing physical, emotional and spiritual comfort for the patient and their family or significant others.

PURPOSE

- The Hospital cares for the dying patient in a manner that provides physical, emotional and spiritual comfort.
 - Patients who show signs of impending death are provided compassionate care and comfort.
 - Signs of impending death include, but are not limited to:
 - Reduced and/or irregular respiratory rate and depth
 - Decreased or absent blood pressure
 - Weak or erratic pulse rate
 - Lowered skin temperature
 - Decreased level of consciousness, difficult to arouse
 - Diminished senses and neuromuscular control
 - Diaphoresis
 - Pallor
 - Incontinence
- The dying patient also needs emotional and spiritual support, but at this final stage such support most often means simple reassurance, someone's physical presence to ease any fear and loneliness, or familiar prayers if desired, to help give them support and strength as they prepare for the end of life. More intense emotional support is important at earlier stages, especially in the patient with long-term progressive illness who may be working through the stages of dying.
- To meet the dying patient's physical needs:

SUBJECT: CARE OF DYING PATIENTS
Policy: PC 370
Effective Date: 8/8/2024
Revision Date:

Provision of Care Policies & Procedures

- Take vital signs often and observe for pallor, diaphoresis and decreased level of consciousness.
- Reposition the patient in bed at least every 2 hours, because sensation, reflexes and mobility diminish first in the legs and gradually in the arms. Make sure the bed sheets cover the patient loosely to reduce discomfort caused by pressure on arms and legs.
- Change the bed linens and the patient's gowns as necessary, because the body temperature may rise, causing diaphoresis. Provide skin care during gown changes, and adjust the room temperature for patient comfort, if necessary.
- When the patient's vision and hearing start to fail, turn his/her head toward the light and speak to the patient from near the head of the bed. Because hearing may remain acute despite loss of consciousness, avoid whispering or speaking inappropriately about the patient in his/her presence.
- Observe for incontinence or anuria, the result of diminished neuromuscular control or decreased renal function. If necessary, obtain an order to catheterize the patient or place a pad beneath the patient's buttocks. Provide perineal care to prevent irritation or discomfort.
- Suction the patient's mouth and upper airway to remove secretions. Elevate the head of the bed to decrease respiratory resistance. As the patient's condition deteriorates, he/she may breathe mostly through the mouth.
- Offer fluids as appropriate and lubricate the patient's lips and mouth with lemon glycerin swabs to counteract dryness.
- If the comatose patient's eyes are open, provide appropriate eye care to prevent corneal ulceration. Such ulcerations can cause blindness and prevent the use of these tissues for transplant should the patient not recover.
- Provide ordered pain medications, as needed.
- To meet the dying patient's emotional and spiritual needs:
 - Fully explain all care and treatments to the patient (even if the patient is unconscious, because he/she still may be able to hear). Answer the patient's questions as candidly as possible, without extinguishing hope.

SUBJECT: CARE OF DYING PATIENTS
Policy: PC 370
Effective Date: 8/8/2024
Revision Date:

Provision of Care Policies & Procedures

- Allow the patient to express his/her feelings, which may range from anger to loneliness. Take time to talk with the patient. When doing so, sit near the head of the bed. Avoid looking rushed or unconcerned.