RECOGNISING DYING

Recognising dying can be complex. Many older people living in residential care are frail and have one or more chronic illnesses. The changes will vary from person to person and may affect all major organs of the body, including the brain, heart, lungs, liver and kidneys.

Common signs a person may be in their last days of life

- Rapid day to day deterioration where the residents condition keeps getting worse
- Needing more frequent care
- Moving in and out of consciousness
- Finding it harder to swallow
- Refusing or unable to eat, drink or take oral medications
- Losing a lot of weight
- Becoming increasingly tired and very weak
- Breathing becoming more difficult
- Becoming restless, agitated and confused

Multidisciplinary Assessment

If the above signs and symptoms are present a Multidisciplinary team assessment is required. Assessment considerations include;

- Is there a reversible cause? E.g. hypercalcemia, delirium, drug toxicity
- Could the resident be approaching the last days of life
- Is further support needed to assess condition? Is referral to specialist palliative care appropriate?

Communication

The resident (if appropriate), health professionals caring for the resident, and family and whanau communication is focussed on recognising and understanding

- wishes –review the Advance Care Plan if available
- fears and concerns around dying
- preferences and appropriateness of place of death
- level of information required

Plan of Care

The plan of care focuses on individual needs and comfort. A Last days of life care plan is developed in consultation with the resident (if appropriate) and family and whanau.

Regular assessment of all care needs will ensure comfort and dignity. Changes can occur rapidly in the last days of life and anticipatory and prompt response is necessary for residents. The care plan should include after hours planning.

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