What to Expect: Last Days

Signs of Imminent Death[1-12]

Most patients will display an array of clinical signs indicating death is imminent, which is often referred to as imminent death, impending death, or actively dying. These signs occur early or late. Early signs occur approximately one week prior to death while late signs occur approximately three days prior to death.

- Early signs of imminent death
  - Decreased performance status
  - Dysphagia of liquids
  - Decreased level of consciousness
- Late signs of imminent death
  - Altered respirations (Cheyne-Stokes breathing, respirations with mandibular movement)
  - Death rattle
  - Decreased response to verbal or visual stimuli
  - Decreased urinary output
  - Drooping of nasolabial fold, neck hyperextension, inability to close eyelids, grunting of vocal cords
  - Non-reactive pupils
  - Peripheral cyanosis, pulselessness of the radial artery
  - Upper GI bleed

General Management of Imminent Death[1,3]

- Palliate symptoms: Use non-pharmacologic and/or pharmacologic interventions (Table 1). Consider the appropriateness of adding a comfort care kit.
- Deprescribe unnecessary medications: Taper or discontinue medications not necessary for symptom control.
- Review the route of administration: Ensure route of administration is appropriate based on patient's current swallowing status and expected decline.
- Discontinue unnecessary procedures or monitoring: Discontinue procedures and monitoring that do not contribute to symptom control.

Conducting a Death Visit[13]

- Death Pronouncement: Laws regarding death pronouncement vary by county and state. Contact your county Coroner's office and/or your state board of nursing if you have questions.
  1. Observe for unresponsiveness, absence of respirations, absence of pulse, and fixed, dilated pupils.
  2. Auscultate for a heartbeat for a full 2-3 minutes.
  3. If death is confirmed, cover patient with a sheet to the shoulder or mid chest region. Never cover the head unless requested by family. Fold hands over the stomach.
- Post-Pronouncement Care
  1. Console family.
  2. Make required calls to the physician, Coroner's office, and/or funeral home.
  3. Provide post-mortem care.
- Providing Post-Mortem Care
  1. If death is a Coroner's case, do not provide post-mortem care.
  2. Lay patient flat with one pillow under the head.
  3. Remove all catheters, tubes, and jewelry (except wedding rings). Provide jewelry to family.
  4. Do not shave the patient but provide all other skin, mouth, and hair care. Provide a bed bath. Clean the mouth and place dentures. Comb hair.
  5. Apply clean wound dressings. Provide clean linens and incontinence pad.
  6. Dress the patient. Cover patient with a sheet to the shoulder or mid chest region. Never cover the head unless requested by family. Fold hands over the stomach.
  7. Place a chair and tissues at the bedside. Invite family to spend time with patient.
  8. Assist family with medication disposal.

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Table 1. Interventions to Palliate Distressing End-of-Life Symptoms[1,3,5,14-17]

Symptom	Interventions

Delirium	• Address reversible cause(s)
	• Orient the patient; encourage family and friends to visit and reorient
	• Offer fluids
	• Provide vision and hearing aids
	• Ensure adequate sleep and pain control
	• Avoid psychoactive medications when possible; involve IDT to manage anxiety or spiritual distress
	• Initiate an antipsychotic if delirium remains distressing
	  ○ Haloperidol (Haldol®) 0.5 mg PO/SL q6h prn agitation
	  ○ Quetiapine (Seroquel®) 25 mg PO BID if patient has a diagnosis of Lewy body dementia or Parkinson's disease

Dysphagia of Liquids	• Rule out potentially reversible causes, such as infection (e.g., candidiasis, herpes) or medications (e.g., CNS depressants, anticholinergics, or drugs that cause esophageal injury)

Dyspnea	• Encourage deep, slow breathing
	• Improve air circulation and quality (e.g., use fans, open windows, adjust room temperature and humidity)
	• Reposition upright using a 30- to 90-degree incline
	• Encourage relaxation with a calm environment
	• Reduce need for exertion
	• Initiate pharmacologic strategies if dyspnea remains distressing
	  ○ Initiate an opioid: Morphine (20 mg/mL) 5 mg (0.25 mL) PO/SL q4h PRN dyspnea
	  ○ Use a benzodiazepine for dyspnea associated with anxiety: Lorazepam (Ativan®) 0.25-0.5 mg PO/SL/PR q4-12h PRN or ATC

Fever	• Provide cooling blankets, ice packs, sponge baths, or fans
	• Consider adding an antipyretic for symptomatic fever
	  ○ Acetaminophen 650 mg PO/PR q6h PRN symptomatic fever
	  ○ Ibuprofen 400 mg PO q6h PRN symptomatic fever

Immobility	• Maintain hygiene • Prevent pressure injuries • Provide a therapeutic environment
Reduced Urinary Output	• Rule out potentially reversible causes, such as retention due to constipation, BPH, or medications ○ Place a Foley catheter if urinary retention is suspected or confirmed

Terminal Secretions	• Preferred first-line intervention: Reposition patient with head slightly elevated and on their side to facilitate drainage of secretions
	• Provide mouth care
	• Discontinue or decrease oral fluids, parenteral hydration, or tube feedings that may contribute to the development of terminal secretions
	• Initiate an anticholinergic medication to prevent the future development of secretions if repositioning is ineffective. Use either
	  ○ Atropine 1% (Isopto® Atropine) ophthalmic solution give 2 gtts SL q4h PRN secretions
	  ○ Hyoscyamine (Levsin®) 0.125 mg SL tablets q4h PRN secretions.

Upper GI Bleed	• Prepare family, patient, and caregivers if risk factors are present • Have crisis orders in place with medications at the bedside • Provide dark towels and sheets (black, navy, or brown) to hide the sight of blood • Instruct on positioning of the patient • Evaluate appropriateness of medications that increase bleeding risk and discontinue when able

References

1. National Cancer Institute. Last Days of Life. April 14, 2023. https://www.cancer.gov/about-cancer/advanced-cancer/caregivers/planning/last-days-hp-pdq Accessed June 27, 2023.
2. Alsuhail A, Duraisamy BP, Alkhudhair A, et al. The accuracy of imminent death diagnosis in a palliative care setting. Cureus. 2020;12(8):e9503.
3. Harman S, Walling A. Palliative care: the last hours and days of life. In: Bruera E, ed. UpToDate. Waltham, MA. Accessed June 27, 2023.
4. Bateman J. Kennedy Terminal Ulcer. Fast Facts and Concepts #383. 2019. https://www.mypcnow.org/fast-fact/kennedy-terminal-ulcer/ Accessed June 27, 2023.

5. Bickel K, Arnold R. Fast Facts and Concepts #109. Death rattle and oral secretions. 2022. https://www.mypcnow.org/fast-fact/death-rattle-and-oral-secretions/ Accessed June 27, 2023.
6. Bruera S, Chisoholm G, dos Santos R, et al. Variations in vital signs in the last days of life in patients with advanced cancer. J Pain Symptom Manage. 2014;48 (4):510-7.
7. Ellershaw J, Ward C. Care of the dying patient: the last hours or days of life. BMJ 2003;326(7379):30-34.
8. Hirakawa Y, Uemura K. Signs and symptoms of impending death in end-of-life elderly dementia sufferers: point of view of formal caregivers in rural areas: -a qualitative study. J Rural Med. 2012;7(2):59- 64.
9. Hui D, dos Santos R, Chisholm G, et al. Clinical signs of impending death in cancer patients. The Oncologist. 2014;19(6):681-7.
10. Hui D, Dos Santos R, Chisholm G, et al. Bedside clinical signs associated with impending death in patients with advanced cancer: preliminary findings of a prospective, longitudinal cohort study. Cancer. 2015;121(6):960-7.
11. van der Heide A, Veerbeek L, Swart S, et al. End-of-life decision making for cancer patients in different clinical settings and the impact of the LCP. J Pain Symptom Manage 2010; 39(1):33-44.
12. Reeve E, Thompson W, Farrell B. Deprescribing: a narrative review of the evidence and practical recommendations for recognizing opportunities and taking action. Eur J Intern Med. 2017;38:3-11.
13. Hospice Nurse Hero. Post-Mortem Nursing Interventions. February 5, 2022. https://hospicenursehero.com/end-of-life-care-nursing-interventions/ Accessed June 27, 2023
14. Geiger-Hayes J. Fever. In: Protus BM, Kimbrel J, Grauer P, eds. Palliative Care Consultant: Guidelines for Effective Management of Symptoms. 4th Edition. Montgomery, AL: HospiScript; 2015:90-94.
15. Grauer P. Anxiety. In: Protus BM, Kimbrel J, Grauer P, eds. Palliative Care Consultant: Guidelines for Effective Management of Symptoms. 4th Edition. Montgomery, AL: HospiScript; 2015:28-35.
16. Grauer P. Dyspnea. In: Protus BM, Kimbrel J, Grauer P, eds. Palliative Care Consultant: Guidelines for Effective Management of Symptoms. 4th Edition. Montgomery, AL: HospiScript; 2015:79-84.
17. Grauer P. Secretions. In: Protus BM, Kimbrel J, Grauer P, eds. Palliative Care Consultant: Guidelines for Effective Management of Symptoms. 4th Edition. Montgomery, AL: HospiScript; 2015:189-194.