

Days and Hours Before Death – Signs and Symptoms

Some people want to know if they will be able to tell when the death of their loved one is near, while others prefer not to know. If you don't want to know, we recommend you not read this section.

Please keep in mind that it is seldom possible to predict exactly when a person will die. However, knowing the common signs and symptoms your loved one could experience may help you feel better prepared.

Your loved one may experience some or all of these symptoms or ones not included on this list. If you have questions, please ask your hospice care team.

Breathing Patterns

As a person gets closer to death, breathing pattern may change. Sometimes there is:

- › longer pauses between breaths, called apnea
- › deep rapid breathing
- › shallow rapid breathing

Confusion and Disorientation

Your loved one may see, hear, or experience things that you do not, like talking to someone who is not there. They may know they are approaching end of life. This is normal.

Confusion may be accompanied by agitation. Your loved one may

- › move around in an agitated manner
- › try to get out of bed, even when unsafe to do so
- › cry or yell out
- › speak nonsense
- › pick at their clothes or bed sheets

For many people, it is often hard to see your loved one going through this process. Medications may help lessen these symptoms and keep the patient comfortable and safe.

Food and Liquids

It may provide some comfort to know that the majority of people nearing death do not eat or drink, nor do they feel hunger. Our bodies no longer need or use nutrients as we near the end of life. Food and drinks do not taste good, and are often difficult to swallow or digest.

It can be hard for caregivers when their loved one does not want to eat or drink, but it's a normal part of the dying process. Because of decreased input, and other physiological reasons, there will likely be a decrease in stool and urine output as well.

Fear of the Dying Process

Some may be afraid of not knowing what to expect as death nears, or they may fear a painful death. Your hospice team can help educate patients and families about pain and symptom management that may help to alleviate many of these perceived fears.

Fever

Some people have an elevated body temperature in the last days or hours of life. If your loved one is not awake or cannot swallow, there are rectal acetaminophen suppositories that can be used. There are also non-medication ways to reduce fever including, using a cool cloth on the patient's forehead, behind their neck or in their groin area, a gentle fan can also help cool them down. Make sure that clothing or bedding is not heavy or confining.

Glazed Eyes

Many people do not see or track things well when they are nearing the end of life. Their eyes may appear glazed or may not close all the way.

Pre-Death Energy Surge

Some people experience a brief surge in energy in the hours or days before death. This may last from a few minutes to several hours. During this time, your loved one may talk more, be interested in engaging in conversation, or interested in eating or drinking. This may be a good time to be present with the loved one and enjoy the time together.

Secretions and Rattling Sound

Your loved one may have saliva or secretions that pool in the back of their throat and chest causing them to cough and even sound like they are choking. Although this may be frightening or disconcerting to witness, this does not mean your loved one is uncomfortable. Some people refer to this as the “death rattle.” There is a distinct gurgling, rattling sound that often happens to one’s breath in the hours and days prior to death. If this symptom becomes troublesome, ask your hospice team about medication that may help with this. Again, this is a normal part of the dying process.

Sleep

Your loved one may sleep most, if not all, of the time. At some point, they may not wake easily. Hearing is usually the last sense to be lost. Continuing to speak to a loved one, telling them who you are and explaining what you are doing is both reassuring and calming.

Skin

Your loved one’s skin may be pale or clammy. When death is very imminent, or has just occurred, skin will be cool to the touch. The bottoms of the feet, palms of the hands, and area surrounding the mouth may be bluish in color.

Withdrawal

Your loved one may begin to lose interest in the world around them, drawing into themselves. They may speak less and have more time when they need to be quiet or need to sleep as they begin to transition from the outer world to their inner world. Gentle touch and presence can be a great reassurance.

It is common to have questions or concerns about symptoms. Please feel free to talk with your hospice care team.

What To Do When Your Loved One Is Actively Dying

Before death, people may think about whom they want with them when their loved one is dying. Some may want a close family member with them, others prefer a trusted spiritual leader, and some want to be alone with their loved one.

Many people like to softly hold their hand or lie next to their loved one as they face death. You may choose to gently speak to your loved one, or you may feel more comfortable sitting with them without speaking. Again, talk to your hospice care team if you have questions or concerns.

What To Do When Your Loved One Has Died

Once your loved one stops breathing for one minute or more, their heart will also stop.

- Call hospice immediately to let them know your loved one has died — you do not need to call 911.
- Call family members, or have someone make calls, to let people know your loved one has died. Collect phone numbers or email addresses beforehand and make sure your designated caller knows where this information is. The timing of doing this and how you do it is entirely up to you and what is best for you and your family.
- Call your chosen mortuary or funeral home. They will come to your home at a time you specify. Although you can keep your loved one's body in your home for several hours, eventually they will need to be taken to be to a mortuary, crematorium, funeral home, or be donated to science. These arrangements need to be planned before death. A member of the hospice care team can tell you about services in your area and can assist you with this process.

For most people, decisions about what happens to one's body after death can be difficult to make.

Some choose to donate their body to science in order to contribute to medical research and advancements.

For more information on the choice to donate, resources in your area, and support in talking to your family and friends about it, talk to your hospice social worker or click [here](#) for an overview on donating your body to science.