For each person, dying is unique but there are common stages that are often observed during the dying process. These stages can occur in any order and over hours, days, weeks or months. Understanding that these stages are normal and what you can do during this time will be helpful to you and your loved one.

Withdrawal from family and friends
This often happens during the last few months of life. Persons who are dying may become quiet and may seem depressed. They may lose interest in their favorite things like reading the paper, listening to music or watching television. They may spend more time thinking and less time talking. When they talk, they may want to talk about their past life or their hope for eternal life. They may want to restore a relationship with God in their own religious tradition. They may want to mend their relationships with family members, friends from the past, or their church. They may want to tie up loose ends related to wills or financial issues. Use this time to listen to what they say and help them meet their wishes as much as possible.

Decrease in appetite and thirst
It is normal for the dying person to want less food and drink. As the body’s metabolism begins to slow down, there is less of a need for food and water. The person may have difficulty chewing or swallowing due to weakness. During this time the person may appreciate being offered small amounts of milkshakes, ice cream, pudding, ice chips or sips of water with the head of the bed elevated. Mouth swabs, moist wash cloths and lip balm can help keep the mouth clean and comfortable.

Change in sleeping
It is normal for the dying person to become more drowsy while awake and to sleep many hours of the day. However, the person may not sleep for long periods of time and may have difficulty falling asleep due to disease symptoms or worries related to dying. Treating disease symptoms and reading to or praying for the person, may help them fall asleep. Some persons like to have some-
body stay with them while sleeping, while others prefer to sleep alone. Confusion is common upon awakening from sleep.

**Increase in weakness and fatigue**
The person who is dying usually becomes weaker and fatigued as time goes on. This weakness may interfere with their ability to care for themselves. They may need to stay in bed most or all of the time. There will be periods when they feel stronger and have more energy. It is good to take advantage of these times to help the person do what is most important to them.

**Restlessness**
Persons that are dying can become restless for several reasons. Restlessness can be caused by the physical changes related to the dying process. It can be caused by pain, difficulty breathing, anxiety, constipation, visual disturbances or spiritual distress. Efforts should be made to determine the reason for restlessness so it can be treated appropriately.

**Confusion**
Persons that are dying may become confused as their body slows down and their brain gets less oxygen. They also may seem confused while experiencing a near death awareness. At times, they may see things that are not seen by others or hear things that are not heard by others. This can be distressing to the patient’s family. It is good to comfort the patient during these times and acknowledge what they did see or hear. At times, it may be helpful to remind the patient where they are, who you are and who is in the room with you.

**Other changes**
As the dying process occurs, breathing will likely change and become more erratic with long pauses of not breathing. Urine typically decreases in amount and darkens in color. The person may lose control of bowel and bladder function. Body temperature may change and the skin may become blotchy and cool to the touch. A soft cover may be helpful at this time although some patients will toss off their covers as they may feel warm or uncomfortable.

For more information:

OSF will serve all persons facing chronic and/or terminal illness with the greatest dignity and respect by providing supportive care services in a coordinated, timely and compassionate manner in a community of caregivers committed to quality, safety, and the value of life based on our Catholic traditions and ethics.

-OSF Supportive Care Vision Statement, 2006

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