Choosing the right term for all situations such as loved one, relative, partner, friend etc is difficult. In order to make this leaflet as easy to read as possible we have chosen the term ‘relative’ but the leaflet is intended for anyone with a connection to the patient and, equally, if you are the patient.

Death is a sensitive subject and one that many people are not comfortable discussing. This leaflet will give you some information about questions we are frequently asked. We hope that you will find it useful during this difficult time. The doctors and nurses looking after your relative believe that his or her condition has deteriorated and that they are in the last few days of life. It is difficult to be precise in these circumstances, hence the need for sensitive discussion to ensure that the treatment given is in the best interests of your relative.

Every situation is slightly different and an individualised plan will be designed for your relative. However there are certain considerations that are common to all people near the end of life. A plan will be carefully thought through and aim to balance any treatment with comfort and dignity. On occasion, a patient's condition improves and the plan of care needs to be adjusted or discussed again.

Information and communication

The staff caring for your relative want you to be as informed and involved as possible regarding the plan of care. Please ask any questions at this time if you wish. You may also find answers to your questions in our ‘Coping with Dying’ leaflet. Please ask for this leaflet if you have not already been given it.

The nurses looking after your relative will ask for a named person and their contact details, so they can keep that person informed of any change in the patient's condition.

At any point if you are not happy with the plan or your relative’s care please, inform a member of staff.

Reduced need for food and drink

It is usual that there is a lack of interest in, and reduced need for food as part of the dying process. Your relative will be supported to eat and drink as they wish and are able. When unable to swallow food, giving food by a tube can be unpleasant and harmful. If it is not possible to take oral fluids, then fluids given by a drip may be considered by the medical team. However giving fluids in this way can also risk harm as fluid can build up in the wrong places. Good mouth care is often enough to prevent any sensation of thirst. Please ask if you would like to help give mouth care or any other aspect of their care.

Medication, tests and investigations

In many situations a patient's previous medications are no longer useful or could cause more harm than good. The medical team will review the medications and stop any that are no longer needed.

To ensure that any symptoms are helped as soon as possible, ‘just in case’ medication may be prescribed. This may include pain relief, an anti-sickness drug and medications for secretions, restlessness or anxiety. If you have any concerns, please speak to a member of staff. Medication will only be given if a patient needs it for a symptom that can’t be improved in another way, such as repositioning for discomfort, or care and reassurance for any anxiety.

If your relative or friend is no longer able to take medication by mouth, it may be given by injection or by a small pump called a syringe pump. This will start at the lowest doses able to control symptoms and will only be increased if needed.

Investigations such as blood tests, blood pressure and temperature monitoring are often less useful in guiding appropriate care towards
the end of life. Regular and frequent checking on symptoms becomes even more important and the staff may concentrate more on these aspects.

**Comfort, support and care**

The staff will aim to keep your relative comfortable and will make regular assessments of his or her condition to ensure this. Their condition may vary between days and from hour to hour. You may wish to spend more time with your relative and you will be free to visit at the discretion of the ward team.

Having familiar voices around can be of great comfort to a relative even if they are less able to communicate.

**Religious and spiritual needs**

You should be asked if you or your relative have spiritual needs which need to be addressed. Spiritual needs may be expressed broadly in terms of such things as finding meaning or purpose. They may be about helping you find expression for your feelings or you may have religious practices such as prayer, sacrament or attendance at worship which are important to you.

Chaplains provide spiritual and pastoral support for the family, friends and carers of patients throughout Ipswich Hospital, for people of all faiths and of no faith. Chaplains and Chaplaincy volunteers visit wards and departments regularly. Chaplains operate a 24-hour on-call service and can be contacted via the switchboard by any member of staff.

To make a non-urgent referral in person you can contact the chaplains on 01473 704100 or by email at chaplaincy@ipswichhospital.nhs.uk

**Facilities**

If you have not already been given it, please ask for the ‘Facilities Available to Those Visiting a Terminally Ill Patient’ leaflet which gives information about hospital facilities available to you.

This leaflet is intended for those patients for whom discharge is not appropriate, wanted or possible. However, if you feel you or your relative would like to discuss discharge to die at home for example, then please discuss with a member of the ward staff.

**Tissue donation**

The Ipswich Hospital NHS Trust supports both organ and tissue donation (the donation of eyes, bone, skin and other connective tissues).

Tissue or organ donation can offer the opportunity to fulfil a loved one’s wishes. When tissue has been donated it is used for transplantation and offers huge benefits to many people: relieving their pain, helping them see or walk, or in some cases saving lives.

The majority of people who have died are able to donate tissues up to 48 hours following their death, and it may be possible for their relatives to give consent to donate the tissues.

If you think that this is something that your loved one had expressed as a wish in life, you can inform a member of ward staff. Further support is available from a specially trained nurse from NHS Blood and Transplant who will give you more information about tissue donation.

Please call the NHS Blood and Transplant pager on 0800 432 0559 and leave a message or discuss with ward staff.

Organ and Tissue donation does not delay funeral arrangements.

**Questions or concerns**

This leaflet deals with a very sensitive subject and it is natural that you may have many questions or want to talk through some issues in more detail. If you have any questions or concerns, please do not hesitate to contact a member of the ward staff at any time.

If you require further information or support, please contact the Palliative Care Team on 01473 704932 (available 9 am–5 pm weekdays). Outside of these hours there is an answering machine. If you leave a message the team will contact you as soon as they are able during office hours.