

## Essential Care for the Sick & Dying



### **Combatting loneliness and despair**

Volunteer visitors, relatives, and friends bring their own special abilities to the sick and dying. Above all, the sick and dying need company. You are an essential part of the healthcare team.

A natural reaction for those not accustomed to helping the dying is to withdraw and leave the dying person alone. Thus, dying people are often lonely and depressed. They feel abandoned and hopeless and may become resentful or withdrawn.

Sometimes there is nothing for you to do but hold the patient's hand. At other times they may wish to talk or they may want you to talk to them. Talk about shared experiences, their life, your life, what's going on in the world. Take cues from the patient. If they want to talk about dying, listen and respond appropriately and honestly. If you do not know how to respond, simply assure them that you care.

Praying with a patient often can be comfortable for both of you and "break the ice" so to speak. It can be either spontaneous prayer or formal prayer. I have found that the Lord's Prayer is the most universally known among Christians and is very comforting. Likewise, the Twenty-Third Psalm.

**A dying person who feels abandoned--now that is real suffering!** And you have the ability to relieve that suffering, even if all you can do is simply sit by their bedside and comfort them with your presence.

### **Some nursing skills you may need to learn**

- Nursing skills are best learned by practice. These include the ability to be a good observer and to follow directions carefully. If you are involved in the day to day care of an infirm or dying patient, you will need to learn certain basics. A word of caution: In a hospital or nursing home, always ask for help or for permission from medical personnel before assisting a patient for the first time. The simplest thing, like giving a patient a drink of water, may require special skills or knowledge of the patient's condition. A word of encouragement: Do not let your natural hesitancy or discomfort deter you. Remember, if one person is to receive comfort, someone else has to give it.

## **Recognizing pain and assisting in relief of pain**

- You can tell if a person is in pain simply by being observant. A grimace, a wrinkled brow, tense fingers, cautious breathing, moans, etc., are all telltale signs. Even in an unresponsive person, these signs tell us they are in pain.
- Report signs of pain to medical personnel. Most pain can be effectively relieved with medical intervention.
- Excitement, anxiety, and depression can contribute to pain. After all, not all pain is physical. Also, the more bright and alert a patient remains, the more enjoyable and frequent their company, and the more they are kept interested in life, the less they will suffer.
- Sometimes a gentle back rub or leg rub or a change in the person's position can relieve restlessness, tension, and discomfort that may be perceived as pain.

## **Vomiting**

- Usually there is a basin for this purpose close at hand. Turn the patient on their side so they will not choke or aspirate the vomitus into their lungs. Hold the basin against their cheek and under their chin. Call for help. Antiemetic drugs can control vomiting.

## **Hiccups**

- Hiccups usually stop if carbon dioxide is inhaled, so help the patient to breathe in and out of a paper bag for a few minutes. If this fails, tell a nurse.

## **Conversation**

- Always speak to the patient in their presence, not about them. Careless conversations over an unconscious person are sometimes clearly heard by that person. Hearing is thought to be the last of the senses to fade.

## **Attention to the patient's appearance**

- You can help by shaving a man or by fixing a woman's hair and makeup. These small tasks boost morale, help the patient to feel more "normal" and to be more comfortable, and improve the general atmosphere in the hospital or nursing home.

## **Feeding a patient**

- Make certain the patient is sitting up in a comfortable position before beginning the meal. Take a real interest in helping the patient to enjoy his

- Know about special difficulties the patient may have. Is swallowing difficult? Give small amounts of food and frequent sips of water or other liquids. They may choke. Don't panic. If they are unable to cough the food up, call a nurse. Is chewing difficult? Cut food into very small pieces. You may observe that dentures do not fit well or that food gets caught under dentures. If so, remove the dentures and rinse them and rinse the patient's mouth before replacing them. This will make eating more comfortable and enjoyable.
- Does the patient drool or does food run out of one side of their mouth? These are frequent problems. Simply place a napkin on the patient's chest, wipe their chin as necessary, and give them small amounts of food. Feed them slowly. With a stroke patient, turning their head slightly to the unaffected side may help. Always help the patient with oral hygiene after eating.

### **Helping care for a bedridden patient**

- Patients confined to bed require extra nursing care. They must be turned frequently (approximately every two hours), washed and perhaps fed, and always treated gently. The patient, as well as busy medical personnel, will appreciate your help if you are willing and able to be taught the correct way to do these things. Lifting and turning a patient requires training and practice and two people. Never change a patient's position without help from the medical staff unless you have been given permission to do so.
- The primary reasons for frequent changes in position are to prevent bedsores and to increase the patient's comfort. Frequent turning from side to side is essential to avoid bedsores. You must be careful to lift the patient when turning them so that the sheet does not rub against their skin. Sometimes ripple mattresses or sheepskins are used to help spread the patient's weight.
- All lumps and wrinkles should be smoothed out of the bedding under the patient.
- Bedsores are not necessarily a sign of bad nursing care--they are sometimes inevitable. Then one must try to heal them or render them painless. There are many forms of treatment for bedsores--too many to list here. If you are caring for a bedridden person at home, you will need special training and advice. Talk with the person's doctor about proper care and have a nurse show you what to do.
- The places to watch for bedsores are the base of the spine (tailbone), heels, hips, and other places where bones are close to the skin. It is important to notice areas that are red. These may be the beginning of

bedsores. A visitor should be observant and report any changes in skin condition to the medical staff.

### **Care of the incontinent patient**

- Many patients have catheters to drain urine from the bladder. Infection is a constant concern for a person with a catheter. If it is necessary for you to empty the catheter bag, observe the color (yellow, white, greenish, bloody) and appearance (cloudy or clear) of the urine, any unusual odor, and the amount. Report this to the patient's nurse.
- If the patient has a bowel movement, it is important that they be cleaned up promptly for comfort and hygiene to avoid embarrassment to the patient.

### **Mouth care**

- Adequate care of the mouth is essential. Dentures should fit properly. If they do not, they will cause a sore mouth and difficulty eating. A visit from a dentist is in order if dentures bother the patient.
- When a patient is debilitated, frequent mouthwashes are important. Their mouth may drop open and become dry. Water should be given in frequent small quantities if the patient can swallow. The patient should be on their side so that fluid doesn't trickle down their windpipe, making them cough.
- Brushing the teeth and tongue with a soft-bristled brush and a small amount of a mild toothpaste and rinsing is helpful.

### **Abdominal distention and constipation**

- The observant visitor may notice that the patient's abdomen is distended or the patient may complain of constipation to a friend or family member who has the time to listen to their woes. These are common problems when pain-killing drugs are used or when the patient is immobile and they are an additional cause of discomfort and distress. They can usually be relieved with medication or medical interventions. Report these problems.

### **Labored breathing**

- The patient who is having difficulty breathing may find relief by being turned slightly on their side with their head propped up on pillows. Sometimes opening a window may also help.

### **Profuse sweating**

- Patients with high fevers and often patients who are close to death will perspire profusely. Give the patient frequent sponge baths and change bedding as needed.

## **Conclusions**

There are many more things that you can learn to do for the severely debilitated patient if you are a frequent visitor. It is my hope that this article will help you to realize that there is much you can do to help patients to live with dignity until the moment of death.

It is essential for you to believe that whatever you do in loving service for the sick and dying you are contributing to their comfort and happiness. You are not helpless in the face of illness and death, regardless of how much or how little you are able to do. What counts is your presence, not your activity.

Touch the patient, hold their hand, reassure them. Whatever we do outwardly, it is our concern and respect for the suffering person that matters.

**Courtesy:** <http://seniors-site.com/coping/sickdyin.html>