



DEATH CARE

Key Terms

Autopsy Cheyne-Stokes respiration	postmortum examination Brain death	Kussmal's breathing
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CARE OF THE DYING AND POSTMOTREM CARE

Care of the Dying

Death:- Is a natural part of life and comes to all beings. Is the end of life and all the vital processes.

Legal death is the total absence of brain activities as assessed and pronounced by the physician.

Stages of Dying

Elisabeth Kubler-Ross (1969) has beautifully described the phases of dying, which mirror those of the grieving process. As a person learns of his or her own impending death, he or she experiences grief in relation to his or her own loss.

The first stage, as Dr. Ross views this process, is that of *denial*. The denial may be partial or complete and may occur not only during the first stages of illness or confrontation but later on from time to time. This initial denial is usually a temporary defense and is used to face the inevitability of death.

The second stage is often *anger*. The person feels violent anger at having to give up life. This emotion may be directed toward persons in the environment or even projected into the environment at random.

The third stage is *bargaining*. The person attempts to strike a bargain for more time to live or more time to be without pain in return for doing something for God. Often during this stage the person turns or returns to religion.

Depression is the fourth stage. Usually, when people have completed the processes of denial, anger, and bargaining, they move into depression. Dr. Ross writes about two kinds of depression. One is preparatory depression; this is a tool for dealing with the impending loss. The second type

is reactive depression. In this form of depression, the person is reacting against the impending loss of life and grieves for him or herself.

The final stage of dying is that of **acceptance**. This occurs when the person has worked through the previous stages and accepts his or her own inevitable death. With full acceptance of impending death comes the preparation for it; however, even with acceptance, hope is still present and needs to be supported realistically.

Nursing Process

Assessment

Observe the physical symptoms.

- Evidence of circulatory collapse
- Variations in blood pressure and pulse
- Disequilibrium of body mechanisms
- Deterioration of physical and mental capabilities
- Absence of corneal reflex

Observe the client's ability to fulfill basic needs without complete assistance.

- Assess the nature and degree of pain the client is experiencing.
- Observe for impending crisis or emergency situation.
- Observe for psychosocial condition.
- Need to establish a relationship for support
- Grief pattern and stage of grief the client is experiencing
- Need to express feelings and verbalize fears and concerns

Determine anxiety level, which may be expressed in physical or emotional behavior.

- Sleep disturbance

- Palpitations
- Digestive complaints
- Anger or hostility
- Withdrawal

Determine depression level that client may be experiencing.

- High fatigue level or lethargy
- Poor appetite, nausea, or vomiting
- Inability to concentrate
- Expressions of sadness, hopelessness, or uselessness

Planning/Objectives

- To assist the dying client to cope with the dying process
- To handle own feelings of loss and sadness that arise when caring for a client who is dying
- To provide support for the client and the client's family during the dying process
- To complete the actions necessary to care for the client who has died

Implementation

Assisting the Dying Client

Evaluation

Client finds internal resources to accept death.

Client is able to verbalize feelings and needs.

Physical discomfort is minimized.

ASSISTING THE DYING CLIENT

S.NO	NURSING ACTION	RATIONALE
1.	Minimize the client's discomfort as much as possible. a. Provide warmth b. Provide assistance in moving, and position client frequently. c. Provide assistance in bathing and personal hygiene. d. Administer the appropriate medications before the pain becomes severe.	Physical comfort is important as well as emotional and spiritual comfort
2.	Recognize the symptoms of urgency or emergency conditions and seek immediate assistance	To avoid threatening situation
3.	Notify the charge nurse if there is an impending crisis and perform emergency actions until help arrives	To seek medical help at the earliest
4.	Provide emotional nursing care for the client. a. Form a relationship with the dying client. Be willing to be involved, to	Emotional support is important for the dying patient and their relatives.

	<p>care, and to be committed to caring for a dying client.</p> <p>b. Allocate time to spend with the client so that not only physical care is administered.</p> <p>c. Recognize the grief pattern and support the client as he or she moves through it.</p> <p>d. Recognize that your physical presence is comforting by staying physically close to the client if he or she is frightened. Use touch if appropriate and nonverbal communication.</p> <p>e. Respect the client's need for privacy and withdraw if the client has a need to be alone or to disengage from personal relationships.</p> <p>f. Be tuned into client's cues that he or she wants to talk and express feelings, cry, or even intellectually discuss the dying process.</p> <p>g. Accept the client at the level on</p>	
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	which he or she is functioning without making judgments.	
5.	Provide the level of care that encourages the client.	To retain confidence in the health care team
6.	Assist the client through the experience of dying in whatever way you are able to do so.	To retain confidence in the health care team
7.	Support the family of the dying client. a. Understand that the family may be going through anticipatory grief before the actual event of dying. b. Understand that different family members react differently to the impending death and support the different reactions. c. Be aware that demonstrating your concern and caring assists the family	To cope with the grief process.
8.	Be aware of your own personal orientation toward the dying process. a. Explore your own feelings about death and dying with the understanding that until you have faced the subject of death you will be inadequate to support	So negativity does not get transferred to the client.

	the client or the family as they experience the dying process. b. Share your feelings about dying with the staff and others; actively work through them	
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CARE AFTER DEATH

Definition: - This is the care given to the body after death. It is also called post-mortem care.

Purpose

1. To show respect for the dead
2. To prepare the body for burial
3. To prevent spread of infection
4. To show kindness to the family

Equipment

- Basin for water, wash cloth and towel
- Cotton
- Gauze
- Dressings and tape if necessary
- Clean sheet
- Stretcher
- Forceps
- Name tag
- Gloves

S.NO	NURSING ACTION	RATIONALE
1.	Prognosis of the patient is explained by the primary consultant and the group to the patient relatives.	
2.	Note the exact time of death and chart it	Required for documentation
3.	Doctors should intimate the patient's relatives regarding the arrest and then the prognosis of death, steps taken, time of death and should solve the entire query raised by them	
4.	Allow the patient relatives to visit the patient and express their grief.	Determines what measures will be performed, if only the relatives wishes to be with the body , immediately the nurse positions the body and covers it with the bed covers. Others measures are left. If excessive secretions, excretions, drainages, blood is visible she removes them before inviting the family to see them
5.	If the family members are not present, send for them	Family members should be intimated related to the patient's condition
6.	Assess whether the patients religion	Family members get satisfaction by

	require any special postmortem treatment	fulfilling their faiths
7.	Inform primary consultant, Nurse in charge, secretary, guest relation officer, security officer for making necessary arrangements after the relatives has seen	Determines what measures are implemented.
8.	Check whether the patient's organs are to be removed for transplantation.	Indicates that measures must be taken.
9.	Unused Medicines should be returned to the pharmacy.	To avoid extra charges on the patients bill
10.	Wash hands and wear clean gloves	Limits transfer of microorganism.
11.	Close doors of the room or pull curtain	To provide privacy
12.	Raise bed to comfortable working level	For the comfort of the healthcare providers
13.	Remove all lines and tubes and arrest bleeding by placing adhesives after manual pressure and ensure no bleeding persists.	To make patient look pleasant
14.	Aspiration is done before removing Ryle's tube.	Avoids unnecessary spoiling of the linen.
15.	Place patient in supine position	For easy approach while doing the procedure
16.	Replace soiled dressing with clean ones	To maintain cleanliness
17.	Bath patients	To maintain cleanliness
18.	Ask the relatives if they want the patient's	To cover the patient's body

	body to be covered by their own dress (or) hospital sheet.	
19.	Brush or comb hair	To maintain cleanliness
20.	Any belongings like jewels with the patient should be handed over to the attender in the presence of security officer and get signature.	To avoid missing of jewels
21.	Ensure the doctor fills the death summary.	For the document purpose
22.	Two identification marks to be informed to the doctor. Identification mark should be written by the doctor in the death summary	To maintain the patients identification for legal purpose
23.	Tie jaw bandages appropriately	To avoid consequences of rigor mortis
24.	Billing clearance to be obtained.	To abide by the rules and regulations
25.	All old records and reports of the other hospital to be returned safely to the relatives.	For future reference
26.	Document all the incidents throughout the care process followed from MET till death of the patient including time of death, medications administered , time period of CPR given, post CPR status, GCS assessment findings , pupillary reactions,	Documenting the scenario will be helpful for others to know the whole scenario and it will be a proof any legal issues in future

	name of the doctor involved in the death declaration,	
27.	Before shifting the body write details like Name, Age, Sex, and Ward bed no, Consultant's name date of admission time of death along with patient's body.	To avoid errors in identifying the patient
28.	Shift the body to the ambulance (or) mortuary after the secretary checks billing clearance and instructs to shift.	To abide by the hospitals policies.
29.	Remove the ID band before shifting	
30.	Hand over the body safely to the attenders in the presence of the security officer.	To avoid any untoward incidents
31.	In handling M L C cases follow MLC protocol. No death certificates will be given to the relatives rather will be handed over to police.	MLC cases should be handled by the Police officials only to avoid any problem in future.
32.	Document the procedure	It will be a reference in future.

**Watch out**

- Attach identification form if patient had contagious disease to protect others from harmful exposure
- In handling M L C cases follow MLC protocol.

DOCUMENTATION:

- Document the time of the physician pronounced that the client is dead,
- Jewelry removed from the body at the time and if unable to remove.
- Document if the belonging of the diseased are given to the family
- The time of the body transported