FAST FACTS AND CONCEPTS #3
SYNDROME OF IMMINENT DEATH
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Background  Virtually all dying patients go through a stereotypical pattern of symptoms and
signs in the days prior to death. This trajectory is often referred to as “actively dying” or
“imminent death”. Prompt recognition of this trajectory is key for clinicians to provide the most
appropriate interventions for both the patient and family.

1. Stages
   • Early
     o Bed bound
     o Loss of interest and/or ability to drink/eat
     o Cognitive changes: increasing time spent sleeping and/or delirium (see Fast
       Fact #1)
   • Middle
     o Further decline in mental status to obtundation (slow to arouse with stimulation;
       only brief periods of wakefulness)
   • Late
     o Death rattle – pooled oral sections that are not cleared due to loss of swallowing
       reflex
     o Coma
     o Fever – usually from aspiration pneumonia
     o Altered respiratory pattern – periods of apnea, hyperpnea, or irregular breathing
     o Mottled extremities

2. Time Course  The time to traverse the various stages can be less than 24 hours or as long as
~14 days. Patients who enter the trajectory who are nutritionally intact, with no infection (e.g.
acute stroke), are apt to live longer than cachectic cancer patients

3. Common Family Concerns  Family members present during the dying process often express
the following concerns/questions. Clinicians can best help families by expecting these questions,
providing education, reassurance, and responding to emotions (see also Fast Fact # 29; #149).

   • Is my loved one in pain; how would we know?
   • Aren’t we just starving my loved one to death?
   • What should we expect; how will we know that time is short?
   • Should I/we stay by the bedside?
   • Can my loved one hear what we are saying?
   • What do we do after death?

4. Treatment
   • Confirm treatment goals; recommend stopping treatments that are not contributing to
     comfort – pulse oximetry, IV hydration, antibiotics, finger sticks, etc.
   • Communicate clearly to others what is going on. Write in progress notes: "patient is
dying," not "prognosis is poor".
   • Treat symptoms/signs as they arise: common among these are: oral secretions (see Fast
     Fact #109, #158); delirium (#1, 60); dyspnea (# 27), fever (#256) and pain (# 53, 54).
   • Provide excellent mouth and skin care.
   • Provide daily counseling and support to families.
References


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