WHAT YOU CAN EXPECT

We will be regularly reviewing and discussing your family member/ friend's condition and responding quickly to changes in their needs.

MEDICATION / TREATMENT: Based may notice your family member/friend's needs, pull at bedclothes, try to get out of bed doctors and nurses will recommend whether to change or stop some of muddled thoughts and conversations the observations that are no longer helpful, such as temperature and blood pressure monitoring. Medications used or you could try to reassure them by for comfort may be started and often need to be given by injection. may need to be given by injection.

CHANGES IN ALERTNESS: As your family member/friend becomes weaker and sleepier, they will have less interest in their surroundings. You may wish to continue touching and talking to them, sharing memories and news of family and friends, but please realise they may not be able to respond. You can also support them in other important ways, such as simply being with them or reading to them.

REDUCED NEED FOR FOOD AND DRINK: We will support your family member/friend to eat and drink for as long as possible. However, there will come a time when they neither want nor need food and drink. This is a natural part of the dying process. Sips of fluid, sucking on ice chips and moistening the mouth for comfort may be all that they need. The nurses may ask if you would like to help do this, if so they will show you how.

INCREASED RESTLESSNESS AND CONFUSION: Experiencing and observing this can be challenging. You

> talking in a quiet voice in a calming way. Sometimes medications are in the back of the throat. These changes alarming. This is caused by fluid pooling seconds between each breath. You may time. Breathing may become loud and breathing patterns to change at this BREATHING: It is help with this. or you could try to reassure them by favourite music may help soothe them friend is uncomfortable. hear 'gurgling', which can also sound can be upsetting but they do not fast or there may be gaps of severa needed and the healthcare team will necessarily mean your family member very common for

other religious advisor or pastoral care member/friend's death, or afterwards. know about for the time of your family or other requirements that we need to Please also let the healthcare team know also like support from a priest, chaplain worker or counsellor to visit. You may distressing. It can help to talk about these love can be difficult and you may have Experiencing the loss of someone you EMOTIONAL AND SPIRITUAL NEEDS teelings feelings and we can arrange for a social t there are any special religious, spiritua that are untamiliar and

GIVEN THIS INFORMATION BROCHURE?

The healthcare team will have explained to you that they believe the person you care about is now dying and in the last days of their life. This brochure aims to help you understand the care we will be providing to you and your family member/friend at this time.

Our primary focus is to ensure your family member/friend's last days and hours of life are comfortable. We will continue to discuss all care options with you, the person themselves (if possible) and anyone else you wish to be involved.

To help the healthcare team provide the best quality care, our organisation uses a document called the 'Care Plan for the Dying Person – Victoria'. This plan reflects what is important to you and your family member/friend and records all the care we provide.

The dying process is unique to every individual and it is impossible to predict exactly how and when someone will die. However, regardless of illness, we can anticipate a number of changes that are likely to occur as death approaches. Knowing about these changes can be helpful for you and may assist with choices you make at this time.

We know this can be a sad and challenging time. We are here to explain, support and care for you as well as your family member/friend. Please do not hesitate to contact us - we will help you in any way we can.

Victorian End-of-Life Care Coordinating Program (VEC) V2. (2018). VEC acknowledges the work of Brayne, S and Fenwick, P (2012) Braynework Ltd.		YOUR HEALTHCARE TEAM CONTACT DETAILS: WARD: CONTACT:	Alternatively, GriefLine is a dedicated grief helpline provider and offers a range of free services between noon and 3.00 am every day. Call 03 9935 7400 (national including mobile calls) or 1300 845 745 (landline calls only). Bereavement counselling and support services can also be accessed at the Australian Centre for Grief and Bereavement. Call 03 9265 2100 or free call 1800 642 066. Remember, we are here to help. Just ask.	anger as well as grief. Others experience a profound sense of relief. You will only find out what your reactions are as you go through your own grieving. If you need additional support to cope with this difficult time, your local doctor or religious advisor should be able to help.	IN THE COMING WEEKS AND MONTHS: It is common after someone has died, especially when you were present, to feel disconnected from people, places or things. You may feel as though you are in a dream and find it hard to explain your feelings to other people. Some people may experience an emotional and spiritual seesaw, including feelings of	AT THE TIME: You may feel grief. You may feel numb. You may feel relief. Everyone is different. Please let us know if you would like to be alone for a while with your loved one after they have died. This can be both reassuring and sometimes unexpectedly peaceful.	SOMEONE HAS DIED	
	FOR THE DYING PERSON			INFORMATION BROCHURE	FAMILY MEMBER / FRIEND			

English