



*“Care, Hope, and Support for All  
when Illness Threatens Life.”*



**HOSPICE *of***  
**WICHITA FALLS.®**  
An End-of-Life Journey

**Main Campus**

4909 Johnson Road | 940.691.0982

**Inpatient Care Center**

4400 Cypress Ave. | 940.691.7100

[www.howf.org](http://www.howf.org)

Hospice care is a specialized healthcare option that provides comfort, dignity, and support to patients and families facing a life-limiting illness. With compassion at the heart of our work, our team of physicians, nurses, social workers, hospice aides, bereavement counselors, and volunteers meets the physical, emotional, social, and spiritual needs of patients and their loved ones. Hospice care is provided where patients feel most at home, whether in their own home or a home-like setting, and is available to people of all ages, regardless of ability to pay.



# The End-of-Life Journey

Near the end of life, the body's functions gradually slow down. It works to preserve vital functions, such as those of the heart, lungs, and brain, while allowing less important processes, like digestion, to be set aside. There are common signs and symptoms that signal to your loved one's hospice team that body systems are failing, and the patient is entering the natural dying process.

In addition to physical symptoms, the dying process also involves emotional, spiritual, and mental changes. The spirit of the dying person begins to release from the body, which may include resolving unfinished business and receiving permission to let go from family members. These events are a normal way the spirit prepares to move from this life to the next. Your loved one may experience physical, mental, and emotional symptoms that can help you prepare for their death.

## PHYSICAL SYMPTOMS

- Temperature changes
- Increased sleeping
- Decreased appetite and fluid intake
- Incontinence and decreased urine output
- Congestion
- Restlessness
- Changes in breathing patterns
- Disorientation

## MENTAL & EMOTIONAL SYMPTOMS

- Decreased socialization
- Unresponsiveness
- Symbolic language
- Unusual behavior

The following pages will provide more details about each symptom and what you can do as a caregiver. Your hospice care team is here to help, so please call us at (940) 691-0982 if any need arises.

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# Physical Symptoms

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## TEMPERATURE CHANGES

The body loses its ability to regulate temperature toward the end of life. Your loved one may become feverish and then suddenly cold. Their hands, arms, feet, or legs may become cool to the touch, and their skin may change color. This is a normal sign that the body is decreasing blood flow to the extremities to reserve it for vital organs. Remember, reduced circulation may make your loved one feel cold to the touch, but it does not mean they are cold.

## INCREASED SLEEPING

The person may spend an increased amount of time sleeping and may appear uncommunicative, unresponsive, and difficult to rouse. This symptom is caused by metabolic changes in the body during the process of dying. Detachment from people or surroundings is normal, but your presence is still comforting. Continue to sit with your loved one, hold their hand, and talk to them softly, even if they do not respond. Hearing is the last of the senses to be lost.

## DECREASED APPETITE AND FLUID INTAKE

The person may experience a reduced thirst and appetite, as well as a decreased desire for food and drink. As the body slows, it conserves energy by reducing digestion. Do not force your loved one to eat or drink if they are not hungry or thirsty. Forcing food or drink may worsen symptoms such as aspiration, nausea, or vomiting. You can offer ice chips, frozen Gatorade or juice, or fluids by syringe or swab (ask a nurse for guidance) to keep their mouth moist and comfortable.

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# Physical Symptoms

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## INCONTINENCE AND DECREASED URINE OUTPUT

The person may lose control of their bladder and bowel movements as the muscles of those areas begin to relax. Additionally, their urine output may decrease and become "tea-colored," also called concentrated urine. Concentrated urine occurs due to decreased fluid intake and decreased blood flow through the kidneys.

Please inform your Hospice nurse about these symptoms. You and the nurse can discuss ways to keep the patient clean and comfortable, and determine if there is a need to insert or irrigate a catheter to manage urinary symptoms.

## CONGESTION

The person may have gurgling sounds coming from their chest, as if marbles were rolling around inside- these sounds may become very loud. This is a normal change that occurs due to decreased fluid intake and an inability to cough up normal secretions. Suctioning usually causes more discomfort and is not always recommended. Gently turn the patient's head to the side and allow gravity to drain the secretions. You may also gently wipe their mouth with a moist cloth. The sound of congestion does not indicate the onset of new or severe pain.

# Physical Symptoms

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## RESTLESSNESS

The person may make restless, repetitive motions, such as tossing and turning, pulling at bedsheets, or trying to get out of bed. This is a normal change caused in part by decreased oxygen to the brain and metabolic changes. Do not interfere with or restrain these motions. Continue to provide a calm presence by speaking gently, reading, or playing soothing music. Sometimes, more stimulation can make this worse. Consider monitors for times when you need to leave the room.

## CHANGES IN BREATHING PATTERNS

The person's regular breathing pattern may change with the onset of irregular or shallow breaths. There may be some periods where the patient does not take a breath for 5-30 seconds or up to a full minute. This pattern is called "Cheyne-Stokes" breathing. The person may also experience rapid, shallow, pant-like breathing. These patterns are common and indicate a decrease in circulation to the internal organs. Elevating their head and/or turning your loved one on their side may bring comfort.

## DISORIENTATION

The person may seem confused about the time, place, and identity of those around them, including close family members. This is partly caused by metabolic changes. Identify yourself before speaking, rather than having the person guess. Speak softly, clearly, and truthfully about their comfort and explain the reason for your communication. For example, when giving medication, say, "It's time to take your medicine so you won't begin to hurt." Do not try to manipulate or argue with the patient. It also helps to explain what you are doing when providing care.

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# Mental & Emotional Symptoms

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## DECREASED SOCIALIZATION

The person may want to be with only a few people or even just one. This is a sign of preparing for release and shows where they need the most support to transition. Do not worry if you are outside this inner circle as the end nears. It does not mean you are unloved or unimportant. It means the patient has received the support they need from you, and you should prepare to say goodbye. If you are within the inner circle, the person needs your affirmation, support, and permission.

## UNRESPONSIVENESS/ WITHDRAWAL

The person may seem unresponsive, withdrawn, or in a comatose-like state. This indicates preparation for release, detaching from surroundings and relationships, and a beginning of "letting go." Since hearing remains all the way to the end, speak to your loved one in your normal tone of voice, identify yourself by name when you speak, hold their hand, and say whatever you need to say that will help the person "let go."

## UNUSUAL BEHAVIOR

As part of the active dying process, your loved one may show unusual behavior, such as seeing relatives or friends who have passed, making out-of-character statements or requests, or having a sudden burst of energy, like wanting to get up or eat a large meal. Honor your loved one's wishes as best you can if they are safe. Do not argue about what is real and continue to offer comfort. Even if you know differently, what they see feels real to them. Accept the moment as a gift when it is offered. Kiss, hug, hold, cry, and say what you need to say most.

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# Mental & Emotional Symptoms

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## GIVING PERMISSION AND SAYING GOODBYE

When your loved one is ready to die and you are able to let go, this is the time to say goodbye. Saying goodbye is your final gift of love, for it achieves closure and makes the final release possible. It may be helpful to lie in bed with the person and hold them or take their hand and say everything you need to say. It may be as simple as saying I love you. It may include recounting your favorite memories, places, and activities you've shared. It may include saying, "I'm sorry." It may also include saying "thank you for..."

Tears are a normal and natural part of saying goodbye. You do not need to hide your tears from your loved one or apologize for them. Tears express your love and help you let go.



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# At the Time of Death

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You may be prepared for the dying process but not for the actual moment of death. Death is usually gentle and gradual, not dramatic. It may help to discuss with your family what steps to take if you are present when your loved one passes. The death of a patient is not an emergency. Nothing must be done immediately. When death occurs, you can expect:

- No breathing
- No heartbeat
- A release of bowel and/or bladder
- Eyelids may be closed or open in a fixed state
- Jaw relaxed and slightly open

At the time of death, please notify Hospice of Wichita Falls if a member of your care team is not already present. A hospice nurse will come and tend to your loved one, address all immediate needs, contact the funeral home of your choice, and provide the family with the support it needs. While you wait, you can sit with your loved one and say goodbye, or call family and friends to join you. We are honored to accompany you on this journey.

Hospice of Wichita Falls offers grief support services to you and your family for as long as you need them at no cost. For more information, please contact Hospice of Wichita Falls at (940) 691-0982.

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# HOSPICE

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