

# Holy Redeemer Hospice

## *Breathing Changes during the Dying Process*

Breathing patterns typically change as body systems begin to shut down during the dying process. These breathing changes can be frightening if you do not know to expect them. Understanding how breathing may change will give you the confidence to be present with your loved one as the changes occur. The changes can occur over a period of several weeks, days, hours, or minutes but are usually an indication that the dying process has begun.

### *Changes in breathing patterns*

Changes in breathing occurs because of a breakdown in communication between the brain and the lungs as blood levels of oxygen decrease and carbon dioxide levels increase. These changes are not distressing or disturbing to your loved one. This type of breathing is often referred to as Cheyne-Stokes respirations. Cheyne-Stokes breathing consists of rhythmic, rapid, or deep breathing followed by periods of shallower and slower breathing leading to a period of no breathing at all. As the person gets closer to death, the time between breaths gets longer and may be as long as 30-60 seconds apart. The short periods when breathing stops are referred to as apnea.

### *Congestion*

Another change that may occur is noisy breathing or gurgling sounds. Some refer to this congestion as the 'death rattle' because its presence is an indication that the end is drawing near. These sounds occur as mucous collects at the back of the throat when your loved one can no longer cough or swallow effectively. Air passing through the mucous makes a loud sound. This noisy breathing is often disturbing to caregivers but is not an indication of pain or breathing difficulty.

### *What you can do:*

- Raise the head of the bed, either mechanically in a medical bed or with pillows.
- If mucous is settling in the back of the throat, turn your loved one slightly to the side so that gravity can help to drain the secretions. Slight position changes such as turning the head are often effective.
- Suctioning rarely helps and is not recommended. The irritation of the suction tube may worsen the accumulation of mucous.
- Wipe the mouth with a soft, moist cloth to cleanse the mouth and remove excess mucous.
- If mucous is thick or dry, running a vaporizer or humidifier in the room may ease breathing.
- Medications in tablet, liquid, patch, or gel form may be given to help reduce the secretions.
- Low doses of narcotic medications may be used to treat any breathing difficulties.
- Oxygen is not usually helpful but can continue if the person was previously using oxygen. A fan or other source of moving air is usually more helpful in relieving any shortness of breath.
- Speak gently and with reassuring words while providing care.
- Do not panic. Call your care team for any questions or concerns.