

Further practical information and advice on what to do next can be found on the Age UK website. Search for 'What to do when someone dies'.

[www.ageuk.org.uk/money-matters/legal-issues/what-to-do-when-someone-dies/what-to-do-first-when-someone-dies/](http://www.ageuk.org.uk/money-matters/legal-issues/what-to-do-when-someone-dies/what-to-do-first-when-someone-dies/)

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If you need this information in another language or medium (audio, large print, etc) please contact the Customer Care Team on 0800 374208 or email: [customer.care@salisbury.nhs.uk](mailto:customer.care@salisbury.nhs.uk)

You are entitled to a copy of any letter we write about you. Please ask if you want one when you come to the hospital.

The evidence used in the preparation of this leaflet is available on request. Please email [patient.information@salisbury.nhs.uk](mailto:patient.information@salisbury.nhs.uk) if you would like a reference list.

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information

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# Rapid discharge from hospital to home – information for relatives



Salisbury NHS Foundation Trust

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sponge or soft bristled toothbrush can help hydrate their mouth and help keep it refreshed (please ask one of the hospital or district nurses to show you how to do this if you are unsure).

- eventually they may become less responsive and you may notice their breathing changing and becoming less rhythmic or noisier. It may even stop for short periods before starting again.
- equally you may notice that their hands and feet feel cold or their skin becomes pale or changes colour.

Please remember that what you are observing are **all normal changes** and as long as your loved one does not appear distressed or in pain in any way, there is no need to do anything other than spend time with them as you wish and to talk to them as you normally would.

### What to do when someone dies at home?

Please be reassured that death is not usually dramatic. Finally your loved one's breathing will stop and their pulse will disappear. The most important thing is for you to be able to spend time, should you wish, at the bedside with your relative or friend after they have died.

When you are ready, you will need to contact their GP (via the GP practice if during opening hours or by dialling 111 if not) who will come and confirm that your loved one has died and give you further advice. Residential or nursing home staff will do this for you. Then you can contact your chosen funeral director.

## What to expect in the coming days or weeks?

Your loved one has been discharged to their home as it is felt that they are dying and they have expressed a wish to die at home. The dying process is unique to each person and the understandable question of “how long?” is impossible to answer. Even if they have appeared very unwell in hospital, it may not happen quickly and there may be a period of hours, days and in some instances weeks before they die.

There are some changes which commonly occur which you may notice as your relative or friend approaches their death. Some people find it reassuring to know that these changes are completely normal and are part of the natural dying process.

- your loved one may waken less and sleep more.
- your loved one may have a reduced interest in eating and drinking. Relatives can find this particularly difficult but please comfort yourself in knowing that at this stage they will be using up the energy and fluid already stored in their body and may not need to take on extra food and drink which would require huge amounts of effort.

If they do show signs of wanting to eat or drink something, offer small amounts at a time and often it is the initial taste that is important rather than the amount. Citrus flavours (such as crushed lemon sorbets and ice cream) can be particularly refreshing. Even if there has been previous concern they may not be able to swallow safely, the benefits of fulfilling their wishes to eat and drink, despite the risk may now be more important. Equally offering mouth care using a

## Introduction

Rapid discharge from hospital to home is designed to support the wishes of patients in their last days or weeks of life, when they do not wish to remain in hospital. This may be their own home in the community, the home of someone important to them, or their usual residential or nursing home. The aim is for your loved one to be cared for and to be comfortable and peaceful in the place of their choice in the final stages of their life.

### How will they get home?

They will be taken home by ambulance. Sometimes a carer or relative may travel with them, but usually the ambulance service will ask that you meet the ambulance when it arrives.

They may be quite poorly when returning home. For this reason, it is essential that the ambulance crew are aware of their wishes and what to do if your loved one gets sicker during the journey. These decisions will have been discussed between your loved one if able, you and the clinical team. It will be shown clearly on a form which will travel with your loved one in the ambulance. You should be aware that whilst very rare, there is always a possibility that your loved one may not survive the journey. If he/she were to die naturally during the journey home, it would be inappropriate for the ambulance crew to try and restart your loved one's heart. They may not be able to continue to their destination but instead return to hospital where a doctor would confirm that they had died. If you were not travelling in the ambulance we would let you know as soon as possible, and you would be supported with what to do next.

## What happens when they get home?

We will have informed your loved one's GP and their local community nursing team about your relative or friend being discharged and of any needs that they may have. When they arrive home, please contact their GP practice to tell them that he/she has arrived. The practice will then arrange for their GP to visit them at home within the next few days. If your relative or friend is returning to their residential or nursing home, this will be done by the care home staff. Your loved one may also be visited by a district nurse or specialist community nurse depending on their needs. You will be informed of any planned visits prior to discharge.

## What should I do if my loved one becomes distressed or in pain?

As people approach the end of their life, they sometimes require extra medication to help manage any symptoms. The medicines will be available and prescribed in advance by a doctor so that there is no delay in accessing them should your relative or friend require them at any time of day or night. In some nursing homes, nurses are able to administer these medications, but in most instances they are given by either a district nurse or GP who is called out to see your relative or friend in their home. How the medications are given will depend on individual needs but are usually by mouth or by injection. It is likely that many medications your relative or friend has been taking (some for a number of years) will be stopped at this stage, as they will no longer be of benefit and may be difficult to take.

If your relative or friend is experiencing any unpleasant

or distressing symptoms, or you or their care home need advice or help at any time the following people should be contacted:

During usual surgery opening hours: GP:

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When the GP surgery is closed: Out of hours GP: dial 111

District nurse:

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### Any planned visits:

By whom and for when (the nurse will complete this before discharge from hospital)

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Most things will be able to be dealt with quickly by either the district nurse or GP and your loved one will be able to remain at home. Please be aware that if you dial 999, they are likely to be readmitted to hospital which may not be what you or they want.