NHS
Central and
North West London
NHS Foundation Trust

Supporting excellent care in the last days of life at home

Information for people at home, their family, friends and others who are important to them, as well as community healthcare professionals

Wellbeing for life

About this booklet

This booklet explains more about how we care for somebody when we believe they are approaching, or are at, the end of their life. It has been written especially for those who wish to be at home at this time. We understand that this is a difficult time and hope that this leaflet will help answer some of the questions many people have.

The booklet gives the person and those important to them advice about what to expect and what happens when someone is deteriorating and dying. It also gives practical advice about things the person, those important to them and the healthcare team may want to consider to ensure there is the right care and support at home. Some parts of the leaflet may be more relevant than others for each person, and we have indicated this in the contents page. However some people may find it helpful to read all the sections.

At the back of the booklet is space to write down any questions or notes you may wish to make.

Additional local inserts for this booklet include useful contact details for your local area as well as documents and guidance that the healthcare team can use to help plan the right care. Please ask if you would like more information.

If you don’t feel ready to read this information just yet, you can come back to it at any time.

Tell us, we‘re listening

Our staff want to know how they are doing. Tell us what you think at: **www.cnwl.nhs.uk/feedback** and then we’ll know what to do.

Contents

⬛ Useful information for everyone

🟩 Information most useful for healthcare professionals

Inserts:

- Useful contact details for healthcare teams and services in your area.
- Individualised Care Plan and Medication Prescribing Advice for healthcare professionals. This is for the healthcare team to document what they have discussed with a person and/or those important to them.
- A chart which can be used to easily record common symptoms over time. This can be used by patients, those important to them and healthcare professionals

The ambition

> “I can make the last stage of my life as good as possible because everyone works together confidently, honestly and consistently to help me and the people who are important to me, including my carer(s)”

National Palliative and End of Life Care Partnership (2015). Ambitions for Palliative and End of Life Care: A national framework for local action 2015-2020.

Standards of care everyone can expect at the end of life

When someone is approaching the end of their life, they can expect care that is compassionate and sensitive to their needs and preferences. Clear communication between the person, those important to them and healthcare staff is especially important. Healthcare staff will respond to changes in the person’s condition with care to relieve symptoms and distress. Each person will have an individualised plan for care in the last days of life.

Who might be involved in care at home in the last days and weeks of life?

There can be lots of different healthcare professionals visiting someone at home. Although they all have different roles and skills, they work together to make sure people and those important to them receive the right care and physical, emotional and spiritual support. This section explains the different roles and what to expect from each of them.

Any professional who comes to your home home may ask ‘What do I need to know about you to give the best care possible?’ or similar questions to help them decide what to offer you.

GP

While someone is at home, the GP has overall responsibility for care. They can help if someone is concerned about any aspect of the care, for example,

- Worried about changes in symptoms. They will discuss what treatments might help control symptoms.
- Want to talk through what may happen as a person becomes less well and discuss if someone has specific wishes regarding their care.
- They can arrange for a patient to be seen by a district nurse or for Specialist Care from a Palliative Care Team. They can refer a person or their carer to be seen at home.

Community and District nurses

Community and District nurses work closely with GPs. They offer home visits and assess a person’s nursing needs. They can help with:

- Monitoring and treating any symptoms.

- Supporting people and those important to them.
- Giving injections, changing dressings, giving advice and support on pressure area care and toilet problems, such as incontinence and constipation. They can organise the supply of appropriate equipment to help with pressure care or incontinence.
- Showing relatives or carers how to move and care for a person safely if they wish to be involved in doing this.
- Teaching someone or their carers about the safest way to take medication.
- Arranging for a carer or healthcare assistant to help with things such as washing and personal care.
- Co-ordinating care. They can contact other health or social care professionals to help if needed. District nurses often work with Palliative Care Teams to help support patients and those important to them so that they can stay at home.
- District nurses are usually a senior community nurse with specialist training and may have additional roles to those above such as prescribing dressings, and sometimes medications, as well as physical assessment skills.

Trained Carers

Carers are employed to help with all aspects of personal care, for example washing, dressing, toileting and help with preparing food or drinks. They are a valuable source of support. Carers are not trained nurses so cannot give medication. Funding for carers is either provided via social services, the NHS or privately. For the majority of patients at end of life, care can be funded by the NHS. The GP, district nurse or community palliative care team can give more information about this.

Community Specialist Palliative Care Team

Specialist palliative care teams have expertise in supporting someone at this time of life. They can give direct advice to a person or their family or any healthcare professional concerning:

- Advice on managing symptoms such as pain and nausea or any source of distress.
- Advice to a person or their family/friends to help manage a health condition that might be changing quickly.
- Support to a person or their family/friends to cope with their illness, including children and young people.

The team includes specialist palliative care nurses and doctors and they are often, but not always, linked to local hospices. Many palliative care teams also have, or work closely with, a social worker, a counsellor, an occupational therapist, a physiotherapist and a spiritual care coordinator or chaplain.

Palliative care teams are experienced in assessing and treating symptoms. They can also provide social, psychological and spiritual support for patients and those important to them. The specialist palliative care team can give more information about the services your local team provides when they visit.

Social workers

Social workers can provide information about any aspect of social support you and your family require. Specialised social workers can also provide counselling and emotional support for patients and those important to them. They can also help with applying for benefits a person or those important to them may be able to claim. Speak to the GP, district nurse or palliative care nurse to be referred to a social worker.

Physiotherapists and Occupational Therapists (OTs)

Physios and OTs can help someone maintain their independence as much as possible. They visit a person at home and can assess how they move and suggest equipment or changes to how the home environment is set up to make things easier or safer. After their assessment, they will arrange to get the equipment needed. They can also give information and support about pain relief, breathing problems, fatigue and anxiety. They can help support someone to move around as much as they are able. They can do home visits to assess how a person moves.

Local spiritual or religious support services

Local spiritual or religious leaders can offer spiritual care and support at this time. Even if a person doesn't have a spiritual or religious faith, they may still find it helpful to talk to someone about how they are thinking or feeling.

Voluntary organisations and charities

Voluntary organisations and charities offer various kinds of help, including information, loans of equipment, grants and transport. Some organisations have volunteers who can provide short periods of respite care to give carers a break during the day time. Additionally in some areas either trained carers or Marie Curie can provide free occasional additional general nursing care and support overnight in the home, usually for eight to nine hours.

The district nurse, social worker, palliative care team or GP can provide details for which organisations are available in your local area and how to contact them.

What to expect when someone is dying

If someone is approaching the end of their life there is often a period of time lasting weeks to months when they are slowly deteriorating. This is commonly experienced as finding it harder to do everyday things, such as getting washed and dressed in the morning, finding it harder to walk around, feeling tired all the time and having a smaller appetite. It is quite common for people to fluctuate and have good and bad periods. It can be difficult to say with certainty if a person is starting to die, or may improve a little.

This is a time for the person and those important to them to meet with their GP or nurses who care for them at home. They will review to see if there is anything that can be treated or changed to help the situation. They can also talk to the person about their wishes for the future if improvement is not possible. If they would wish to be at home for end of life care they can help plan practically to do this.

This period of decline over weeks and months is followed by a time, perhaps a few days, when dying becomes more likely. This booklet explains in more detail about what to expect in these last days of life.

What happens when someone is in the last days of life?

This time is entirely unique to each person. It is not always possible to:

- Know for sure that a person is in the last days of life.
- Predict exactly when a person will die.
- Know exactly what changes the person will experience when they are dying.

There are certain bodily changes telling us a person is close to death. These signs can come and go over a period of days, and not all of them will happen in everyone. If these signs go away it does not usually mean the person is recovering.

Some of these changes may be distressing for the person or those caring for them, but we hope the information in the following pages reassures that many of these changes or signs are not unusual and that there are many things both those people important to a person and their healthcare team can do to help.

If you are a carer and if any of these signs make you feel distressed or overwhelmed, do take a period of time for a break and leave the bedside, as it's important to think about your own feelings as well as those of the person you are caring for.

Changes in the last days of life

The person's appetite is likely to be reduced

Sign that a person may be dying	They may no longer wish to eat or drink anything. This could be because they find the effort of eating or drinking too much. But it may also be because they have little or no need or desire for food or drink. Eventually the person will stop eating or drinking, and will not be able to swallow tablets.
Is this worrying?	If a person stops eating or drinking because of their reduced appetite, this may be hard to accept, but is an ordinary part of the dying process. If they stop drinking their mouth may look dry, but this does not always mean they are dehydrated. It is normal for all dying people eventually to stop eating and drinking.
Is there anything carers can do to help?	If the person is conscious and they want something to eat or drink, you can offer sips, provided they can still swallow. You can give comfort to a person with a dry mouth by: • Offering a drink through a straw (or from a teaspoon or syringe). • Moistening the mouth with a damp sponge (special kinds of sponges are available for this purpose (the person may bite down on it at first but keep holding it and they will let go)). • Placing ice chips in the mouth. • Applying lip balm. • Using a baby toothbrush to gently clean the front of their mouth.
What can the nurse or doctor do to help?	Good mouthcare is most important. The nurse or doctor may consider subcutaneous fluids (fluids given via a needle under the skin) for symptom relief, but this needs to be weighed up against side effects such as the risk of secretions and oedema (swelling). The nurse or doctor will be able to talk further about the benefits and risks of giving artificial fluids at end of life.

The person's breathing may change

Sign that a person may be dying	As a person's body becomes less active in the final stages of life they need less oxygen, and their breathing may become shallower. There may be long pauses between the breaths. Sometimes the person's breathing may also make a noise. This is likely to be because they are not able to reabsorb or swallow the normal fluids in their chest or throat, which can cause a rattling sound. In the very last moments of life, the person's breathing pattern may change. Breaths become much slower and quieter before they stop altogether.
Is this worrying?	A change in the breathing pattern is a normal part of the dying process. The rattling sound can be upsetting to hear, but it does not seem to cause any distress to the dying person. It can be a bit like snoring - which affects those who hear it more than the person who is making the sound. The person does not normally need extra oxygen at this time stage.
Is there anything carers can do to help?	If the person is anxious, sitting with them so that they know you are there may help to reduce their anxiety. Breathlessness can be frightening - a small fan and an open window can help. If the breathing is very noisy, it may be helpful to change the person's position so that they are on their side. You can ask to be shown the best way of moving someone.
What can the nurse or doctor do to help?	The doctor or nurse may also suggest medication which may help to reduce the fluids in their chest or throat. This is not always needed, and does not always make a difference.

Tables adapted from:

The National Council for Palliative Care (2015). What to expect when someone important to you is dying. A guide for carers, families and friends of dying people.

The person may become much sleepier

Sign that a person may be dying	The person is likely to spend more time sleeping, and will often be drowsy even when they are awake. They may also drift in and out consciousness. Some people become completely unconscious for a period of time before they die – this could be short, or as long as several days.
Is this worrying?	It is normal for a dying person to sleep more. They may generally become less interested in what is going on around them, and have less energy to take part, but this does not necessarily mean they are no longer hearing or understanding what is said to them.
Is there anything carers can do to help?	It is important to remember that, even when the person is or appears to be sleeping or resting, they may still be able to hear. Do not feel that you need to stop communicating with the person. Some carers might want to carry on speaking quietly and calmly to the person. They could also try letting the person know their loved one is there in other ways. For instance; holding their hand, reading to them, or playing their favourite music.
What can the nurse or doctor do to help?	The nurse or doctor will review to make sure there are no reversible causes of the drowsiness, for example medications can sometimes cause excess drowsiness, or they may consider blood tests to look for any causes. However, often there are no reversible causes of drowsiness and they will reassure a person and those important to them that it is part of the normal process in someone who is dying.

The person's skin may feel cold and change colour

Sign that a person may be dying	The person's hands, feet, ears and nose may feel cold to touch (this is due to reduced circulation). Occasionally a person's hand or other parts of the body may swell a little. Their skin may become mottled and uneven in colour. In light skin this often shows as blue and patchy, in dark skin as grey or ashen and in yellowish skin tones it can show as a grey to green colour.
Is this worrying?	These changes are all normal parts of the dying process. If the person's hands swell please be assured this is not usually painful or uncomfortable.
Is there anything carers can do to help?	It may be comforting to put loose gloves or socks on the person. You do not need to warm them up - but doing so may help carers to feel more comfortable. Gentle massage may help. If you ask, the nurse or doctor can show you how to do this.
What can the nurse or doctor do to help?	The nurse or doctor can reassure carers that these changes are a normal part of the dying process. They can help show carers how to do gentle massage.

The person may become more restless or agitated

Sign that a person may be dying	This may happen in the last few days of life, though the person may become more peaceful again before they die. Sometimes they may appear confused and may not recognise familiar faces. They may hallucinate, and see or hear people or things that are not actually there.
Is this worrying?	Restlessness and agitation can be caused by many things. It may be manageable by quiet reassurance and the comfort of people who are important to the person, though it may still be distressing for them to see. Agitation could also be caused by physical problems, like constipation or difficulty passing urine –ask the doctor or nurse caring for the person if you are concerned about this. Sometimes the person may not recognise those important to them. This may be distressing, but it is not a sign that they feel differently about them. More likely, it is that the person is unable to distinguish clearly between what is real and what is not - especially if they are a bit sleepy and drifting in and out of consciousness, rather like what can happen when we are half-awake or half-asleep.
Is there anything carers can do to help?	Simply sitting with the person may often help to calm them down. Keeping things as normal as possible may also help comfort them. Carers can help by: • Speaking clearly and audibly to the person. • Telling/reminding them who each person is. • Keeping their surrounding calm with minimal changes in noise level. • Trying not to correct them if they say something wrong or insist on them getting things accurate, as this may be upsetting for carers and the person.
What can the nurse or doctor do to help?	The nurse or doctor can check if there is any reversible cause for the agitation, such as constipation or difficulty passing urine. They may be able to offer medication to help settle the person's anxiety.

The person may lose control of their bowels or bladder

Sign that a person may be dying	This happens because the muscles in these areas relax and don't work as they did. They may also have fewer bowel movements as they eat less, and their urine may get darker as they drink less.
Is this worrying?	This may be distressing to see, and you may worry that the person may feel embarrassed.
Is there anything carers can do to help?	Carers can ask a nurse to help by showing them how to • Keep the person clean and comfortable and additional help with care as you need. • Protect the bed.
What can the nurse or doctor do to help?	The community nurse can help organize incontinence pads and, if not already in place and needed, funded carers to help with personal care. They may also consider a catheter (a long thin tube put into the person's bladder to drain urine to make them feel more comfortable)

The person's eyes are closed

Sign that a person may be dying	It is important to know that in these final stages, the person may close their eyes often. At some point they may not open them again. Their eyes may often be half-open, which can be distressing to see.
Is this worrying?	This is part of the normal process when someone is dying. The person may still be able to hear, even if they are not opening their eyes.
Is there anything carers can do to help?	As they may still be able to hear, take the opportunity to say things that are important to you both.
What can the nurse or doctor do to help?	Even if the person's eyes are closed and they don't appear to respond, the nurse or doctor will always tell the person who they are when they arrive and let them know if they are going to examine or move them. They may still be able to hear, so the nurse or doctor will explain what they are doing when they are caring for the person to reassure them.

Conversations to expect

If changes like the ones described are noticed by the healthcare team, they will offer a conversation with the person if they are able, or, if they agree, with those important to them.

Conversations may involve some of the following:

- The reason why the doctor or nurse thinks a person is dying and an estimate of prognosis (this is very difficult to say with certainty).
- An explanation of what to expect in the last few days.
- Check if the person did any advance care planning before, such as if they have a preferred place of care at end of life, or any legal documents about wishes relating to their care (for example, Advance Decision to Refuse Treatment or Lasting Power of Attorney).
- An explanation of how symptoms such as pain or breathlessness will be managed if they occur. As it can be difficult to swallow tablets alternative ways of giving medication, for example injections under the skin can be done. The doctor or nurse will make sure these medications are available in the home just in case they are needed.
- A discussion about cardiopulmonary resuscitation (CPR)
- Check if the person has an implantable cardiac defibrillator (ICD) and if so a discussion about deactivating the device.
- The healthcare professional may ask about religious or spiritual wishes, beliefs and needs. They can contact an appropriate spiritual advisor, for example a chaplain or imam if you would find this supportive.
- The healthcare professional may ask questions about the person's psychological wellbeing, for example if they are feeling very anxious or distressed, to work out how they can help best.

- The healthcare professional will ask who the person wants to be involved in their care, and also how involved those important to the person wish to be in care. They will offer support to those important to the person. They will also ask if there are any children or young adults who are close to the person who may need extra support at this time. They will suggest informing schools/ universities so that they can help support the child or young adult.
- Digital legacies are increasingly important for people who have social media or other on-line accounts with photos or information that those important to them may not be able to access after their death. More information and advice about how to manage digital legacies can be found at **http://digitallegacyassociation.org/for-the-public/**

Things the healthcare team should consider in the last days of life:

- A medical review. This is to consider if there any reversible causes of deterioration and, if so, whether it is appropriate to treat them. Physical and psychological symptoms may also be assessed and an overall check of any sources of concern for the household.
- The healthcare professionals will communicate clearly and sensitively with the person and those who are important to them.
- The healthcare professionals will involve the person and those who are important to them in decisions about treatment and care.
- Liaising with other members of the community multi-disciplinary team to come to agreement about decision making at end of life and an individualised plan of care.
- The healthcare professional will agree an individualised plan of care for the patient including an assessment, a review of hydration and nutrition and a plan for managing current and common symptoms.
- The individualized plan of care and treatment escalation decisions should be documented on the forms the local team uses.
- These decisions will be regularly reviewed and revised as necessary.
- If not already discussed before, the healthcare team should discuss and complete a Do Not Attempt Cardio-Pulmonary Resuscitation form.
- Anticipatory injectable medications will be prescribed and available in the person’s home in case they are needed in a crisis.

The healthcare professional will agree a plan with the person or those important to them for ongoing monitoring and support. They

- The healthcare team should update appropriate out of hours teams and any Electronic Patient Care record.
- The healthcare team may request or review a package of care if the person needs more help with personal care.
- They may consider referral to other services, for example specialist palliative care.
- The healthcare team should ensure ongoing district nurse support if already in place or refer if needed.
- The healthcare team should check if the person has an ICD (implantable cardiac defibrillator). If so a discussion about deactivation should be considered if it has not already been done.
- Digital legacies are increasingly important for people who have social media or other on-line accounts with photos or information that may not be accessible to those important to the person after their death. This link can be offered to the person and/or those important to them for further information and advice about what to do. **http://digitallegacyassociation.org/for-the-public/**

Common medications used at end of life

In the last days of life it is often difficult for someone to swallow tablets as they are more sleepy. Some medications can be given in liquid form which can be easier to swallow. The healthcare team may go through a person's medications and stop those which they feel are no longer necessary to reduce the tablet burden.

If someone is unable to swallow at all, medications needed to keep them comfortable can be given as injections under the skin. If several injections are needed then the healthcare team may consider starting a syringe driver. This is a small battery pump that gives the medication continuously over 24hrs under the skin (subcutaneous) via a small needle. People do not find this uncomfortable. Normally all the medication can go in one pump. This means that repeat injections are less likely to be needed and the symptoms are better controlled throughout the day. The symptoms and medications will be reviewed daily and the community nurses do all the syringe driver changes.

Do not worry if the syringe driver alarms or stops working as the medications will still work for a few hours. Calling the District nurse is the best thing to do in this scenario.

Some of the medications that can be given as injections or via the syringe driver are:

- Painkillers – for example, Morphine or other drugs that act like morphine.
- Sedative drug – these help with symptoms of agitation and restlessness. An example of this is Midazolam.
- Anti-sickness medications. There are many anti-sickness medications that can be given as an injection or via the syringe driver. Different anti-sickness medications work in different people and situations, so a second or third medication may be tried if the first does not help.

- Anti-secretory medications. These help dry up secretions which cause noisy breathing at end of life.

The doctor or nurse will decide on the right medications for each patient based on their symptoms, their response to previous medications, any previous allergies or adverse reactions and how available the drugs are.

In the separate insert are a series of flowcharts, which the different nurses, doctors and other healthcare professionals coming to give care can refer to for advice on how best to manage pain and other symptoms at the end of life. The names of drugs and technical details are included - if you would like someone to discuss or explain these to you then please ask your GP, District Nurse or Palliative Care Team.

People without symptoms who have not needed these medications previously do not need to have medications regularly, but ‘just in case’ prescriptions will be available in case the medications are needed.

What to expect in the final moments

Some people find it helpful to know what to expect in the final moments. **If you don't feel ready to read this information just yet, you can come back to it at any time.**

The person's final moments

Particularly in the last few minutes, the person's face muscles may relax and they become very pale. Their jaw may drop and their eyes may become less clear. The person's breathing will eventually stop. Often the person's body will completely relax.

Sometimes it can be difficult to identify the exact moment when the person dies. There may be one or two last gasps a minute or so after what seemed the last breath.

This is always a profound moment, even when death has been expected for days. Those important to the person may suddenly feel overwhelmed with sadness; they may want to be alone, or they may want to ring family and friends. By this time they may be exhausted with the caring and the waiting, and the relief and finality of the moment can take them by surprise.

What happens after the person has died?

Once the person has died those important to them may wish to respond in a way which is appropriate to them at the time. This could be by:

- Carrying out a particular ritual or ceremony, if there is one that is important to the person who has died, and their culture or beliefs.
- Simply sitting and being with the person.

After this there are practical steps to take when ready, the first of which are on the next page.

Care After Death

After a loved one has died and those important to them are ready, the death needs to be confirmed. To do this:

- You do not need to call 999 if someone has an expected death at home but can contact the GP as below:
- **If in usual working hours** contact the GP so that they can come and confirm the death and complete a medical certificate.
- **If out of hours** then contact the out of hours GP to come and confirm the death. **Please tell them that the death was expected**, this avoids having to involve the coroner. They will not be able to do the medical certificate, but this will be completed by a GP who knew the person when the GP practice re-opens in working hours.
- In some circumstances the GP may need to speak to a Coroner before issuing a medical certificate, but they will explain this and the process at the time.

Those important to the patient may also wish to contact a funeral director to move their loved one to a funeral home.

Once the medical certificate is done the death can be registered. This must be done within five days at the local town hall in the borough the person died.

Please ask for a separate booklet that contains more detailed information and advice about what to do when someone dies. Alternatively the website **www.bereavementadvice.org** has lots of helpful and practical advice about what to do.

If you are considering taking your loved one home to their country of birth for burial please speak to a funeral director for further information about their repatriation services.

The healthcare team will continue to support those important to the person after their loved one has died and answer any concerns they have.

Care After Death

These are the things the healthcare team will need to consider when a person has died:

- Ensure those important to the person know contact details to arrange verification of death.
- Support relatives and give information about what to do after a death in a clear and sensitive way. There are useful leaflets from the Department of Work and Pensions regarding things that need to be done after a death.
- Ensure a Medical Certificate is issued (this is normally done by the GP) or the Coroner contacted if unable to issue certificate.
- Ensure all relevant agencies e.g. social care, palliative care, out of hours teams and equipment stores are informed of the death as soon as possible.
- Update care records e.g. Electronic Patient Care Record with the date, place and time of death.
- Offer follow-up bereavement support to those identified as important to the person and consider referral to bereavement counselling services as needed.
- Ensure staff who cared for the person are supported if needed.
- Consider if any lessons (including what worked well) can be gained from events leading up to the death and how the death was dealt with to help care for future patients.

Space to write down important contact details

We suggest you write down the contact details of the professionals looking after you, and also the contact details of people you would like us to contact if needed.

Role	Name	Contact number
GP:		
Out of Hours GP number:		111
District Nurse:		
District Nurse Out of Hours Contact:		
NHS Continuing Care Team:		
Care agency:		
Community Palliative Care Team:		
Out of Hours Community Palliative Care Team:		
Community Pharmacist/ Pharmacy:		
Contact details of family/ friend/carer you would like us to contact if needed:		

There is also a separate insert with the contact details for your local area.

Space for anything you wish to note down

e.g. questions to ask your nurse or doctor, or to record anything you wish your nurse or doctor to know

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Acknowledgments

A wide consultation and review of existing resources was used to develop this booklet. We particularly acknowledge the following sources:

National Palliative and End of Life Care Partnership (2015). *Ambitions for Palliative and End of Life Care: A national framework for local action 2015-2020*. London: NHS England. Available at: **http://endoflifecareambitions.org.uk/wp-content/uploads/2015/09/Ambitions-for-Palliative-and-End-of-Life-Care.pdf.**

Leadership Alliance for the Care of Dying People (2014). *One Chance to Get it Right*. London: LACDP. Available at: **https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/323188/One_chance_to_get_it_right.pdf.**

The National Council for Palliative Care (2015). *What to expect when someone important to you is dying. A guide for carers, families and friends of dying people*. NCPC. Available at: Leadership Alliance for the Care of Dying People (2014). One Chance to Get it Right. London: LACDP. Available at: **https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/323188/One_chance_to_get_it_right.pdf.**

Marie Curie Cancer Care, 2014. What to expect in the last weeks and days. **https://www.mariecurie.org.uk/help/terminal-illness/planning-ahead/preparing/what-to-expect**

This document is also available in other languages, large print, Braille, and audio format upon request. Please email **communications.cnwl@nhs.net**

هذه الوثيقة متاحة أيضاً بلغات أخرى والأحرف الطباعية الكبيرة وبطريقة برايل للمكفوفين وبصيغة سمعية عند الطلب

Arabic

این مدرک همچنین بنا به درخواست به زبانهای دیگر، در چاپ درشت و در فرمت صوتی موجود است.

Farsi

এই ডকুমেন্ট অন্য ভাষায়, বড় প্রিন্ট আকারে, ব্রেল এবং অডিও টেপ আকারেও অনুরোধ পাওয়া যায়

Bengali

Dokumentigaan waxaa xitaa lagu heli karaa luqado kale, daabacad far waa-wayn, farta indhoolaha (Braille) iyo hab dhegaysi ah markii la soo codsado.

Somali

Mediante solicitação, este documento encontra-se também disponível noutras línguas, num formato de impressão maior, em Braille e em áudio.

Portuguese

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Tamil

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Spanish

Dokument ten jest na życzenie udostępniany także w innych wersjach językowych, w dużym druku, w alfabecie Braille'a lub w formacie audio.

Polish

આ દસ્તાવેજ વિનંતી કરવાથી બીજી ભાષાઓ, મોટા છાપેલા અક્ષરો અથવા ઓડિઓ રચનામાં પણ મળી રહેશે.

Gujarati

Be belge istenirse, başka dillerde, iri harflerle, Braille ile (görme engelliler için) ve ses kasetinde de temin edilebilir.

Turkish

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Ref: 0705_APR2017 | **April 2017**