

Understanding Changes in Breathing at the End of Life

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- When a person nears death they may lose the ability to cough and swallow to clear the saliva or mucous as it pools in the back of the throat.
- Air moving across these secretions can create noisy breathing sounds. You may have heard the term “death rattle” to describe this type of breathing and may worry that the person is uncomfortable or having trouble breathing, but they are not aware of the noise or secretions.
- Not everyone will experience these symptoms. Some people may be more likely to develop these symptoms at end of life, particularly those with cancers of the lung and brain.
- Other changes in breathing can take place when a patient is dying. You might notice very fast and shallow breaths, or slow deep breathing with long pauses or sighs, or a combination of these. Again, the dying person does not notice these changes and they are a natural part of death for many.
- There may be times when noisy, moist breathing becomes distressing for those at the bedside of the dying person. There are some simple things that you or the nurses can do to help minimize these sounds:
 - Reposition the person’s head, chin or body on their side.
 - Raise the head of the bed slightly or add an additional pillow behind their head.
 - Reduce or stop oral or intravenous fluid and food intake.
 - Trial of gentle oral suctioning (but may be disturbing to dying person).
 - If these things fail to help, you can ask the medical providers about the use of medications (atropine, scopolamine, glycopyrrolate) to prevent the development of further secretions. Like many medications, they may also have unwanted side effects like causing or worsening blurry vision, confusion, constipation or hallucination, so may not be right for everyone at end-of-life.

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