

# Hospice

A Guide of Signs, Symptoms,  
and Caregiving





This book is a guide to provide information on end-of-life care, symptom control, and the dying journey. The changes and symptoms described in this guide may happen more or less frequently, or at different times than outlined. The book details what symptoms may be felt, seen, or heard and what can help relieve those symptoms. As the journey comes closer to death, the book describes what may happen and what to do. The end of the book helps prepare for steps after death. The dying journey is different for everyone.

The entire hospice team is ready to assist you during this difficult time. Please contact our office or our after-hours number with any questions, concerns, or any new or worsening symptoms.

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# Conversations With Your Loved One

Knowing what to say during this journey can be helpful. Allow your loved one to be in control and follow their lead. For example, they may want to talk about their memories.

They may also prefer to be around their loved ones with little or nothing to say. Show your presence by sitting next to them and holding their hand.

Hearing is thought to be the last sense to go in the dying process. You can still talk with them when they can no longer respond. Keep in mind that they can likely still hear you, even if they appear to be in a deep sleep. Be mindful of what you say to others while in your loved one's presence.

It's also helpful to remember not saying anything at all may be right for some situations. Sometimes being still and in the moment is comforting. Each situation is different because each person is different.

Here are some ways to start a conversation:

- The things I love about you are...
- One of the most important memories I have is...
- I will miss...
- You have taught me...
- I hope I have given you...
- I will forever cherish...

There is not a right or wrong way to talk with your loved one. Let the conversation flow. Spiritual and religious services are available to support communication with your loved one.

## Comfort and Symptoms

This book has a list of common symptoms or things someone may experience. **Knowing what has helped in the past** and discussing this with the care team can help manage symptoms.

The following are ways to help with many of the symptoms below.

### Relaxation and Breathing

Relaxation and breathing can be used anytime. To do this:

1. Have the back supported and place one hand on the chest and one hand on the belly.
2. Breathe in slowly through the nose for a count of 2. The hand on the belly should move, but not your chest.
3. Breathe out through the mouth with lips together (pursed) for a 4 count.

Try this for 5 to 10 minutes when a symptom starts.

### Medications

Each symptom section contains a box for the caregiver or hospice team to write the medications or other ways to help relieve the symptom. Use the Medication Record at the back of this booklet to record the medications that are given.

## Repositioning

Changing positions may help with some symptoms. Moving from side to side or different angles of sitting can help decrease pain and help with breathing.

## Distraction

Distraction is listening to music, reading, playing a game, visiting friends, or anything else that takes the mind off the symptoms.

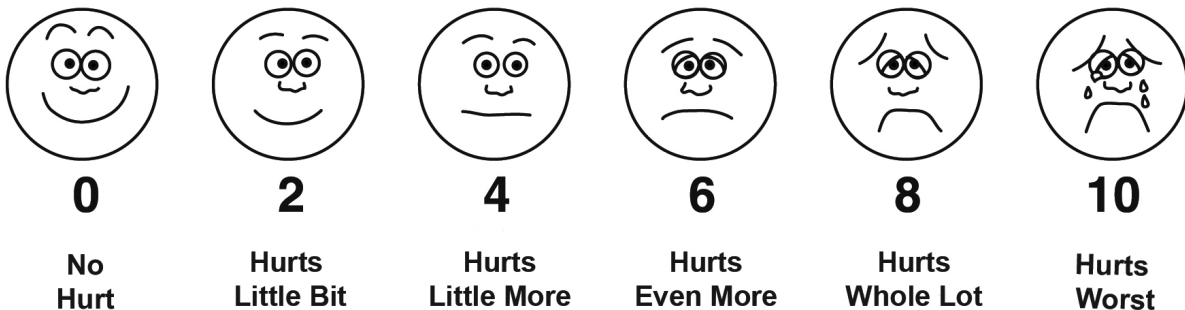
## Pain

One of the most important goals in hospice care is to help relieve (decrease) pain. The hospice nurse will ask about pain at every visit to make sure pain is well managed. Questions they may ask about pain are:

- Where is the pain?
- How do you rate the intensity (strength) of the pain?
- How often does the pain happen?
- How long does the pain last?
- What helps the pain and what makes it worse?

To help describe the pain, words such as hurting, discomfort, aching, burning, gnawing, grabbing, sharp, sore, throbbing, squeezing, cramping, and stabbing are helpful.

### Wong-Baker FACES® Pain Rating Scale



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

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## How Pain Can Look or Sound

- Sounds of pain-moaning, groaning, crying out
- Grimacing
- Restlessness
- Withdrawal (not wanting to be social)
- Weakness
- Pale skin color
- Breathing problems
- Excessive sweating
- Not wanting to be touched
- Sleeping more or less than usual
- More tired
- Not being able to sit still (fidgeting)
- Rubbing a certain area of body
- Rocking
- Furrowed eyebrows
- Not wanting to eat
- Not wanting to talk

## What Can be Done to Help the Pain

- Reposition (change your position)
- Take pain medication when the pain starts
- Pet therapy
- Ice or heat the area for 20 minutes on and 20 minutes off
- Put the body part up (elevate)
- Acupuncture
- Aromatherapy
- Prayer and meditation

## Pain Medication

Pain is easier to prevent than to relieve and severe pain is difficult to get under control. The following tips may help:

- Pain medications work best when taken right when the pain starts. Do **not** wait to take the medication until you are in a lot of pain as the medication will not work as well.
- If pain occurs most of the day, it may be best to take pain medicine on a routine schedule (for example, every 8 hours).
- Pain medicine should be given before activities that could make the pain worse.
- Always check when the medication was given last, to make sure it can be given again. There may be more than 1 pain medication ordered to use. The nurse will help describe how to alternate pain medication for continued pain relief.
- Constipation is common with pain medications. See the constipation section of this book to help prevent constipation.

## Pain Medication Facts

Pain medications relieve pain during your hospice journey and can also help with anxiety.

Being comfortable is a priority. Here are some facts about taking pain medication during this time.

- The goal of hospice is to relieve pain and make the last days or weeks comfortable.
- There may be concerns if pain medications are taken too soon the body will get used to it (tolerance). This may happen when pain medication is taken over a long period of time. This is normal. The healthcare team may need to change how much of the medicine, or the type of pain medication needed to help with pain.
- Pain medications, when taken as ordered, provide comfort. There is no evidence they cause death sooner.
- During hospice, addiction is not a concern. The focus is on comfort during the final stages of life.

Ways to help the symptom:

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# Breathing

Breathing changes are normal. This can happen quickly or over days. As death nears, breathing may become louder (rattle sound) from secretions (saliva) in the throat.

## What Breathing May Look, Sound, or Feel Like

- Gasping
- Grunting
- Fast breathing
- Shallow breathing
- Feeling short of breath (not able to get a full breath)
- Dizziness
- Wheezing
- Tight feeling in chest
- May have to pause when speaking
- Using neck, shoulder, chest, and abdomen muscles to help with breathing
- Restlessness
- Stressed, anxious, or frightened
- Face or lips are blue gray (dusky)

## What Can be Done to Help with Breathing

- Use oxygen if ordered
- Relaxation and breathing exercises
- Pursed lip breathing
- Rest between activities to save energy
- Fans on or air conditioning
- Sit near a window
- Change positions and try to keep your head up

Ways to help the symptom:

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# Oral Secretions

## What Might Be Seen or Heard

- Noisy breathing
- Gurgling
- Rattling
- Difficulty swallowing
- Coughing

## What Can Be Done to Help With Oral Secretions

- Lay on a side with a towel under the mouth
- Good oral care with mouth swabs
- Limit drinking fluids if coughing and cannot swallow

**Suctioning does not work well and is not recommended.**

## How to Do Oral Care

Cleaning the mouth can help with secretions.

1. Gather supplies: mouth swab or rounded toothbrush, toothpaste, water, dish or something to spit in, and lip moisturizer.
2. Sit up and moisturize lips. Use mouth spray at this time if provided.
3. Look for any red or white patches. Let the healthcare team know if these are seen.
4. Place a small amount of toothpaste on the swab. Gently brush teeth, gums, and tongue.
5. Use the cup to spit in. Rinse with water using a sponge, spray bottle, or dropper.
6. Use a damp cloth to clean the face, neck, and mouth.
7. Moisturize mouth. Do not use Vaseline if on oxygen. It is flammable (can cause a fire).
8. Throw away the swab or clean the toothbrush.

Ways to help the symptom:

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# Constipation

Constipation (no stool for 3 days or stool that is hard, dry, and difficult to pass) occurs because of less activity, food, or drink. Only increase the amount to drink if it feels comfortable. Constipation may also be caused by pain medications, but there are medications that can help.

## What Constipation May Look or Feel Like

- Pain when trying to have a bowel movement
- Gas or bloating
- Cramping
- Tenderness in stomach area
- Blood in stool
- Not hungry
- Nausea or vomiting

## What Can be Done to Help Constipation

- Drink warm fluids
- Eat more foods with fiber such as fruits, vegetables, and grains
- Increase physical activity if possible

**Do not take bulk-causing laxatives such as psyllium and other fiber medications without talking with your hospice nurse. These may cause more pain and bloating.**

Ways to help the symptom:

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# Nausea and Vomiting

Wanting to eat less during this time may be normal. Eat and drink as it feels comfortable.

## What Nausea and Vomiting May Look, Sound, or Feel Like

- Not able to tolerate certain foods or smells
- Retching
- Gagging
- Dry heaves
- Sour stomach

## What Can be Done to Help Nausea and Vomiting

- Rest in an upright position after eating
- Avoid foods that do not smell good
- Eat small meals spaced out during the day
- Eat slowly
- Drink cold liquids or ice chips
- Good oral care (clean teeth, gums, and tongue)
- Ginger or peppermint tea or candy
- Avoid sweet, fatty, and spicy foods
- Sip carbonated drinks (like pop) that have gone flat
- Use a fan
- Do not force food

Ways to help the symptom:

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# Anxiety

## What Anxiety May Look, Sound, or Feel Like

- Fear
- Worry
- Can not sleep
- Strange dreams
- Confusion
- Fast breathing or heart rate
- Tension (not able to relax)
- Shaking
- Not able to get comfortable
- Sweating
- Can not pay attention or concentrate
- Chest tightness, pressure, or heavy feeling

## What Can be Done to Help Anxiety

- Talk about feelings
- Ask questions that are open ended (not yes or no) to have a conversation
- Write down thoughts and feelings
- Treat the physical problems that are causing anxiety (pain, trouble breathing, constipation, needing to go to the bathroom)
- Promote sleep during the night and stay awake during the day
- Promote relaxation (reduce noise, dim lights, limit visitors)
- Have a soft voice and tone
- Emotional and spiritual support
- Aromatherapy
- Massage therapy
- Reorient to time, place, date, or situation if helpful
- Avoid caffeine and alcohol
- Weighted or heated blanket
- Keep bedding clean and dry
- Go outside if possible
- Keep items nearby that are comforting

Ways to help the symptom:

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# Depression (Sadness)

## What Depression May Look, Sound, or Feel Like

- Withdrawal (not interested in activities or talking)
- Tearful
- Sleep changes (more or less)
- More tired
- Not wanting to eat

## What Can be Done to Help with Depression

- Talk with someone (chaplain, social workers, or therapist)
- Manage pain
- Family Support
- Set goals for the hospice journey

Ways to help the symptom:

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# Confusion

Unless the confusion is causing harm or anxiety, allow your loved one to feel relaxed. When reorienting is needed, meet them where they are mentally and then try to gently reorient, but do not force it.

## What Confusion May Look, Sound, or Feel Like

- Repeating questions or retelling stories
- Not recognizing family, friends, or care team
- Not knowing what time it is
- Not able to complete daily simple tasks
- Not knowing where you are
- Not able to follow directions

## What Can be Done to Help with Confusion

- Gently try to reorient
- Reorient using clocks, calendars, and familiar items
- Remind them who they are
- Limit number of visitors to lessen confusion
- Let them know what you are doing
- Do **not** argue with the person
- Reassure you are there to help
- Let them know they are safe

Ways to help the symptom:

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# Fever

There are many reasons a fever occurs. Body temperature may increase as death nears.

## What May be Seen

- Sweating
- Shivering
- Flushed cheeks
- Hot and cold feeling
- Confusion

## What Can Be Done to Help with Fever

- Lukewarm sponge bath
- Fan on
- Cool cloth on face
- Ice packs in arm pits
- Light clothing
- Change sheets and clothes as needed
- Drink cold non-caffeinated beverages (do not drink warm fluids)

Ways to help the symptom:

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# Restlessness or Delirium

Restlessness, confusion, and delirium (sudden change how a person thinks or acts) are common at the end of life. When this happens, safety is a priority. Keep the environment free of tripping hazards. Stay with them or have someone else stay with them.

## What Might Be Seen

- Restlessness
- Agitation
- Increased movement
- Irritability
- Reduced movement
- Moving between being awake and sleeping quickly
- Seeing or hearing things that are not there
- Picking at sheets or other repetitive motions

## What Can be Done for Restlessness or Delirium

- Distraction (music, books, share memories)
- Bathroom schedule (for example every 2 hours while awake)
- Lights on during the day and dark at night
- Relieve physical symptoms (pain, breathing)
- Aromatherapy
- Limit number of visitors and have a quiet environment
- Say what you are going to do before you do it
- Keep them safe from falling
- Live in their reality, do not reorient
- Let them tell you what they see, feel, or hear
- Stay calm and speak in a slow soothing tone
- Gentle touch and hand holding for comfort

Ways to help the symptom:

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# Physical Changes

## The Last 1 to 2 Weeks of Life

During this time you will see many physical changes. You may see some or all of these changes:

- The heart rate may increase or decrease from the normal. This is the body's way of conserving energy. As the heart gets weaker, it will not pump as strongly as before. The blood pressure may drop.
- Body temperature may go back and forth between hot and cold. The skin may be clammy. The person may sweat more.
- The skin may turn a bluish or purple color (mottling). This may be seen first in the nailbeds, legs, and arms.
- Breathing patterns may change as the body tries to conserve energy. The dying person may breathe faster or slower than usual. The depth of breaths may decrease and become more shallow. An irregular breathing pattern may be seen. Pauses in breathing (apnea) may occur. These pauses may last from a few seconds up to a minute.
- Congestion or a rattling sound may be heard when the dying person breathes. The cough is usually weak and does not always clear this congestion. Often congestion can be helped by turning the person on one side or the other.
- Little to no intake of food and fluids can be expected. Because the dying person is taking in fewer liquids, there is less urine output. He or she may be incontinent of bladder or bowel.
- Confusion or disorientation may occur or be increased. They may see things or people that others do not see, and speak to people who are not there. The dying person may become unresponsive sometime before death. The person may have a glassy look in their eyes or they may shed tears.

## What You Can Do

- Keep room quiet and peaceful.
- Put on and remove blankets as body temperature changes.
- Keep skin dry and clean. Accept help with bathing your loved one in bed.
- Moisten lips with lip balm.
- Talk to your loved one. Sit and hold their hand. Touch and hearing are the final senses to go.
- Consider getting a hospital bed so the head of the bed can be raised to ease breathing.
- Position your loved one so there is less congestion or noisy breathing. Medications may help with congestion.
- Continue to give medications as directed to help with pain, restlessness or shortness of breath.
- Use disposable briefs (adult diapers) or disposable pads for incontinence to protect linen.
- Continue with oral cares. Swab mouth with a toothette moistened with water.
- Being there is one of the most comforting things you can do.

# Signs of Death

Signs of death may include:

- Breathing cannot be seen or heard
- No heartbeat
- Loss of bladder or bowel control
- No response to your voice or touch
- Eyelids slightly open
- Eyes fixed on a certain spot
- Jaw relaxed and mouth slightly open

## What To Do at the Time of Death

- Call Hospice
- **Do not call 911 or the ambulance**

The hospice staff will help you confirm that the person has died. They will call the funeral home and the doctor. Although this may sound frightening, the hospice team's goal is to prepare you for what will happen. Your physical and emotional well-being is important to us.

# Preparing for When Someone Dies

This checklist will help you keep track of what needs to be done when someone dies. Not all of the items will be needed by everyone. It will be helpful to check off items as they are done. Look into items marked with an asterisk (\*) before the death.

**Reminder:** Most bank accounts and computers will be protected by passwords and pin numbers. Write this information down in advance.

## At the Time of Death

- Notify Hospice. They will contact the doctor and funeral home.
- Notify immediate family and close friends.

## Within Hours of Death

- Notify the Power of Attorney (POA).
- \*Address organ, eye, or tissue donation as needed.
- \*Find and review deceased's funeral and burial wishes.
- \*Arrange care for children or other dependents.
- \*Arrange care for pets.

## In the Next Few Days

- Notify family members and friends.
- \*Make arrangements with funeral home (cremation, burial, funeral, memorial services)
- \*Prepare and arrange for the obituary.
- Have post office hold or forward mail.
- Cancel or rearrange home deliveries.
- Arrange for care or disposal of perishable property (food, plants)

## After the Funeral

- Get death certificates (at least 6 copies for bank accounts and insurance policies).
- Keep records of all payments for funeral and other expenses.
- Tell Social Security and other agencies as needed.
- \*Locate safe deposit box(es). Contact bank for safe deposit box procedures.
- \*Locate important papers and documents. Some of the items you may need include:
  - Birth and marriage certificates
  - Social Security Card for dependent children, spouse, and deceased
  - Recent federal tax returns
  - Military records and discharge certificates
  - Wills, legal documents, and trusts
  - Bank accounts, stocks, bonds, and real estate records
  - Life insurance policies

## Investigate

- \*Social Security Benefits (800) 772-1213 or [www.ssa.gov](http://www.ssa.gov)
- \*Life insurance
- \*Veteran's burial allowance and benefits
- \*Union or fraternal organization death benefits
- \*Employee benefits including: vacation pay, death benefits, retirement plans, deferred compensation, final wages, and medical reimbursements
- \*Refunds on insurance or canceled subscriptions
- \*IRA accounts
- \*Business, partnership, and investment arrangements

## As Needed

- Meet with attorney about estate
- Meet with CPA for tax and accounting matters
- Meet with life insurance agent to collect benefits or consider options
- Deal with fire, theft, liability, and auto insurance on deceased's property
- Determine value of assets
- Review credit cards and charge accounts, cancel if needed
- Do not pay any of the deceased's debts until the attorney discusses this with the family
- If there is a trust involved, arrange for any allocations and transfers
- Arrange for final income tax return and estate tax return as needed

# Home Caregiver Information

## Medications

There are many ways to take medications. Here are the most common ways. The healthcare team will show how to give medications prescribed to your loved one.

### Oral

Swallowing a pill or liquid in the mouth. If swallowing is difficult, let the healthcare team know.

### Sublingual

Placing the medication under the tongue to dissolve.

### Buccal

Placing the medication between the teeth and cheek (in the back of the mouth) to dissolve.

### Rectal

Placing suppositories through the rectum (bottom).

### Subcutaneous

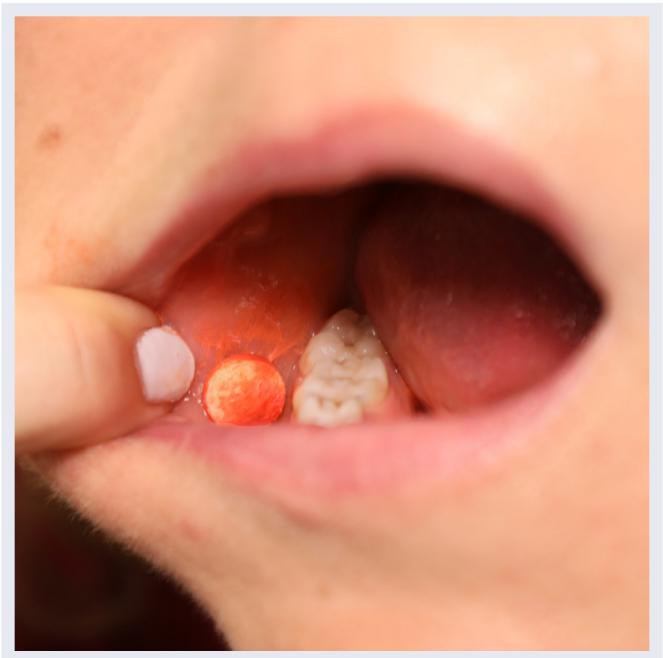
An injection (shot) that delivers medicine in the fatty tissue under the skin.

### Nebulizer

A nebulizer turns a liquid medicine into a fine mist to be breathed into the lungs. This can be done with a mask or mouthpiece. Refer to your manufacturer's instructions on how to use your nebulizer machine.



Sublingual



Buccal

## How to Give a Suppository

A caregiver will need to give this type of medication.

1. Supplies needed: a water-soluble lubricant such as KY Jelly, disposable gloves, and the suppository. Do not use petroleum jelly (Vaseline).
2. The caregiver should wash their hands and put on disposable gloves.
3. Check the expiration date of the medicine.
4. Apply lubricant to the pointed end of the suppository.
5. Lay on your left side with your left leg straight and right knee bent towards your stomach.
6. Have the caregiver lift your top buttock to see the rectal area.
7. Insert the suppository with the pointed end first. Use a gloved finger to push the suppository past the rectal sphincter, or about 1 to 2 inches inside the rectum.
8. Remove and discard gloves and wash hands.
9. The suppository needs at least 30 minutes to dissolve, try to wait to go to the bathroom.

## Oxygen

Oxygen is used for comfort. Oxygen can dry out nasal passages. A humidifier on the oxygen and putting lubricating ointment (not Vaseline) on the nasal passages can help prevent dryness.



# Transfer and Reposition (Change in Position)

When moving, it is best to have 2 people for safety for yourself and your loved your one. There are videos that show the different movements with 1 and 2 people helping.

To view the videos that go along with the rest of the book, scan the QR code with your smart device by following the steps below:



1. Open your camera app.
2. Hold the camera up to the QR code like you are taking a picture, but do not take a picture.
3. A link will appear on your phone. Click the link to watch the video, or type the URL [vimeo.com/showcase/11853551?share=copy](https://vimeo.com/showcase/11853551?share=copy) into your web browser and press enter.

## Reposition

Changing positions every 2 hours can help reduce pain, pressure wounds (injuries and sores on the skin), and other symptoms. Changing positions should be done when in the chair or in bed. Turning from side to side while using pillows to elevate the arms and legs can help with comfort. Areas of the body where pressure wounds commonly occur are:

- Elbows
- Heels
- Knees
- Buttocks or tailbone
- Hips
- Back of head

It is important to use pillows to reduce the pressure on these areas. If a red spot is seen and does not go away on any of these areas, let your nurse or healthcare provider know.

## Drawsheet

Making a drawsheet can make it easier to roll side to side or move up in bed. To do this:

- Find a flat sheet and fold it in half lengthwise.
- Place the folded sheet on top of the fitted sheet so it goes across the bed (perpendicular to the bed). Position the drawsheet between the head and knees.
- Smooth out any wrinkles.

A drawsheet can be used to pull on one side to reposition or with two helpers to pull up on the drawsheet and move to the top of bed. When pulling to the top of the bed try to lift and move instead of dragging to the top.

## How to Reposition in Bed or Turn to Use a Bedpan in Bed

This example is lying on the left side and needs to turn to the right side. If it is the opposite way, it is still the same process just opposite directions.

1. The caregiver needs to stand on the side of the bed you want to roll towards to prevent falling off, the right side.
2. Bend the knees.
3. The caregiver will place their hands on your left hip and left shoulder blade or grab the drawsheet on the left side. Make sure it is between the hips and shoulders.
4. If you are using a bedpan, place it under now and roll back over the bedpan.
5. Assist by reaching your left arm to the side you want to roll towards, right side.
6. Roll to your right side without twisting your back, keeping your body in a straight line.

## How to Sit On the Side of the Bed

Make sure the bed is in the lowest position if you have a hospital bed. From the side you are currently turned towards:

1. Have the caregiver be on the side you are facing.
2. Slide your legs over the side of the bed.
3. The caregiver will put their arms in a cradle position around your upper torso.
4. Push up on your arms if you can and in one movement your legs will go to the edge and you will sit up.
5. Do not twist or bend.
6. Go forward slowly until your feet are touching the floor.



# Fall Safety

When getting ready to walk or transfer (move from bed to chair, for example), there are a few general tips:

- Always wear non-skid (non-slip) footwear
- Move any obstacles out the way (rugs, clutter, pets)
- Clean up spills right away
- Have lights on
- Have what is needed nearby (walker, wheelchair)
- Ask for help
- Lock any breaks (wheelchairs, walkers, commode, chairs, and bed)
- The caregiver should bend at the hips and knees
  - Avoid bending at the waist to prevent twisting your back
- Lift your feet, do not shuffle
- If it is not going well, stop and start over
- Always start by sitting before standing.
- Change positions slowly, if feeling dizzy sit back down

## Fall

If it seems like a fall is going to happen and you cannot get to the bed or chair, the caregiver should slowly lower you to the floor. Do not get up by yourself. Call the hospice team if you need help after a fall.

## Gait Belt

A gait belt is used to provide support while walking, pivoting, or getting up from a sitting position. It is placed like a military belt.

1. Place the gait belt around the waist. Never place the gait belt directly on skin.
2. Take the metal tip, put it behind the buckle and pull through the metal teeth until it is snug.
3. Place the metal tip through the other side of the buckle.
4. Tighten the belt until it is snug enough to allow two fingers to fit under it.
5. You can tuck the end (extra) in the belt itself.
6. When using the gait belt, the caregiver should always stand close with an underhand grasp on the gait belt.
7. Remove the gait belt when you are done walking, pivoting, or repositioning.



## Pivot

Pivoting (turning on the feet) is a way to transfer safely.

1. Place the object (wheelchair, commode) you want to go to perpendicular to you (90 degree angle from you).
2. Assist to a standing position, step and turn so the back of the legs is against the wheelchair or commode.
3. Place your hands on the armrests and slowly lower yourself down.

## Stand, Walk, and Sit

This would be used for things such as chairs, wheelchairs, or commodes.

### To Stand

1. Start with the feet touching the ground and the caregiver should put on the gait belt.
2. The caregiver should stand on your weaker side.
3. Shift your weight in a rocking motion and push up with your arms to stand.
4. Once you are steady, take a small step with your stronger side then your weaker side. Take smaller steps until you know you are steady and will not fall. Make sure to pick up your feet (do not shuffle).

### To Sit

1. Make sure the backs of your legs are against what you are sitting on (wheelchair, bed, commode).
2. Reach your hands back and hold on to the arm rests or bed.
3. Stick your bottom out and sit down slowly to be as far back as possible.
4. Take the gait belt off.



# Ways to Promote Comfort While in Bed

## Change a Bed

2 people will be needed to help change the sheets while in bed.

1. Untuck all the corners of the sheets.
2. Roll to one side with a caregiver supporting you and the other will roll the sheets from the side to the back of you. Place the new sheets and also tuck those to the back.
3. Roll over both the new and old sheets to the opposite side. The caregiver will remove the old sheets and put the new sheets on.

This process can be used when changing incontinence pads or drawsheets. Make sure all items on the bed remain wrinkle free.

## Bed Bath

When giving a bath, cover the areas not being cleaned with towels to keep warm and provide privacy. The water in the basin may need to be changed if it does not stay warm. After a bath is a good time to put on new sheets and incontinence pads.

1. Supplies needed: wash basin, soap, lotion, washcloths, towels, gloves, moisturizer, and clean clothes.
2. With warm water in the basin, use a clean washcloth to gently clean the face.
3. Then get the washcloth wet and put a little soap on it or in the basin. Too much soap can dry the skin.
4. Start with one arm. Once the arm is washed, rinsed, and dried, place a towel over the arm. Next do the other arm and then the legs.
5. Wash, rinse, and dry the chest and the stomach and then move to the back.
6. Next, wash, rinse, and dry the groin and genitals (private parts) and lastly, the bottom and buttocks, wiping front to back.
7. Moisturize skin and put clean clothes on.























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*The Good Samaritan Society is an affiliate of Sanford Health.*