

What to expect in the last days and weeks of life: When your loved one has been discharged from hospital

Information for family, friends and carers



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We have written this booklet as a source of information for family, friends and carers who will be supporting a loved one during their last days and weeks after they are discharged from hospital. For example, your loved one may be leaving hospital to be cared for at home by relatives.

This booklet provides information on aspects of care of the dying person, including care needs, physical symptoms, the dying process and care after death.

The booklet also outlines the importance of looking after yourself when you are in a caring role and signposts to some sources of support.

Each person's care, needs and symptoms are unique, so this booklet may not provide all the information you need. The support and services involved in your loved one's care after they leave hospital will also vary.

Please make sure that the ward team have given you the contact information of the services that will be involved with your loved one's care after they leave hospital. If you have questions or concerns, please ask. For advice on who to ask, please see page 4.

Who to ask if you have questions or concerns

If your loved one is in hospital, ask their ward nurse.

If your loved one is at home, you can ask:

- their professional carers (if they are in place)
- their community nursing team
- their GP (general practitioner)
- their community palliative care team (CPCT, if they are involved)

If you need urgent advice or support out-of-hours after your loved one has been discharged from hospital, contact:

- their community palliative care team (if they are involved and run a 24/7 service)
- NHS **111**
- **999** (emergency services)

It is often easier to access support within normal working hours (Monday to Friday, 9am to 5pm), so if you feel your loved one's symptoms or needs are starting to change, it may be better to seek advice and support sooner rather than later.

Plan of care

Before your loved one leaves hospital, they will have an opportunity to discuss their treatment and plan of care with their medical team.

With your loved one's consent, the medical or nursing team will also offer you an opportunity to discuss the ongoing plan of care and answer any questions.

They may give you advice about what to expect in the coming days or weeks, the medications to control symptoms and how to access support if you need it.

If your loved one wishes for their care to be focused on comfort and for a natural death to be allowed, the medical team will complete a Do Not Resuscitate (DNACPR) form.

The DNACPR only relates to how they will be cared for if their heart or breathing stops. Decisions about other treatments, such as antibiotics for example, are separate from this and will be considered on an individual basis.

Your loved one may have an advance care plan which describes their wishes and treatment preferences. This can be helpful to guide families and healthcare professionals to deliver treatment and care in accordance with the patient's wishes if they are not able to communicate this, including when unexpected things happen such as a fall.

Your loved one may have been prescribed new medications to help manage their symptoms, including medications 'just in case' symptoms develop. These may be medications to give by mouth as needed, to manage pain, sickness or restlessness.

They may also need to have medications given by injection by the community nurse (or community palliative care team, GP, NHS 111 staff or 999 staff, depending on the circumstances). These medications come with a community prescription chart to authorise community healthcare professionals to administer the medication. We will give you these forms when your loved one leaves hospital if they need any injectable 'just in case' medications.

Once your loved one is at home, please contact their GP practice so that a member of the GP practice team can review their care at home. They can offer support and recommend other resources and services. We will send the GP practice an electronic discharge summary (information about your loved one's care and discharge from hospital). Where possible we will also contact the GP to let them know that your loved one has been discharged from hospital for care in their last days or weeks of life.

Community support services

Community nursing team

The community nursing team can:

- monitor your loved one's symptoms and care needs
- give advice and support with moving and handling needs
- give advice and support with nutrition and hydration
- give advice and help to manage continence issues, urinary catheters and bowel care
- give your loved one any injectable medications they may need for symptom management
- set up and refill syringe drivers if needed
- liaise with community therapy and equipment services, the GP, the pharmacy team and the community palliative care team (CPCT)

GP

Your loved one's GP will prescribe medications after they leave hospital. Contact the GP to request a repeat prescription for any medications which are running low (try to ensure you have at least a week's supply).

Tell the GP if your loved one is struggling to take medications. They will help to decide whether the medications can be stopped or need to be prescribed in soluble, liquid or injectable form.

The GP can provide advice and assessment if your loved one develops new or worsening symptoms.

Community palliative care team (CPCT)

We can refer your loved one to the CPCT if they have potentially complicated symptom control, psychological or social needs and may benefit from specialist support.

The CPCT can support you and your loved one with advice on a wide range of aspects of symptom management and care. The CPCT may be able to arrange for your loved one to be admitted to a hospice if this is needed.

Looking after yourself as a carer

Looking after someone in their last weeks of life can be a huge challenge, both emotionally and physically. You might feel sad, tearful, angry or guilty. You might have a sense of grief for the loss of the future you had together.

You might feel frightened about what will happen and how you will cope. Remember, you are likely to be more of a support than you realise, just by being there.

You do not have to do this on your own. There is help available.

- You may want to ask other family members, friends and carers what they are able to do to help. This might be making meals for you and your loved one, helping with cleaning, running errands or supporting with personal care.
- The UHS carers support service can offer a range of support to you whether or not your loved one is currently in hospital. You can contact them through the patient support hub on telephone **0800 484 0135** or by email at carersupport@uhs.nhs.uk (opening hours: Monday to Friday, 10am to 4pm).
- You may wish to register as a carer with your GP. This may give you access to additional support, including information and advice about your role as a carer and your wellbeing.
- You can contact your local authority adult social care service for a carer's assessment. This will help them to identify how to support you with signposting, information and future planning.
- Citizens Advice can offer support for carers including financial help and access to social care needs assessments. Visit the website: www.citizensadvice.org.uk
- Carers UK is a charity that provides information and emotional support for unpaid carers. This includes advice on health and wellbeing, sources of support, finances, equipment and other useful information. Visit the website: www.carersuk.org

- The community nurse or GP can assess your needs and arrange for care workers to help with personal care or source equipment to support you in your caring role if necessary.
- Your loved one may have been referred to the community palliative care team, who can help with symptom control, psychological support, care and equipment needs.
- It is very important that you take the time to look after yourself. Eat regularly, rest, get out of the home for a bit, and talk to or meet friends or relatives. If you feel that your loved one cannot be left alone and there is no one you can ask to sit with them, a volunteer may be able to come and sit with your loved one while you go out. Please ask your community nurse, GP or community palliative care team about this.

Spending time with others

Your loved one may wish to spend some quality time with you and the other people who are important to them, to reflect, make memories, make plans, or say important things. They may also wish to have some quiet time where they are not disturbed.

They may prefer to have short periods of conversation or short visits from you as they can become tired very easily.

In the final few weeks, you may notice that your loved one starts to gradually withdraw from the world.

Resting and sleeping

Feeling weak and tired is common. Energy levels reduce and more time is spent resting or sleeping.

In the final days, your loved one may spend most of the time asleep and they may lose consciousness, which may be for spells of time or may persist.

Sometimes your loved one may not respond to you either because they are tired and have no energy to respond, or because they are deeply asleep or unconscious.

Mobility and safety

Your loved one may find it more difficult to move around their home. You may need to move furniture to allow more space for walking. Remove any trip hazards, such as rugs, damaged carpets or electrical cables.

They may need a walking-aid such as a wheeled walking frame to help them move about more safely.

If they are finding it difficult to get in and out of bed, they may need bed rails or a foam wedge for the head end.

If they are spending more time in bed and need help to get in and out of bed, or move in the bed, they may require a 'hospital bed'.

If your loved one needs assistance with moving in bed, hospital or community nurses or carers can show you how to do this safely. This may involve using slide sheets.

Eating and drinking

It may be more comfortable for your loved one to eat little and often. They may need support to use cutlery or drinking cups. You may need to consider getting easy-to-use cutlery or drinking cups (usually available from your local pharmacy or online shops). As they become weaker, it may be easier for them to swallow softer or creamy texture foods.

It is safest if your loved one eats and drinks when they are alert and sitting up. If they are sleepy or lying down, it may be harder for them to swallow safely. This risks them possibly breathing in the food or drink (aspiration) or choking.

It may become difficult for them to swallow medications in tablet form. You may need to speak to their GP about changing these to liquids or stopping the medicines if they are not helping with comfort.

If your loved one is feeling sick, or being sick, please tell their community nurse or GP. This can often be controlled with medications.

It is normal for appetite and thirst to reduce. In the final days your loved one may not eat or drink anything, either because they are too sleepy, or because they have lost their appetite or thirst. Usually this does not cause distress, but if you are concerned about discomfort due to hunger or thirst, ask the community nurse or GP.

A dry mouth can usually be helped by sips of water and sucking on ice chips or lollies. Sometimes you can use moistened mouthcare swabs to help clean and moisten the soft parts of the mouth. If your loved one needs this, the healthcare professional will show you how to do this safely. Sometimes saliva replacement gel or spray may be helpful. Your GP can prescribe this or you can buy it over the counter at a pharmacy.

Your loved one's teeth can be cleaned twice a day with gentle brushing using a small soft bristled brush and mild toothpaste (baby toothpaste is suitable).

Bladder and bowels

Due to weakness or fatigue, it may become difficult for your loved one to get to the toilet on time. They may need equipment to make it easier to pass urine or stool at the time of need (for example, a urine bottle, commode or bed pan).

It may become more difficult for them to control their bladder and bowels due to weakness or fatigue. They may wish to use incontinence pads or pants, or bed pads. They may wish to consider a urinary catheter which is a tube passed into the bladder connected to a bag to collect the urine (inserted by the community nurse).

Your loved one may become unable to meet their own hygiene needs as they become weaker. If your loved one has a package of care, the professional carers will meet their hygiene needs each visit, but in between visits your loved one may need your help.

Occasionally a person may have a full bladder and be unable to pass urine (urinary retention). This can cause pain and restlessness. If you suspect this is happening, please ask the healthcare team for an urgent assessment. They can relieve this by inserting a urinary catheter.

There may be constipation due to reduced mobility, reduced intake of food and drink, medications, and loss of strength. This can be managed with laxative medications taken by mouth if they are able to swallow these safely. Laxatives are available from your local pharmacy or GP.

If the bowels have not moved for more than three days, it may be necessary to have a suppository or enema (medication given via the back passage (anus)). Please contact the community nurse for advice. (If they are not available, contact the GP or NHS **111**.)

It is important to keep the bowels working for comfort as constipation may cause pain, restlessness and urinary retention.

Skin and pressure area care

The skin can become dry or irritated. Gently apply an alcohol-free lotion to relieve this.

The lips can become dry and cracked. A lip salve or petroleum jelly can help with this. However, if your loved one is on oxygen it is important that the lip treatment is water-based, not petroleum-based.

The groin area may become irritated from moisture or incontinence. This may require the application of a barrier cream to help the skin stay intact and heal. If the skin folds are red or red with a white coating, this may be thrush which needs an anti-fungal treatment (cream or ointment). Please seek advice from the community nurse or GP.

Sitting or lying in one position for a period of time can put pressure on the skin. This can lead to the development of pressure sores, which may cause discomfort or pain. Helping the person to move or turning them in bed every few hours may help to prevent pressure sores.

You may need extra pillows to help to support them in a position in bed or to relieve areas of pressure or tension. For example, when your loved one is laid on their back, a pillow under their knees may reduce pressure on the lower back, and a pillow under their ankles may relieve pressure on the heels.

The most at-risk skin areas for pressure sores are the heels, hips, bottom, and lower back. Pressure sores may start as a red patch that does not change back to a normal colour when the pressure is relieved. If you notice this, please try to relieve the pressure by changing your loved one's position and let your community nurse know.

The community nursing team may be able to help by giving advice and practical support, and by providing equipment if needed (such as a pressure-relieving mattress or cushion, or foam pads to help manage areas at risk from pressure damage).

Pain

Not everyone who is dying will experience pain. Longstanding pain may remain the same, or it may change. If the usual pain is worsened by movement, this may improve with reduced activity levels.

You will need to ensure you have an adequate supply of regular pain-relief medications (such as paracetamol).

If your loved one develops any swallowing difficulties, let your GP or community nurse know. They will provide medications in soluble or liquid forms where possible.

If a new pain develops or a longstanding pain worsens, please seek advice from the community nurse, GP or NHS **111**.

Usually, pain can be relieved with regular paracetamol. If this is not effective, then a stronger pain-relief medication such as immediate release morphine or oxycodone may have been supplied. These medications are started at a low dose which usually helps the pain without causing any ill effects (for example, morphine at a dose of 2.5mg every four hours or oxycodone at a dose of 1.25mg every four hours as needed).

If this pain-relief medication does not help, please seek advice from the community nurse, GP or NHS **111**.

Morphine and oxycodone can cause nausea (feeling sick) which usually settles after three to five days of use. This can be treated with anti-sickness tablets. Morphine and oxycodone can cause constipation which usually requires a mild daily laxative (such as senna at a dose of 15mg once a day, or movicol or laxido once a day).

If you are concerned about any new symptoms that started after your loved one began to take morphine or oxycodone, please seek advice from the community nurse, GP or NHS **111**.

If your loved one is in pain but unable to take pain-relief medication by mouth, call the community nurse, GP or NHS **111**. They will assess the situation and may decide to give pain relief by injection.

If your loved one is in the last days of their life, they may not be able to let you know they have pain by telling you.

Signs of pain may include:

- confusion
- furrowed brow
- grimacing
- guarding a painful area
- moaning
- fast breathing
- restlessness
- agitation

If you suspect that they are in pain, call the community nurse, GP or NHS **111**. They will assess the situation and may decide to give pain relief by injection.

Shortness of breath

If your loved one usually gets short of breath because of their medical condition, they may already know what helps their breathing. It can be useful to write this down so that this information can be used to support them if their breathing becomes difficult.

Simple measures that may help include:

- noticing the shortness of breath, being still, resting and allowing their shoulders to relax
- sitting upright or leaning forward resting their hands or arms on a table
- having cool air from an open window or door
- having a fan blowing air across their face
- concentrating on having a good breath out before breathing in, trying to keep focusing on the 'out', rather than the 'in' breath
- focusing on distractions, such as looking at a picture that is calming or brings back nice memories, or TV, or music

Your loved one may have treatments for their breathing problem, such as inhalers, a nebuliser or oxygen. Support them to take these if they are needed.

Your loved one may have been given other medications to reduce the feeling of breathlessness such as morphine at a dose of 1.25 to 2.5mg or oxycodone at a dose of 1 to 2mg, every two to four hours as required. If they are anxious, they may have been supplied with lorazepam tablets. Usually half a tablet is placed under the tongue (two to three times a day as needed, usually with at least four hours between doses).

If your loved one has new shortness of breath and this is causing discomfort, you can try the simple measures listed above and call for advice from the community nurse, GP or NHS **111**.

Nausea (feeling sick) and vomiting (being sick)

If your loved one develops nausea and/or vomiting that does not settle quickly or keeps happening, please seek advice from the community nurse, GP or NHS **111**.

If your loved one has already been given anti-sickness tablets, encourage them to take the recommended dose. If the sickness continues, they may need to take the medication regularly for a day or two until the situation improves.

If your loved one is unable to take the anti-sickness tablet, either because they cannot swallow or cannot keep it down, you will need to call the community nurse, GP or NHS **111**. They will assess the situation and may decide to give anti-sickness medication by injection.

Your loved one may have been given any of the following anti-sickness medications:

- metoclopramide
- cyclizine
- haloperidol
- levomepromazine
- prochlorperazine
- ondansetron

Confusion

If your loved one is showing new signs of confusion, seek medical advice from the community nurse, GP or NHS **111**.

If your loved one has been getting weaker and is showing signs that they are in their last days of life, confusion or restlessness may be part of the dying process. However, it is important to make sure that this is not being triggered by pain, a full bladder or a full bowel.

If the person is feeling restless or agitated, try simple measures such as:

- reassuring them
- letting them know the time of day, where they are and who they are with (orientation)
- creating a calm environment
- distracting them, such as looking at pictures or photos, reminiscing or playing soft music

Sometimes medication is given to help the restless or agitated person to relax. The healthcare professional may recommend a tablet such as lorazepam, haloperidol or levomepromazine. If they are unable to swallow, contact the community nurse, GP or NHS **111**, who may recommend an injection.

Syringe drivers

A syringe driver is a pump used to give medication continuously to manage symptoms. The medication is delivered through a small tube placed under the skin. Most people die comfortably without the need for a syringe driver.

A syringe driver is used if the patient cannot take the medications they need to control their symptoms by mouth. This might be because of swallowing difficulties or sickness, or because medications are no longer being absorbed by the digestive system.

A syringe driver can deliver medications to control pain, nausea and vomiting, restlessness and agitation, seizures, and respiratory secretions (bubbly breathing).

It will take approximately four hours for any medications to have an effect when they are given by a syringe driver. If your loved one is experiencing a difficult symptom when the syringe driver is being set up, they may need an extra injection of medication first.

The syringe driver is put in place only to manage symptoms and promote comfort. This is not aimed at altering the time course of the natural dying process. If you have any concerns about the use of a syringe driver, please ask a healthcare professional.

If your loved one experiences uncontrolled symptoms while the syringe driver is in place, they may need an extra injection of medication. Please call the community nurse (or if it is outside their working hours, NHS **111** or the community palliative care team if they are involved and run a 24/7 or extended hours service).

When the syringe driver runs out it will sound an alarm. Ideally the syringe driver should be set up again within a few hours of it running out to prevent the symptoms returning. There will be a small pool of the medications under the skin, so when the pump runs out the patient will continue to absorb the medications already there for an hour or so. Make sure the community nurses are due to visit within an hour or two of the syringe driver running out. They may have already let you know when they are planning to refill it. If the pump finishes much earlier than expected, please tell the community nurses.

The syringe driver may also sound an alarm if the tubing is kinked or blocked, or if the infusion site needs changing. If this happens, please call the community nurse (or if it is outside of their working hours, NHS **111** or the community palliative care team if they are involved and run a 24/7 service).

The last days of life: psychological and emotional needs

Talking about dying

You and your loved one may have already talked about them dying and can continue to do so openly.

However, it is also normal for talking about dying to feel difficult. You may not always know what to say, and this is normal and OK. Sometimes just knowing you are listening to each other is a great comfort and support. Having these conversations may be sad, painful and upsetting, and expressing this through crying is a very normal reaction that can release a lot of feelings or emotions.

It may be difficult to know how to open a conversation about dying with your loved one. It could start with a question such as:

- I wonder if there is anything you would like to talk about?
- I'm really happy/comfortable for us to talk about anything you'd like to.
- I'm wondering if there is anything playing on your mind?
- Thinking about the coming days and weeks, is there anything important to you about that time or how you are cared for?
- Thinking about the coming days, what matters most to you?
- Is there anything that you would like me to know about your wishes, if you were to become more unwell and be unable to tell me at that time?

Creating opportunities to share their feelings and worries, and yours, can help everyone involved to understand each other better. It may be easier to understand what is, and is not, important to your loved one, and to identify and address any concerns or fears. It may also allow time to get professional support, if needed.

Your loved one may need encouragement or a sense of permission from you to talk openly as they may be worried about upsetting you.

If you can, be inquisitive and ask about your loved one's feelings or worries. If they say something where the meaning is unclear, say that you are interested to hear more about it.

Try not to change the subject if your loved one is talking about dying or the future. They may have something very important or meaningful to share with you.

Not talking about death can create tension, lead to misunderstandings, and increase fear, sadness, loneliness and anxiety. Opportunities can be missed to say important things such as 'I love you', 'I appreciate you', 'I'll miss you', or 'I'm sorry'.

If your loved one does not want to talk about dying, that is also OK. It may be that they want to focus on something else, that it feels too uncomfortable for them, that they want to protect you, or that they want to talk to a healthcare professional about it.

As you talk, there may be opportunities for reminiscing, memory making, and preparing. There may also be opportunities to confirm wishes around the funeral or belongings.

Being there during dying

Your loved one may feel great comfort from you being with them. You may not need to say or do anything in particular. You could offer physical contact, such as holding hands, a gentle massage, or a hug.

Set a comforting mood. This may involve soft lighting, relaxing background music or aromatherapy. This may also involve considering how many people are in the room at one time and whether some quiet time alone is needed.

Ask the dying person what they need and what will offer them comfort. Ask about any religious or spiritual needs, and support these if possible. This may involve arranging a visit from someone from their religious community.

The last days of life: physical changes in the active dying phase

Your loved one is now likely to be spending most or all of their time in bed and a lot of the time asleep or unrousable (not waking up). They may be taking minimal amounts of food and drink, or none at all. They may be unable to take medications by mouth.

You can contact healthcare professionals to give medications by injection to manage symptoms such as pain, nausea, vomiting, restlessness, agitation, breathlessness and bubbly breathing.

Many people will not need these medications and will naturally become more drowsy and sleep for longer periods of time, before becoming unrousable as they are dying. If medications are needed to help with symptoms, it is possible that they may also cause drowsiness. The medication doses are often well tolerated and help with comfort, but if you are concerned that your loved one is drowsy because of the medications, please tell a healthcare professional.

If your loved one's mouth is dry, follow the advice on mouth care in the eating and drinking section on page 9.

Your loved one's breathing pattern may become irregular, or they may have a cycle of fast breathing which slows to a pause (Cheyne-Stokes respiration). The pauses may become longer, there may be very occasional gasps, and eventually the breathing will stop. These changes in breathing do not usually cause any distress for the dying person. Your loved one may make breathing noises. They may snore which might be normal for them or new. This does not usually cause any distress.

The breathing can start to sound wet or rattly because of saliva and other secretions not being coughed up in the usual way. This does not usually cause the person any distress but can sound unpleasant to those at the bedside. This can sometimes be helped by repositioning the person onto their side and by a medication injection to dry up the

secretions. You will need to call the community nurse, GP or NHS **111**. They will assess the situation and may decide to give an anti-secretory injection.

Your loved one's hands and feet may become cooler, pale, blue-tinged or mottled. Their face may become pale, with pale or blue lips.

After death

After your loved one has died, their breathing will have stopped, their heart will have stopped beating and their pupils will be wide (dilated) and will not get smaller in response to light (fixed). Their body will get cooler. Their eyelids may remain open and their mouth may open.

For this expected death, you should tell the GP practice if it happens during working hours, or NHS **111** if it happens out-of-hours. You may also be able to contact the community palliative care team (if they are involved) to help with the verification of death. You should state that this is an expected death. A healthcare professional will visit and verify the death.

If you are not the next of kin, please make sure the next of kin is told.

Once the death is verified, you are free to make ongoing arrangements. If you have chosen to use a funeral director, you can contact them. They will support you in the care of your loved one.

Registering the death

Before a death can be registered, a medical certificate of the cause of death (MCCD) is required.

Your loved one's GP will complete the MCCD if they have seen them alive and can propose the cause of death. If they are unable to do this, they may contact the hospital or hospice (if there has been a recent admission) as their medical staff may be able to complete the MCCD.

Before the MCCD is issued, the medical examiner service may contact you to explain the cause of death. They will also ask whether you have any questions or concerns about the cause of death or about the care before death. The medical examiner service provides independent review of those deaths that do not require statutory referral to the coroner and ensures appropriate referral to the coroner.

The death may be referred to the coroner in certain circumstances, including when:

- the cause of death is uncertain
- the death was sudden, violent or caused by an accident
- the death might be due to an industrial injury or disease
- in rare cases when a doctor has not seen and attended to the person during their illness

After referral, the coronial office will make enquiries from the teams who have looked after the person and pass this information to the coroner who will decide if a post-mortem examination (autopsy) is needed to determine the cause of death. In this situation an MCCD will not be written. Please tell your funeral director if the death is reported to the coroner. They will liaise with the coroner on your behalf and let you know when you can register the death at the Register Office. When an MCCD has been completed, it is sent electronically to the registrar of births and deaths at the Register Office.

You can register the death if you are:

- a relative
- the person making arrangements with the funeral director
- someone who was present at the death
- an administrator at the hospital (if the place of death was at the hospital)

The Register Office will tell you what you need to do when you contact them. At your appointment, they may want to see your loved one's personal documents (for example, birth certificate, passport, NHS

medical card, marriage or civil partnership certificate, driving licence, proof of address (such as a utility bill), council tax bill).

You will need to tell the registrar:

- the person's full name at the time of their death
- any names they previously used
- their date and place of birth
- their last address
- their occupation
- details of a surviving or late spouse or civil partner (including their full name, date of birth and occupation)
- whether they were getting a state pension or any other benefits.

The Register Office will supply the certificate for burial or cremation directly to the crematorium, church or graveyard governing body and the funeral director.

The Register Office will supply one copy of the death certificate. It is likely that you will need more than one copy, as many banks and insurance companies will require an original certificate (originals are usually returned). It is often easier to get extra copies at this appointment. Alternatively, you can order them online.

Arranging a funeral

Anyone close to the person who has died can arrange the funeral.

Information about funerals and bereavement will be available on your local authority website, including how to arrange a funeral without involving a funeral director.

The person who has died may have left instructions in their will or somewhere else, about the type of funeral they wanted and/or whether they wanted to be buried or cremated.

If you are using a funeral director, you can contact them as soon as the death is verified.

If you are in receipt of certain benefits, you may be entitled to receive help with the cost of a funeral. You can apply using form SF200 (funeral payment from the social fund) which is available from the Register Office, most funeral directors, and at www.gov.uk/funeral-payments/how-to-claim. You can also claim by telephoning the Bereavement Services helpline on **0800 151 2102**.

Further guidance

Step-by-step information on what to do when someone dies is available at:

- www.gov.uk/after-a-death
- www.citizensadvice.org.uk/family/death-and-wills/what-to-do-after-a-death

Once you have registered the death you can use the Tell Us Once service to inform a range of government and council departments that the person has died. The registrar will explain this when you register the death: www.gov.uk/after-a-death/organisations-you-need-to-contact-and-tell-us-once or telephone **0800 085 7308**.

Check if you can get bereavement benefits:

- Bereavement support payment: If you are under state pension age and are widowed or your civil partner dies, you may be entitled to a bereavement support payment. You can find out more at: www.gov.uk/bereavement-support-payment
- Guardian's Allowance: If you are bringing up a child whose parents have died, or in certain circumstances where there is one surviving parent, you may be eligible for a weekly Guardian's Allowance payment. You can find out more at: www.gov.uk/guardians-allowance
- Telephone the Department of Work and Pensions (DWP) for advice on **0345 606 0265**.

'Settling a person's estate' means the process of dealing with the person's property and finances. This must be done according to certain rules. If you are the named executor of the will, it is your responsibility to see that the person's wishes, as you understand them, are carried out.

This may include paying funeral expenses, debts and taxes, as well as dealing with their possessions and other assets. If there is no will, the closest living relative can apply to become administrator of the estate through the Probate service. You may choose to appoint a solicitor or to make arrangements yourself.

For further information visit: www.gov.uk/applying-for-probate/if-theres-not-a-will or telephone the Probate Call Centre on **0300 303 0648**.

Grief and bereavement support

There is no right or wrong way to feel. Even if you knew that your loved one was dying, there may still be a sense of shock and it can be difficult to accept. Everyone experiences grief differently, with a range of feelings and emotions that can be overwhelming.

There is information about grief and bereavement support on the NHS website: www.nhs.uk/mental-health/advice-for-life-situations-and-events/bereavement

Your GP can offer support after the death of someone close to you. They can help with many aspects, including if you are struggling to sleep or finding it difficult to cope. They will also be able to signpost you to sources of additional support.

The Good Grief Trust can signpost you to bereavement support services, information and advice. Visit the website:

www.thegoodgrieftrust.org

Useful contacts

The organisations below can offer emotional support and practical advice following bereavement.

Bereavement Service helpline

Telephone: **0800 731 0469**

Textphone: **0800 731 0464**

Cruse Bereavement Care

Telephone: **0808 808 1677**

Website: www.cruse.org.uk

Email: helpline@cruse.org.uk

The helpline is open Monday to Friday, 9.30am to 5pm (excluding bank holidays) with extended hours on Tuesdays, Wednesdays and Thursdays to 8pm.

Citizens Advice

Telephone: **0800 144 8848**

Website: www.citizensadvice.org.uk

Foreign, Commonwealth and Development Office (FCDO)

Telephone: **020 7008 1500**

Website: www.gov.uk/government/organisations/foreign-commonwealth-development-office

Grief Chat

Telephone: **01524 889823**

Website: www.griefchat.co.uk

Email: info@griefchat.co.uk

Free, professional online support through grief with a qualified bereavement counsellor.

Money Advice Service

Telephone: **0800 138 7777**

Website: www.moneyadviceservice.org.uk

Relay UK

If you can't hear or speak on the phone, you can type what you want to say using Relay UK. Phone: **18001** followed by **0800 731 0469**.

Once you're connected, you can type or speak your conversation. You can use Relay UK with an app or a textphone.

Simon Says

Telephone: **023 8064 7550**

Website: www.simonsays.org.uk

Email: info@simonsays.org.uk

Hampshire-based charity who support young people during or following the loss of a significant person in their lives. Extensive resources for parents, relatives and professionals, including school staff, can be found on their website.

The Samaritans

Telephone: **116 123**

Website: www.samaritans.org

24-hour helpline support every day of the year for anyone in distress. You can get in touch about anything that's troubling you.

Winston's Wish

Telephone: **08088 020 021**

Website: www.winstonswish.org

Email: ask@winstonswish.org

A national charity supporting grieving children and families.

Unused medications

If you have any unused medications, please contact your local pharmacy. They can explain how to dispose of them safely.

Your local authority may provide a sharps box collection service. For more information about the process in your local area, please visit:

- Southampton City - www.southampton.gov.uk/bins-recycling/other-waste/clinical-waste/sharps

- East Hampshire - www.easthants.gov.uk/bin-collections/clinical-waste
- Winchester City - www.winchester.gov.uk/waste-recycling/clinical-waste-disposal

Southampton Hospitals Charity

Southampton Hospitals Charity helps to enhance the care and treatment of patients at University Hospital Southampton NHS Foundation Trust.

The hospital charity pays for the little and big extras which are not funded by the NHS. It helps deliver an enhanced environment, specialist equipment, training and research to improve the health and wellbeing of patients, their relatives and staff.

Contact us

Telephone: **023 8120 8881**

Website: southamptonhospitalscharity.org

Email: charity@uhs.nhs.uk

Registered charity number: **1051543**

Donating in memory of a loved one

Donating to the hospital charity in memory of someone special is one of the many meaningful ways to celebrate their life. You will be ensuring that future patients and their families receive the very best care in our hospitals. Whether you would like to make a one-off gift, set up a regular donation to commemorate an important date, or create an online tribute page, we're here to support you as you find the most fitting way to remember your loved one.

If you would like to donate, you can do so by telephone, online, or by sending a cheque in the post. Let us know the name of your loved one and if there is a special area of the hospital which you would like to benefit from your gift.

Please remember to tell us your name and contact details so we can write to thank you for your donation. Cheques should be made payable to 'Southampton Hospitals Charity' and posted to our address:

**Freepost RRUA-CSKX-JUBZ
Southampton Hospitals Charity
Southampton General Hospital
Tremona Road
Southampton
SO16 6YD**

Collecting at a funeral or memorial service

Many people choose to request donations at a loved one's funeral or memorial service as an alternative to flowers. We are particularly grateful for these very special donations.

Please let the funeral director know that you would like to support Southampton Hospitals Charity and specify if you would like your gift to benefit a particular ward or department so we can ensure your wishes are fulfilled.

Creating an online tribute

MuchLoved offers a free tribute service to help you remember and commemorate your loved one. It allows you to create your own special memorial website where you can share memories, thoughts and stories with family and friends as well as light candles, add music, photos and videos.

You can also collect donations for Southampton Hospitals Charity in your loved one's name.

The MuchLoved website can be found at: www.muchloved.com

List of people to inform

You will need to inform other people and organisations that the person has died. You do not need to do this immediately, but it is important that they are advised as soon as possible, once you feel able to. We have included a list of suggestions in the table below.

People or organisations to inform	
GP (general practitioner)	
Bank and/or building society	
Government services, via the Tell Us once service	
Dentist, optician, carer team and anyone else who has been providing care	
Employer and trade union (if applicable)	
Mortgage provider, housing association or council housing office	
Pension providers	
Utility and energy suppliers	
Social services (if applicable)	
Driver and Vehicle Licensing Agency (DVLA)	
Passport office	
Membership clubs or activities	
The Bereavement Register (removes the person's details from mailing lists and stops most advertising mail): www.thebereavementregister.org.uk	

Notes

Key hospital contacts

Main switchboard: **023 8077 7222**

Bereavement and family support: **023 8120 4587**

Spiritual care: **023 8120 8517**

Patient advice and liaison service (PALS): **023 8120 6325**

Patient support hub: **0800 484 0135**

Cashiers Office: **023 8120 6058**

If you are a patient at one of our hospitals and need this document translated, or in another format such as easy read, large print, Braille or audio, please telephone **0800 484 0135** or email **patientsupporthub@uhs.nhs.uk**

For help preparing for your visit, arranging an interpreter or accessing the hospital, please visit **www.uhs.nhs.uk/additionalsupport**

www.uhs.nhs.uk