Lily Hospice

End-of-Life Symptom Chart

What families often see in the last weeks, days and hours, what helps, and when to call the hospice nurse

Roughly when	What families often notice	What helps	Call the hospice nurse if
Weeks before	Sleeping much more; less interest in food and drink; less talking; less interest in visitors, the news or TV; weaker, needs more help; turning inward, sometimes talking about people who have died	Short visits and quiet company. Favorite foods in small amounts, with no pressure to eat or talk. Let them sleep. Say what you want to say.	Pain that the scheduled medicine does not settle; a fall or new weakness; any change you do not understand
Days before	Confusion about time or place; restlessness, picking at sheets; talking to people who are not there; little or no urine, darker urine; cool hands and feet; swallowing is harder; breathing starts to change; sometimes a sudden good day (a rally)	Calm voice, low light, familiar music. Mouth care with swabs instead of forcing fluids. Turn gently every few hours. Tell the nurse about restlessness; it can be eased.	New restlessness or agitation, or trying to climb out of bed; no urine for many hours, or a hard, swollen belly; trouble swallowing medicines
Hours before	Unresponsive or nearly so; eyes half open, glassy; breathing that changes rhythm, with long pauses; a rattle in the throat; blotchy purple or gray skin on knees, feet and hands (mottling); cool skin, bluish lips; hearing may remain	Sit close, talk and touch. Keep lips moist. Turn to the side if the rattle is loud. Keep the room calm. Do not call 911 if they are on hospice; call the hospice line.	Breathing looks labored or frightening, or the rattle is loud; you think death is very close or has happened; you need someone with you
At the moment of death	No breathing and no pulse; eyes fixed, often partly open; jaw relaxed; skin pale and waxy; sometimes a release of the bladder or bowel; the room is quiet	There is no rush. Sit with them, say goodbye, call the family members who want to come. Then call the hospice line; the nurse comes to the house and walks you through every next step.	Always. If your person is on hospice, call the hospice line, not 911. The hospice handles the pronouncement, the medications and the call to the funeral home.

These are patterns, not a schedule. Not everyone shows every sign, and some people move through them over weeks and others in a day or two. Read the chart as a map of common territory, not a checklist, and ask the nurse who knows your person what they see.

What is not suffering

Less eating and drinking, long sleeps, the pauses in breathing, the rattle and the blotchy skin are the body slowing down, not signs of distress. Pain, grimacing, moaning or restlessness are different, and the nurse can treat them. Call.

Hearing may be the last to go

Most people can still hear after they can no longer answer. Keep talking, hold a hand, play the music they loved, and say the things you want them to hear. It is also all right to leave the room; some people seem to wait for that.

Lily Hospice | A real person answers 24 hours a day: (248) 955-5100

Written and reviewed by the Lily Hospice clinical team. Updated October 2026. Medicare-certified, ACHC-accredited; serving Oakland, Macomb and Wayne counties, Michigan.
Full guide, with the questions families ask most: lilyhospice.com/signs-death-is-near/ Free to print and share with family or facility staff.