

Change in respiratory pattern:

- Cheyne-Stokes respirations (waxing and waning of depth of breathing with regular periods of apnea)
- “Death rattle” (noisy chest sounds from accumulation of pulmonary and pharyngeal secretions)

Weak, slow pulse; decreased blood pressure

All families have the option of admitting their child to the hospital if they feel unable to deal with the death. The child who dies at home must be pronounced dead. Hospice programs typically have provisions so that this proceeds smoothly. In some circumstances, the police may be notified, with an explanation of the circumstances to prevent unnecessary concern regarding abuse. Providing the police with the number of the responsible practitioner is usually all that is necessary to confirm the cause of death.

Hospital Deaths

Children dying in the hospital who are receiving supportive care interventions experience a similar process. Death resulting from accident or trauma or acute illness in settings, such as the emergency department or intensive care unit, often requires the active withdrawal of some form of life-supporting intervention, such as a ventilator or bypass machine. These situations often raise difficult ethical issues ([Sullivan, Monagle, and Gillam, 2014](#)), and parents are often less prepared for the actual moment of death. Nurses can assist these parents by providing detailed information about what will happen as supportive equipment is withdrawn, ensuring that appropriate pain medications are administered to prevent pain during the dying process and allowing the parents time before the start of the withdrawal to be with and speak to their child. It is important that the nurse attempt to control the environment around the family at this time by providing privacy,