The Bedside Vigil: What to Expect and What to Do (Part 1)
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The bedside vigil is the act of sitting by a dying person during their final hours or days, holding space for them with a loving presence, and tending to their needs.

The vigil—often considered a final act of love—can offer comfort and companionship to the dying person. It can also bring meaning, resolution, and peace to those involved.

If you've never sat vigil, the act can seem daunting. Knowing what to expect and how to provide comfort can help you feel more prepared.

What to Expect
Although each death is unique, certain signs occur as body functions slow down and cease near the end of life. Recognizing the signs can prevent unnecessary panic and help you manage expectations, provide care, and say goodbye.

As death approaches, the dying person becomes more easily fatigued and progressively weaker. They often withdraw from social interactions and activities that once brought them pleasure. They spend more time asleep than awake.

The digestive system slows and the person becomes less interested in—and even refuses—food and liquids. Swallowing becomes difficult for some, increasing the risk of choking.

With decreased fluid intake, the mouth becomes dry and lips may crack and bleed. Urine output decreases. Incontinence can occur.

Disorientation and confusion are common. The person may see or hear things that others do not.

The skin develops a bluish or mottled appearance, and the hands and feet become cold to the touch.

Breathing becomes irregular. Periods of rapid, shallow breathing can alternate with moments of no breathing at all. Because the person cannot clear secretions, mucus and saliva accumulate in the person's throat, causing gurgling sounds.

The person may become less responsive and harder to wake. They may drift in and out of awareness and eventually become unresponsive.

The occurrence and timing of these signs are different for each dying person and are unpredictable. They will be affected by the person's overall condition, underlying illness and other health factors, and will to live. For many people, the final stage of dying lasts a few days.

Support of the Dying Person

Sitting vigil is more than watching and waiting for death. It is an active practice of being present, tending to your loved one's needs, offering comfort, and supporting their emotional and spiritual well-being.

If your loved one shared their wishes for their final days, honor them. If not, think about who they are, the circumstances of their death, and what might be most meaningful to them.

If you sit with a person who is dying, let the dying person know that you are present. Identify yourself and speak directly to the person even though they may not respond.

Create a comfortable, calm environment as best you can. Keep the room quiet; soften the lighting, if possible; and encourage visitors to speak softly.

Open a window slightly or use a gentle fan to keep air moving. Avoid overly fragrant flowers, air fresheners, and scented candles. Remove old food wrappers, used tissues, and soiled items from the room.

Physical touch can be powerful. Holding the dying person's hand, brushing their hair, or lying beside them may provide comfort. But realize, for some, touch soothes whereas for others, it irritates. Watch the person's response and adjust accordingly.

Comfort and pain management are important. Dying itself does not necessarily cause pain, but a person's illness or other health conditions could. Because the person may no longer be able to tell you when they are uncomfortable, watch for signs such as grimacing, restlessness, moaning, or agitation. If you think the person is in pain, contact their hospice or healthcare provider for guidance. Pain can usually be managed effectively, even in the final hours of life

Offer, but do not force food or liquids. Coaxing a person to eat or drink may increase anxiety, cause discomfort, and even lead to choking.

Although the dying person's skin and extremities feel cold, it is a normal occurrence, and the person may be comfortable. Again, pay attention to body cues. If the person is shivering, sweating, or expresses discomfort, add or remove soft blankets to warm or cool the person. For safety reasons, do not use an electric blanket or heating pad.

Wipe the dying person's mouth with a cool, moist cloth to relieve dryness or moisten the mouth with specialized oral swabs. Apply lip balm.

To reduce gurgling sounds, elevate the person's head or gently reposition them onto their side. If repositioning does not help, medications may be used to reduce secretions that are causing the sound.

If the dying person is incontinent, clean them up promptly, reassuring them that such occurrences are normal. Use underbody pads or briefs as needed. Consider whether a urinary catheter might be helpful.

If the dying person says unusual or confusing things or reports seeing things that are not there (such as dead relatives), validate their feelings by listening, asking gentle questions, and reassuring them. Arguing with or correcting them is not helpful.

Take the opportunity to say what is in your heart to the dying person even if they don't respond. Share memories. Express your love. Tell them it's okay to let go.

Finally, take care of yourself. The bedside vigil can be emotionally and physically draining. Manage your own needs including bathroom breaks, meals, and rest. Let others share in the vigil, giving them time with the loved one and you time to rest. Caring for yourself helps you continue to be present for and supportive of your loved one.

Jeanette Stehr-Green volunteers at Volunteer Hospice of Clallam County along with a host of other community members who provide respite care, grief and bereavement support, and access to free medical equipment.