

Nutrition and Hydration in Final Days of Life



Getting it right every time

Nutrition and hydration care at the end of life



Royal College of Nursing

Inspected and rated

Outstanding ☆

CareQuality Commission

LIVERPOOL HEART AND CHEST HOSPITAL
ENTRANCE

- **Have an improved understanding of how to recognise the changing nutritional and hydration needs of the individual at the end of their life**
- **Understand the impact of these changes on those close to them and how to respond to these**
- **Have improved confidence in communicating and discussing the dying process and it's impact on eating and drinking with people reaching the end of life and those close to them**
- **Provide good, clear and straightforward information to patients and their families in regard to their nutrition and hydration care**
- **Have an improved understanding of the need for documented evidence of sensitive communication**
- **Know how to communicate and have open discussions with individuals reaching the end of their life and those close to them around any decisions relating to the withdrawal of diet and fluids**

- **Meeting the basic needs for food and drink is an important part of caring for someone coping with a life limiting illness. To do this successfully requires sensitivity and clarity.**
- **It is essential that the person and those close to them, are at the centre of any care planning and decisions about nutrition and hydration. It is important to understand and convey the reduced need for food and drink as the person approaches their final days. This communication is pivotal in supporting those close to the individual in understanding the dying process.**
- **A greater understanding of the importance of adequate food, drink and nutritional care is needed as this is an integral part of care, particularly as the person approaches their final days.**

The NMC describe fundamentals of care as:

The fundamentals of care include, but are not limited to, nutrition, hydration, bladder and bowel care, physical handling and making sure that those receiving care are kept in clean and hygienic conditions...making sure you provide help to those who are not able to feed themselves or drink fluid unaided (NMC, 2015).

Regular individual assessment of nutrition and hydration needs is essential:

- **If you are concerned that a patient is not receiving adequate nutrition or hydration by mouth, even with support, you must carry out an assessment of their condition and their individual requirements.**
- **You must assess their needs for nutrition and hydration separately and consider what forms of clinically assisted nutrition or hydration may be required to meet their needs.**
- **Sensitive communication may be required about why a drip may or may not be needed in the last few days of life.**

Food and drink has physical, social, cultural and spiritual meaning in a person's life:

- **Eating is an important social activity to many, where friends and family use meal times for interaction. However, our need and desire to eat and drink reduces when we have a life limiting illness, greatly impacting our quality of life, both physically and psychologically, not only on the person, but also those around them.**

Desire for food and drink may naturally decrease towards the end of life:

- **The person's appetite and thirst may decrease, and they may have little desire to eat or drink. This concerns relatives and those close to the patient, but is a natural process and is not painful for the person. Sips of water, or a moist mouth swab will help them, however, attempting to feed someone who is unable to swallow may make them distressed.**
- **Preparing people with a gentle explanation for this loss of appetite can help them to understand the dying process.**

Additional support may be needed with some conditions where the ability to eat and drink is lost:

- **It is recognised that the oral intake of both food and drink can diminish significantly at end of life, combined with weight loss and muscular weakness. Patients may require additional support to ensure they receive adequate nutrition and hydration. You can learn more in the section “Strategies for Nutrition and Hydration care”.**

Inability to eat and drink, and a loss of appetite can be distressing for everyone involved:

- **The psychological impact of losing the ability to eat and drink, can have a profound effect on the patient's quality of life, including their relationship with partners and relatives. You need to recognise this when dealing with patients and those close to them.**

Preparing people for this loss of appetite can help them to understand the dying process:

- **Explain sensitively why the need for food and drink diminishes as the body goes through each of the stage of the dying process. Our bodies are less active and systems are shutting down, so the body needs less calories and fluids. And the body may be satisfied with just liquid received via frequent oral care, in the last few days and hours of life.**

Support the person to eat and drink for as long as they wish or are able to do so:

- **Providing support to a patient for as long as they need it is very important, however it's also important to understand when this support is to be withdrawn, as doing so can be distressing and painful for the person.**

Sensitive communication may be required about why a drip may or may not be needed in the last few days of life:

- **Relatives can often become distressed when death approaches and don't always understand the rationale around some of the decisions being made around nutrition and hydration, for instance why a drip is not being set-up or a water jug is removed. To them the withdrawal of these can seem like a neglect in care. It's important to be sensitive and explain why nutrition and hydration is no longer required. They may be upset and may not understand at first, so it is important to persevere and remain calm. If you feel overwhelmed then seek support from a colleague.**

Nutrition and hydration in the last few days

- **All patients are entitled to food and drink of adequate quantity and quality, and also to any assistance they need to eat and drink. BUT, needs will change in the last few days as the body's processes slow down and stop.**
- **If you are concerned that a patient is not receiving adequate nutrition or hydration by mouth, even with support, you must carry out an assessment of their condition and their individual requirements.**

- **You must assess the patient's needs for nutrition and hydration separately and consider what forms of clinically assisted nutrition or hydration may be required to meet their needs.**
- **As the dying person's ability to swallow and the plan of care changes it is essential that this is explained to the relatives and communicated to all care staff including ward volunteers/ housekeepers/ward clerks and catering staff.**

The 7 P's will help you in your delivery of nutrition and hydration nursing care. In this section you will learn about each 'P' and how this relates to end of life care.

- **Preference**
 - **Work together to provide food and drink when desired by the person**
 - **Establish likes and dislikes**
 - **Are the patient's wishes known?**
 - **How will artificial hydration and/or nutrition benefit the patient?**
 - **Is eating and drinking normally causing the patient discomfort?**
 - **Is the patient keen or able to continue eating and drinking?**
 - **Have the risks and discomforts linked with artificial nutrition and hydration been considered?**

- **Palatable**
 - **Food must be at the right temperature for each person. At end of life, patients can develop unusual tastes, for example, wanting spicier food or preferring a meal cold. The skills of an enthusiastic chef and the advice of a dietitian should help with this.**
 - **Food should be what the person fancies, it can be helpful to add cream/butter to the food to add calories.**
 - **Ensure you understand the needs of the person**
 - **Food, and the service of food, is now regarded as an essential part of treatment, meaning that the actual preparation of food for the patient is also of great importance. The need for a greater understanding in the importance of the patient meal experience and nutritional requirements is increasing.**

- **Presentation**
 - Food should be visually appealing and appetising
 - The presentation of food is important. There should be a pleasant atmosphere, food should look appealing, it should be varied at the correct temperature and in the appropriately sized portions for the patient.
- **Portions**
 - Smaller plates for smaller portions
 - The amount of food you serve should be appropriate for each individual.
 - The use of small plates can aid in an individual's motivation to eat. An over-large portion for the individual on a large plate can put the patient off attempting to eat the food.
 - Seeing a small plate of food can seem more manageable, and it is our goal to make sure the patient's are comfortable when eating. Something as simple as using a smaller plate can encourage a patient to eat.

- **Patience**
 - **Let the person take their own time**
 - **Eating and drinking is a normal part of daily living, in addition to the provision of nourishment, hydration and comfort. It is recognised that the oral intake of both food and fluids can diminish significantly at End of Life, combined with weight loss and muscular weakness.**
 - **It is important that time and support are given to relieve any eating-related distress of patients and their families. Research has shown that with cachexia the accompanying symptom of anorexia can cause distress, tension and arguments among patients and their family carers. Family carers often have a desire to promote food for the person's survival without understanding the futility.**
 - **Supporting family members is important for their transition of being able to let go of the felt responsibility to provide food for their loved one who is dying. Through the provision of appropriate information and education family members can be gently brought to an understanding that loss of appetite and desire for food is part of the disease and deterioration process.**

- **Position**

- **Ensure you and the person being assisted are in a comfortable position for eating**
- **People should be able to eat and enjoy their meals in a comfortable environment, and staff should be focused on encouraging and supporting a safe meal experience.**
- **The key principle of providing a conducive eating environment and Protected Mealtimes is that activity is focused on the meal and the individual. Staff are encouraged to undertake a pre-meal service check with the catering team to clarify who is eating, if any special diets are required and who may need assistance during the meal service.**
- **Nursing staff must be aware of the importance of protected mealtimes for patients**

- **Provide**
 - **As the dying person's oral intake decreases care should include regular mouth care performed with sensitivity and compassion. The care giver should continue to explain to the dying person and relatives the plan to carry out mouth care.**
 - **Providing good mouth-care is essential to ensure people feel as comfortable as possible.**
 - **Your patient may develop problems with their mouth such as dryness, ulcers or an infection. These problems can sometimes be made worse by the medication they are taking.**
 - **If the dying person closes their mouth shut during attempts to give mouth care then this should be taken as the dying person's indication that mouth care is not wanted at that time and mouth care should cease and be offered again at another time. Some family members may like to be involved in mouth care and should be supported by caregivers to do this**
 - **For more information around mouth care please see the Mouth care Guideline on the intranet**

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