

Nutrition & Hydration in the last few days of life

All residents are entitled to food and fluids of adequate quantity and quality. They also should be provided with any assistance they need to eat and drink.

As a person nears the end of their life in the last few days, the body's processes slow down. Their body cannot digest food well or absorb nutrients from it. It is important that the individual is reassured that this is a normal part of the dying process, so that they don't feel they have to force themselves to eat and that it is okay if they don't.

Assessment

If you are concerned that an individual is not receiving adequate nutrition or hydration by mouth, even with support, an assessment of their condition and their individual requirements should be undertaken. This should involve identifying any changes in their appetite or their condition that may affect their nutrition and hydration needs, including regularly assessing and monitoring for swallowing difficulties as well as assessing and monitoring of their mouth especially observing for dryness and oral thrush.

What should be offered?

When individuals are able to eat or drink a little by mouth, they should be helped to do so and their wishes respected when they choose not to. Making time to support dying people with eating and drinking whatever they want for as long as they are able. Offer small servings of favourite foods or drink without forcing. The use of small plates can be helpful, to avoid over-facing. Find out what people would like to eat and what portion size or consistency they can manage. Family may want to bring food in.

Mouth Care

Providing good mouth-care is essential to ensure people feel as comfortable as possible. As the dying person's oral intake decreases care should still 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. 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. Mouth care should be stopped and 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.

Good communication

An essential part of compassionate care is communicating with the individual and those closest to them. As the dying person's ability to eat and drink decreases and the plan of care changes. It is essential that this is explained sensitively to the relatives and communicated to all care staff including volunteers, housekeepers and catering staff.

Many relatives and carers may think withholding fluid or nutrition will cause distress to the individual. For example, the removal of a water jug from beside the individual because they are unable to drink from a beaker can be distressing for relatives. It can be seen as a withdrawal of care and sometimes relatives or carers will continue to request for hydration. Families can be helped to understand what is happening and what may happen to their loved one as they die. It can help them understand that the loss of capacity to eat and drink is a normal part of the dying process.

Constant communication is vital to ensure everyone understands what is happening and why decisions have been made. Decisions to use or discontinue nutrition or hydration should be based on the individual's condition. Where an individual has become mainly unresponsive and their prognosis is expected to be short days or hours, the care team with the patient/ relative/ lasting power of attorney may agree that comfort measures only should be the main focus of care. Decisions will need to be made as to when to stop giving oral nutrition and oral hydration as the risk and distress caused to the dying person outweighs any potential benefit.

Withdrawing Artificial Nutrition Support

In some situations and individual's requirements for food and fluids may have been managed by clinically assisted means that might have been in place for some time. Where possible the dying person and those close to them should be involved in discussions and decisions to taper or stop these forms of support when there is evidence that continuing may no longer be of benefit to the person or where the individual now wishes to discontinue.