

For more information
please contact your local
Hospice Palliative Care
Team

or

Community Care Nurse

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Food and Fluids at the End of Life

Information for
Patients and Families



As death approaches, people often experience a decrease in appetite with little or no interest in food and drink. They may be unable to digest food or to take fluids by mouth.

While a decrease in appetite and thirst is not painful and is an expected part of dying, it can sometimes be worrisome. People are often concerned about reduced calorie intake or the effects of dehydration. It is natural for families to want to continue providing nourishment at this time.

In specific situations artificial hydration (such as intravenous fluids) can be beneficial.

Generally, however, hydration does not improve comfort or prolong life.

In order to make the best decisions about hydration it is important that the patient, family and health care team work together. Your doctor and Community Care Nurse or hospice palliative care team can offer information and advice about the role of food and fluids and ways to handle decreasing intake.

Discussions about nutrition are important. As death approaches, peoples' needs and wishes can change, making it necessary to keep asking, "what is helpful for this person at this time?" There will be no single 'right answer' to this question, as it will always depend on the unique circumstances of each patient.

Helpful Things To Consider

- Decreasing food and fluid intake is a common, natural part of the dying process.
- Most dying people do not experience thirst or hunger as death approaches.
- Giving food and fluids by artificial means (e.g., intravenously) does not usually prolong life or improve its quality.
- Providing food and fluids by artificial means may, in fact, increase distressing symptoms such as shortness of breath, respiratory congestion, restlessness, nausea and vomiting.
- When people have difficulty swallowing, eating and drinking may put them at risk for choking.
- Artificial hydration does not provide nutrition.
- Artificial hydration does not usually prevent or improve thirst or relieve a dry mouth.
- Frequent mouth care can help relieve a dry mouth. (See General tips for mouth care.)

Reference: Victoria Hospice (June 2011)

www.victoriahospice.org

Providing Care and Comfort

• **General tips for mouth care:**

- Lip balm, water-soluble gels or artificial saliva are useful to help keep mouth moist.
- Use a moist cloth, soft toothbrush or plain mouth swab to wipe the mouth; avoid glycerine and lemon swabs, which can dry the mouth further.
- Mist the mouth with water, being careful not to give too much.

When the person is still able to swallow safely:

- Give mouth care, as above.
- Let him or her decide on the amount of food and fluid wanted.
- Offer ice chips or popsicles.
- Offer fluids through a straw.

When the person is no longer able to swallow:

- Continue mouth care, as above.
- Consider offering other kinds of support such as gentle massage, skin care, music and conversation.