



**Mid North Coast Rural Palliative Care Project –
Link Nurse Education 2004**

Nutrition and Hydration

A Palliative Approach

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Outline

- Nutrition and hydration
- Dying process
- Management
- Support
- Cessation of food

Nutrition and Hydration

- Nutrition and hydration issues for residents receiving a palliative approach are complex and raise ethical questions
- Consenting to food or refusing food is an expression of the client's autonomy
- Use of advanced care plans is one way for the aged care team to discuss the client's and family's view and preferences regarding feeding and artificial nutrition

Hydration

- Hydrating a client in the terminal stage can cause unwanted side effects
- Increased gastric contents leading to increased vomiting
- Increased chest secretions
- Increased urinary output leading to incontinence
- Oedema

Dying Process

- There comes a stage in the dying process when the client begins to lose interest in everyday events including the loss of desire for food and fluids
- The provision of fluid will only hydrate and not necessarily prolong life
- Reassurance is a need that an inability to eat and lack of interest in food is part of the dying process

Anorexia

- Anorexia is a reduced desire to eat
- While clients don't often complain of anorexia, frequently family and carers worry
- Knowledge of non-invasive interventions will assist in finding comfort for the client, which should always be the goal of care

Management

- Management is to assess each client's individual circumstances, including the family's wishes, in order to formulate recommendations regarding nutritional needs for that person
- Provide information and outcomes

Management

- The nurse must identify and manage symptoms that are reversible, i.e. nausea, vomiting, mouth ulcers & thrush
- Thirst can be treated without medical intervention, managed by small amounts of fluid or ice
- Mouth care
- Families who want to be involved in care should be encouraged to do so

Support - Family

- The aim is to help families decide whether to continue nutrition based on the person's values and clinical situation.
- This is essential as many people have a simplistic understanding of dying and maybe left with feelings of guilt.

Support

- Provide information
- Simple education about what is happening
- That dehydration is a normal part of the dying process
- Discuss with the team and document the plan

Cessation of food

- Many clients who are dying often receive intravenous fluids, S/C fluids or tube feedings when they are no longer able to maintain a normal fluid balance due to the body's limited capacity to tolerate such intake at this time

Cessation of food

- The main reason for this appears to be a belief that dehydration in a client close to death is distressing
- The team caring for the client needs to initiate discussions with the client and families about the pros and cons of artificial feeding

References

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