

End of Life Considerations in Nutrition and Hydration Care

- Loss of appetite is a complex phenomenon that affects both patient and caregivers. Health and social care professionals need to be aware of the potential tensions that may arise concerning a patient's loss of appetite. This is likely to become more significant through the palliative stages and patients and carers may require support with adjusting and coping.
- The individual should always remain the focus of care. Carers should be supported in consideration of the environment, social setting, food portion size, smell and presentation and their impact on appetite.
- Use of oral nutritional supplements (ONS) in palliative care should be assessed on an individual basis. Whether or not ONS are appropriate will be dependent upon the patient's health and treatment plan. Emphasis should always be on the **enjoyment of nourishing food and drinks** and maximising quality of life.
- The management of palliative patients can be divided into three stages: early palliative care, late palliative care, and the last days of life. Care aims will change through these stages.
- **Nutritional management in early palliative care**
 - ◆ In early palliative care the patient is diagnosed with a terminal disease but death is not imminent. They may have months or years to live and maybe undergoing palliative treatment to improve quality of life.
 - ◆ Nutritional screening and assessment should be undertaken, using local nutrition support pathways and guidance, as early intervention could improve the patient's response to treatment and potentially reduce complications.
 - ◆ Discuss desirable and meaningful outcomes in partnership with the individual (and relatives if appropriate) and the care team (including GP).
 - ◆ As with all patients, only consider ONS if they are acutely ill, or in need of building up before a planned procedure if intake is significantly decreased.
 - ◆ A patient is unlikely to derive any significant benefit to well-being or nutritional status from an ONS prescription: a homemade nourishing drink adapted to their taste and preferences should always be the first approach.
- **Nutritional management in late palliative care**
 - ◆ In late palliative care, the patient's condition is deteriorating and they may be experiencing increased symptoms such as pain, nausea and reduced appetite.
 - ◆ The nutritional content of the meal is no longer of prime importance and people should be encouraged to eat and drink the foods they enjoy. The main aim is to maximize quality of life including comfort, opportunity for social interactions, symptom relief and enjoyment of food.
 - ◆ Aggressive feeding is unlikely to be appropriate especially as this can cause discomfort, as well as distress and anxiety to the patient, family and carers.
 - ◆ The goal of nutritional management should not be weight gain or reversal of malnutrition, but quality of life.
 - ◆ Avoid prescribing ONS for the sake of 'doing something' when other dietary advice has failed.
- **Nutritional management in the last days of life**
 - ◆ In the last days of life, the patient is likely to be cared for in bed, very weak and drowsy with little desire for food or fluid.
 - ◆ The aim should be to provide comfort for the resident and offer mouth care and sips of fluid or mouthfuls of food as desired.