

This leaflet is to help you understand about food and fluid at the end of life. It anticipates some of the questions you may want to ask regarding food and fluid and encourages you to ask for further help or information if anything concerns or worries you.

Reduced need for food and drink

Being able to eat and drink is part of our usual day to day life. Lack of interest in food and drink is a normal part of the dying process and a physical sign that the person we care for is not going to recover from their illness.

Knowing someone is near the end of their life and that they no longer want to eat, or drink can be hard to understand. As someone grows weaker the effort needed to eat and drink may become too much for them so help may be needed.

Food and drink will continue to be offered to someone who is dying until they lose their natural ability to swallow.

Artificial hydration is a way of taking in fluids other than through the mouth.

Intravenous fluids are an option where the fluid goes straight into a vein.

It may not be helpful in this situation to continue or start fluids into a vein and may add to someone's physical discomfort.

Currently there is no research evidence to show that giving fluids at end of life is beneficial to patients.

However, the healthcare team can work together with you and your loved one to decide if hydration would be beneficial.

There is no right answer to this question. This will always depend on the unique situation of each patient.

Love and support

Is often

The most important

nourishment

Helpful things to consider

Decreasing food and fluid intake is a natural part of the dying process.

Most dying people do not experience hunger or thirst.

Providing food or fluids by artificial means may, in fact, increase symptoms such as shortness of breath, mucous/fluid build-up in the throat or lungs, restlessness, nausea and vomiting.

Difficulty swallowing when eating and drinking may increase risk of choking.

Artificial hydration does not provide nutrition.

Artificial hydration does not usually prevent or relieve a dry mouth or thirst.

Frequent mouthcare can relieve a dry mouth.

Mouth Care

When a person becomes unable to swallow, it can be distressing, therefore, keeping the person's mouth moist and clean is helpful at this time. This can be done by moistening the mouth with a plain mouth swab and applying lip balm. Avoid using glycerine, lemon swabs or mouthwash containing alcohol which can dry the mouth further.

The nursing staff would be happy to show you how to help with this if you wish.

At this time other kinds of comfort can be considered such as gentle massage, skin care, music and conversation.

The healthcare team will assess your relative or friend regularly and will discuss with you the information relating to their care. They will ensure you are aware of how to obtain further information if or when you feel you need it.

Please discuss with staff members any concerns or questions you have about what may happen before or immediately after your friend or relative dies.

It is natural to forget some of what you are told, and the staff will be happy to answer any questions or arrange for a more appropriate member of the team to speak with you.

Further support

Further support and advice is available from your GP, Community Nurse or the Specialist Palliative Care Team (should this be necessary).

For further assistance or to receive this information in a different format, please contact the department which created this leaflet.

PATIENT INFORMATION

Understanding Fluids and Artificial Hydration at the End of Life

Information for Families and Carers



Working with you, for you