

Tips for Nurses: Nutrition and hydration



What it is: Nutrition is about the intake of food and how this maintains health of the body. Hydration is the intake of fluids to maintain health.

Why it matters: Food and fluids are necessary to support life and promote healing. In the early stages of palliative care, nutritional intervention can help to boost tissue repair and general wellbeing and prevent infection. When people are dying, they may have less interest in or need for food, and they may have difficulties with swallowing or fatigue. Needs assessment by a nurse is important.

Eating and drinking are also important parts of daily life and social interactions. Family attitudes and values are important in the decisions about eating and drinking.

What I need to know: It is important to consider where the person is on their palliative care journey.

In early palliative care stages and depending on a person's illness, unexplained weight loss may be due to reasons that can be reversed such as:

- pain
- poor oral health and/or ill fitting dentures
- nausea
- confusion or not recognising food
- swallowing difficulties (dysphagia)
- need for physical assistance to eat.

Effective management of nutrition and hydration can improve quality of life by reducing the effects of weight loss, and improving wound healing and fatigue.

Nutrition and hydration at later stages of palliative care will reflect changed capacity and needs. Malnutrition involving cachexia is more common in people with advanced cancer, dementia, and other chronic diseases.

A Dietitian can advise on nutrition support strategies alongside usual diet. Nutrition and hydration via intravenous or enteral routes is not typically recommended where it is considered futile and poses additional risk. Family meetings to discuss expectations around nutrition and hydration before the terminal phase is desirable.

Actions

Towards the end of life, the goal is to maximise food enjoyment and reduce food-related discomfort. Family members may be distressed if the person cannot or will not eat. They may need to be reassured but can also provide comfort through mouth care or assisting with drinks.

Oral care remains important at all stages. Use appropriate and regular assessment.

An assessment of needs includes review of:

- pain
- oral health
- behaviours and cognition
- mobility and dexterity
- environmental factors including dining arrangements, noise and distractions at meal times
- individual food preferences.

Nutrition assessment by a Dietitian, and swallow assessment from a speech pathologist should be considered.

Offering meals or snacks often and when the person is most alert and receptive can be beneficial.

Tools

Oral Health Assessment Tool (OHAT) is a validated screening tool suitable for older people including people with dementia.

Mini-Nutritional Assessment Short-Form (MNA®-SF) for assessing nutritional status in older people.

Name:

My reflections:

When was the last time I cared for someone having difficulty with swallowing, and what was done for this person?

How familiar am I with the evidence for artificial nutrition and hydration in palliative care and end-of-life? Who in the health care team could I ask to be present for a family meeting on this topic?

My notes:

See related palliAGED Practice
Tip Sheets:
Cachexia, sarcopenia
and anorexia
Dysphagia
Oral care

For references and the latest version of all the Tip Sheets visit

www.palliaged.com.au