Cambridgeshire & Peterborough Integrated Care System

NHS Cambridgeshire & Peterborough

Nutrition at the End of Life – for families and Carers

End of life

In the final stages of a life limiting illness, or when a person is approaching the end of their life, the focus of their care may change and focus predominantly on quality of life to ensure they are comfortable as possible.

Food and drink

At this time, people often experience a decrease in appetite and a loss of interest in food and drink.

This can be worrying for families and carers, but it is a natural and expected part of the dying process. Most people at the end of life do not experience hunger or thirst. The body is slowing down, and if someone eats or drinks more than they really want to it can cause them discomfort.

Families and carers may be concerned about the effects of reduced food intake or dehydration on the person who is dying, and it is natural for families to want to continue providing nourishment at this time.

Artificial feeding; Tube feeding and Nutritional Supplements

Nutritional supplements

Nutritional supplements can be used in a case-by-case basis for palliative care if a person's food intake is compromised: such as due to excessive fatigue or if they have impaired ability to swallow or chew.

However, with the aim of improving comfort and enjoyment of food, the focus should be on encouraging the favoured foods of the person. There is nothing in nutritional supplements which cannot be found in normal foods.

Tube feeding:

Artificial feeding via a tube has not been found to improve quality of life, or prolong life, the repeated insertion and removal of tubes and maintenance of them can also be distressing to the person who is dying.

The management of palliative residents can be divided into three stages: early palliative care, late palliative care, and the last days of life.

Early Palliative care

Where the person is diagnosed with a terminal disease, but death is not imminent. They may have months or years to live and are having palliative treatment to improve quality of life.

- Nutritional screening and assessment should continue as per normal pathway.
- Regular Malnutrition Universal Screening Tool (MUST) assessment should take place in residential facilities.
- Prevention of weight loss and maintenance of good nutritional status can improve treatment outcomes.
- Nutritional supplements are unlikely to have any significant benefit if a person cannot consistently manage 2 servings of nutritional supplements per day.

Late Palliative care

Where the person's condition is deteriorating and they may be experiencing increased symptoms such as pain, nausea and reduced appetite.

- The aim of nutritional care should be maximising quality of life, symptom relief and enjoyment of food.
- Aiming for weight gain or reversing of malnutrition is not appropriate.
- Ensure symptoms which may impact on appetite are well managed.
- Healthy eating is no longer an appropriate aim, instead offer and encourage enjoyed foods and drinks.

Last days of life

- In the last days of life, the person 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 person and offer mouth care and sips of fluid or mouthfuls of food as desired.
- Regular monitoring of weight and MUST is no longer appropriate.
- Ensure regular mouthcare is offered to prevent thirst if drinking is effortful or difficult.
- Keeps lips moist with lip balm or offer ice or ice lollies instead of drinks.

Other ideas that may help

- Keep asking "what is helpful for this person at this time?" - there is no single 'right' answer as it depends on each person's individual situation.
- Continue to offer other forms of support such as gentle massage, skin care, music and conversation.
- Keep the person company - talk to them, read to them, watch films together, or simply sit and hold their hand.
- Even when people cannot speak or smile, their need for companionship remains. The person may no longer recognise you but may still draw comfort from your touch or the sound of your voice.

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