

Patient Resource Guide: Nutrition and Dehydration

INTRODUCTION

Concerns about weight loss are commonly expressed by patients and their family/caregiver. Although decreased oral intake of food and fluids can occur at different times during the disease process and is a very common occurrence at the end of life, the resulting weight loss can be distressing to patients and caregivers alike. This can lead to the unpleasant assumption that the patient will become dehydrated or starve to death.

NUTRITION NEAR THE END-OF-LIFE

It is important to understand that loss of appetite near the end of life is a common occurrence, and is often not as distressing to the patient as to family or friends. At this stage of life, most patients are not hungry, and food may be no longer appealing. Forcing nutritional intake can lead to decreased comfort.

Decreased fluid intake also occurs naturally as a part of the dying process and is often not associated with thirst or discomfort. Additionally, if patient the patient develops swallowing difficulties, liquid can increase the risk of aspiration pneumonia, choking and discomfort. IV fluids can worsen swelling complications, fluid accumulation and lung congestion while not contributing to comfort or longevity.

INCREASING COMFORT AT THE END-OF-LIFE

Oral Hygiene	Moisten and clean the mouth with a swab as needed using plain water or a baking soda wash (1 tsp salt, 1 tsp baking soda, 1 qt tepid water). Avoid commercial mouthwash as most contain alcohol and can be irritating
Management of Oral Thrush	Swab or rinse using a nystatin liquid; consider fluconazole tablet if patient can swallow
Lip and Oral Care	Coat lips and nostrils with a thin layer of petroleum jelly or similar formulation lip balm to prevent drying
Eye Care	If the eyelids are not closed, moisten with lubricating eye gel, artificial tears, or saline solution

