

# 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:

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

Effective management of nutrition and hydration can improve the quality of life for patients by reducing the effects of weight loss, and improving wound healing and fatigue. People may also have established nutritional plans based on percutaneous endoscopic gastrostomy (PEG).

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.

Decisions around artificial feeding in the terminal phase can be challenging. Refer to the person's ACD. Information about the person's capacity to benefit versus any risk can help. Family meetings to discuss this and care needs may also help.

## 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.

Nutritional counselling from a dietitian or speech pathologist can help.

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

## Tools

Tools that may be useful include:

**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)**

**Name:**

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## My reflections:

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

Thinking of a situation where a family's opinion about a person's feeding and hydration conflicted with best practice based on their capacity to take in nourishment – what did I do that helped to resolve the conflict and what didn't work?

## My notes:

See related palliAGED Practice  
Tip Sheets:  
Cachexia, Sarcopenia  
and Anorexia  
Dysphagia  
Oral Care

References used to develop this sheet are available at  
[www.palliaged.com.au](http://www.palliaged.com.au)