Artificial Hydration and Nutrition

Artificial nutrition and hydration is a life-sustaining medical treatment. It allows patients to receive food (nutrition) and fluids (hydration) when they can no longer eat or drink through the mouth. The nutrients and fluids used for treatment are chemically balanced and “fed” to patients by intravenous (IV) administration or feeding tubes.

How Does Treatment Differ From Eating and Drinking?

Artificial nutrition and hydration differs from eating and drinking in that it is a medical treatment. It requires technical skills to administer, and it has many serious risks. Professional training is needed to insert the tube or IV, and health care providers decide what type (and how much) of nutrition to give patients. They must also monitor these patients for complications and side effects.

Artificial nutrition and hydration does not provide the sensory comforts — such as taste and texture — that come from food and drinks. Unlike eating and drinking, tube feedings are controlled by health care providers rather than the patients they are treating.

Food and Fluids at the End of Life: Information for Patients and families

Victoria Hospice

As death approaches, people often experience a decrease in appetite with little or no interest in food and drink. They may be unable to digest food or to take fluids by mouth.

While a decrease in appetite and thirst is not painful and is an expected part of dying, it can sometimes be worrisome. People are often concerned about reduced calorie intake or the effects of dehydration. It is natural for families to want to continue providing nourishment at this time.

In specific situations, artificial hydration (such as intravenous fluids) can be beneficial. Generally, however, hydration does not improve comfort or prolong life.

In order to make the best decisions about hydration it is important that the patient, family and health care team work together. Your physician, Home and Community Care Nurse or hospice palliative care team can offer information and advice about the role of food and fluids and ways to handle decreasing intake.

Discussions about nutrition are important. As death approaches, people's needs and wishes can change, making it necessary to keep asking, "What is helpful for this person at this time?" There will be no single 'right answer' to this question, as it will always depend on the unique circumstances of each patient.

Helpful Things to Consider

- Decreasing food and fluid intake is a common, natural part of the dying process.
- Most dying people do not experience thirst or hunger as death approaches.
- Giving food and fluids by artificial means (e.g., intravenously) does not usually prolong life or improve its quality.
- Providing food and fluids by artificial means may, in fact, increase distressing symptoms such as shortness of breath, respiratory congestion, restlessness, nausea and vomiting.
- When people have difficulty swallowing, eating and drinking may put them at risk for choking.
- Artificial hydration does not provide nutrition.
- Artificial hydration does not usually prevent or improve thirst or relieve a dry mouth.
- Frequent mouth care can help relieve a dry mouth. *(See **General tips for mouth care**, at right.)*

Providing Care and Comfort

General tips for mouth care:

- Keep lips moist with petroleum jelly, water-soluble gels, artificial saliva or unscented moisturizer.
- Use a moist cloth, soft toothbrush or plain mouth swab to wipe the mouth; avoid glycerine and lemon swabs, which can dry the mouth further.
- Mist the mouth with water, being careful not to give too much.

When the person is still able to swallow safely:

- Give mouth care, as above.
- Let him or her decide on the amount of food and fluid wanted.
- Offer ice chips or popsicles.

When the person is no longer able to swallow:

- Continue mouth care, as above.
- Consider offering other kinds of support such as gentle massage, skin care, music and conversation.

Click Here for Printable version of above pamphlet to provide to patients and families.

What is Anorexia?

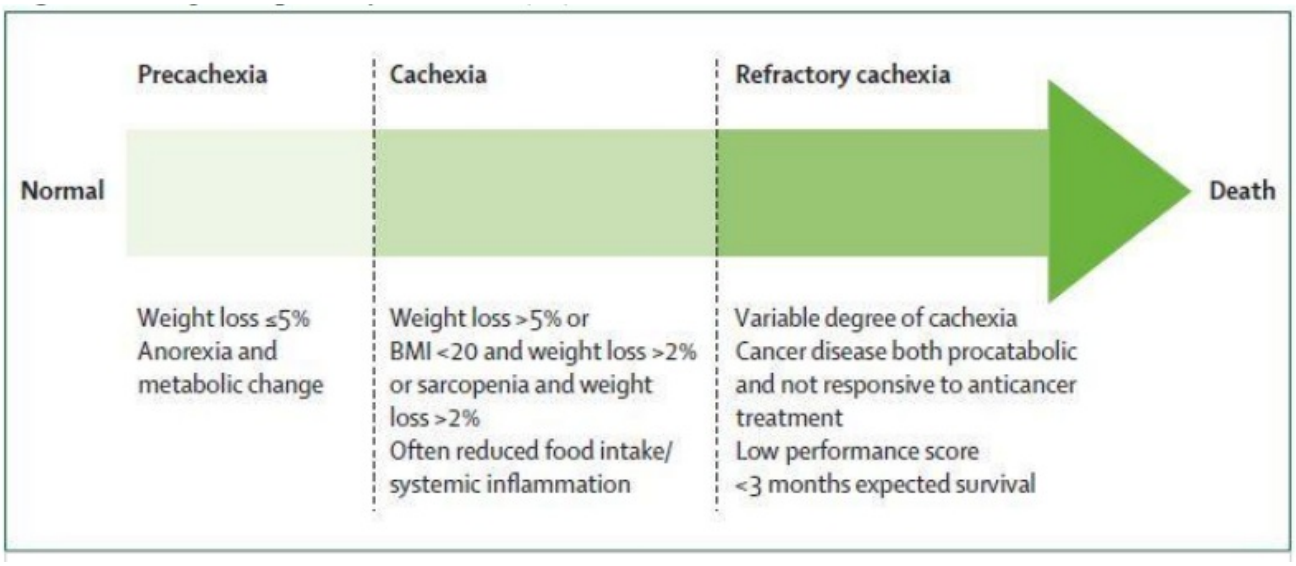
Loss of appetite and resulting reduced caloric intake.

What is Cachexia?

Involuntary weight loss associated with loss of muscle; deterioration in physical condition.

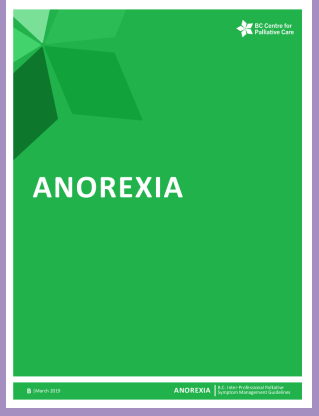
Metabolism speeds up (catabolic).

No treatment to reverse once established.

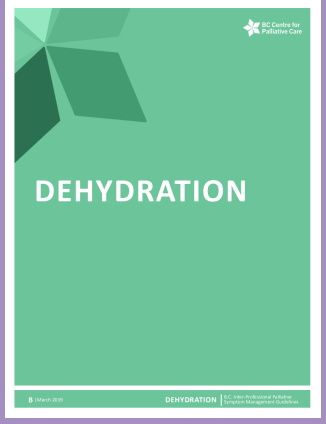


Focused Health Assessment: Anorexia & Cachexia (click here)

Resources and References



BC Centre for Palliative Care - Anorexia Guideline- click picture to access



BC Centre for Palliative Care - Dehydration Guideline - click picture to access

Managing Loss of Appetite

Non-Pharmacological Measures

Considerations for all Patients:

- Identifying the underlying cause is essential in determining the intervention required
- When considering management, always balance burden against benefit

Intervention

Proceed with non-pharmacological interventions for all patients

Considerations

- Screen, assess and manage potential causes of secondary cachexia. i.e. anti-cancer treatment, other medication, and psychosocial factors
- Consider access to food (mobility, finances and other constraints which may lead to poor intake)
- Consider stage of disease, progression of disease and Palliative Performance Scale (PPS or ECOG), or functional status when determining goals of care and treatment plans
- Whether early consultation with the palliative or supportive care team is needed (when resources permit)

Nutrition and Mealtime Suggestions

- Eat small, frequent meals that are high in energy and protein
- Ensure adequate hydration, preferably through energy and protein containing liquids/meal supplements (e.g., Ensure or Boost)
- Take medication with a high calorie/protein fluid (milkshakes or nutrition supplements) to increase nutritional intake (review with dietitian and/or pharmacist to check for drug/nutrient interaction(s))
- Make mealtimes as relaxing and enjoyable as possible
- Try convenience foods (deli, takeout etc.), Meals on Wheels®, grocery delivery, catering/home making services, or asking friends/family to help out

Addressing Psychosocial Concerns

- Provide emotional support to the patient and their family
- Normalize the loss of appetite as a common side-effect of cancer/treatment
- Acknowledge the difficulties and potential psychological impact on quality of life (loss of self-identity, social interaction, cultural issues, accessibility to food etc.)
- Provide referral to mental health professional as needed (*when resources permit)

Exercise

- Encourage exercise, as tolerated by patient (10-60 min/day, 3 times a week, may prevent muscle atrophy)
- Patient should start the exercise regimen slowly, and gradually increase the intensity
- Exercise can be initiated at most levels above PPS score of 40%, but caution should be guiding principle, as well as consideration of presence of bone metastases and low blood counts

Patient Education

Ontario Health (Cancer Care Ontario) Patient Symptom Management Guide – Loss of Appetite
https://www.cancercareontario.ca/en/symptom-management/3141

Pharmacological Measures

- Goal of treatment should be to conserve or restore best quality of life; to control symptoms that cause aggravating symptoms or distress; emphasis should not be solely nutrition and should be determined prior to initiation of treatment.
- A multi-disciplinary approach is needed considering prognosis, patient and family wishes.

Proceed with Pharmacological Intervention (START LOW – GO SLOW) and monitor for effect

MODERATE

Prokinetics

- Metoclopramide 10 mg q4 to 8h **OR** domperidone 10mg TID. The risk of serious abnormal heart rhythms or sudden death (cardiac arrest) may be higher in patients who are more than 60 years old.

SEVERE

Synthetic Progestogens

- Megestrol acetate: minimum efficacious dose = 160 mg daily and titrate to effect maximum dose = 480 mg/ day OR medroxyprogesterone acetate (MPA): 200 mg daily

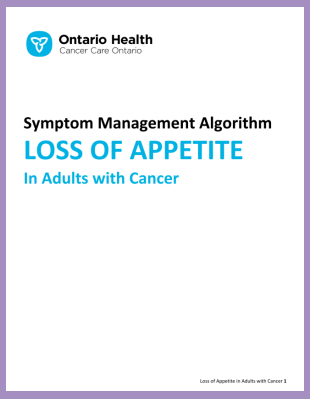
Corticosteroids

- Initial dose: dexamethasone 4mg daily OR prednisolone 30mg daily in the morning. Prescribe for 1-3 weeks, if no benefit, stop. If helpful, increase or decrease to the most effective dose; review regularly and titrate off if no longer improving symptoms.

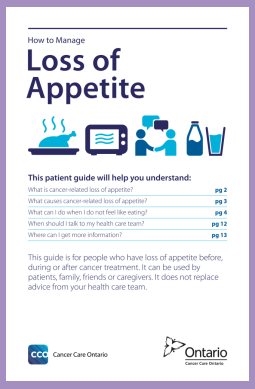
Other Considerations

- Assess need for a proton pump inhibitor (i.e., pantoprazole, rabeprazole)
- Treat depression if appropriate (i.e. mirtazapine)
- Consider referral to medical cannabis specialist

Resources and References

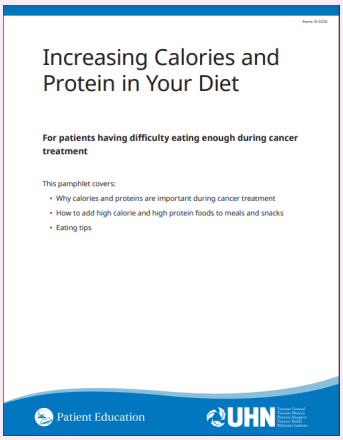


Cancer Care Ontario - Appetite Algorithm - click picture to access

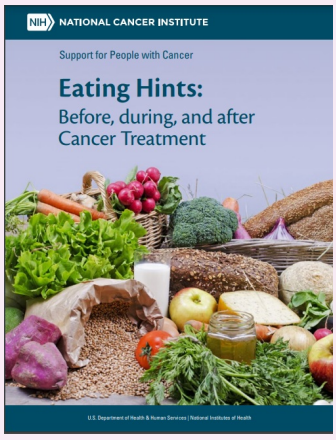


Cancer Care Ontario - Patient Guide to Managing Loss of Appetite - click picture to access

Patient Resources



UHN- Increasing Calories and Protein in Your Diet



National Cancer Institute - Eating Hints - Before, During and After Cancer Treatment

Food Journal - printable

Central East Palliative Pain and Symptom Management Consultants

For consultation support or education requests:

Brenda Derdaele, RN, CHPCN (C)
Palliative Pain & Symptom Management Consultant
Durham Region

Email Me

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Palliative Pain & Symptom Management Consultant
Peterborough Hospice

Email Me

Gwen Cleveland, RN, BScN, MEd, CHPCN(C)
Palliative Pain & Symptom Management Consultant
Scarborough

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July Educational Opportunities:

Medical Cannabis

Lunch and Learn
- Wednesday, July 13/2022
- 12-1pm

Lunch & Learn Registration

Coffee and Palliative Care
- Thursday, July 14/2022
- 3-4pm

Coffee & Care Registration

Durham Region PPSMC Educational Hub

PDF Version of Newsletter

Durham Hospice Services

Please help VON Durham Hospice Services support our Palliative Community.

We offer:
- Hospice Volunteer supports
- Patient & Caregiver support groups
- Hospice Nurse Navigation
- Supportive Care Counselling
- Grief & Bereavement support
- Community Education

Visit our Website | vondurham.org

VON Durham Referral Form

Hospice Peterborough offers:
- Hospice Volunteer supports
- Patient & Caregiver support groups
- Nurse Navigation
- Supportive Care Counselling
- Grief & Bereavement support
- Community Education
- Hospice Residence

HOSPICE PETERBOROUGH

hospicepeterborough.org

Referral Form

Thanks to Oak Ridges Hospice for their ongoing support and exemplary end-of-life care. If you are interested in a tour or making a referral, please visit their website for more information.

Visit their Website | Oak Ridges Hospice