Nutrition at end of life

10 top tips

1 Understand and acknowledge the potentially differing expectations of patients, family and carers with regards to nutrition, which can have physical, social, cultural and emotional implications.

2 Explain to patient and family/carers that a decrease in appetite, eating and drinking is part of the natural process of dying. This may help to diminish pressures and anxieties.

3 Discussion of weight loss and eating problems provides an important opportunity to discuss disease progression, dying and to revisit care plan.

4 Goals should not be to reverse nutritional deficit but to manage symptoms and improve quality of life.

5 Consider and treat symptoms that have an impact on nutritional status for example pain, dry mouth, nausea, gastrointestinal disturbances.

6 Consider the need to review and relax dietetic restrictions for pre-existing conditions for example diabetes or high cholesterol.

7 If a patient is struggling to eat:

- Discuss what foods may bring enjoyment to the patient.
- Offer small portions.
- Offer frequent meals or snacks.
- Offer nourishing/milky drinks.
- Avoid exposure to cooking smells.
- Offer easier to chew soft foods that take less effort to eat.

8 Consider the use of oral nutritional supplements which may improve quality of life and be seen as supportive by patients, family and carers.

9 In patients thought to be dying and seen to be losing their ability to swallow, good oral hygiene remains paramount.

10 On some occasions specialist input such as local hospices or palliative care teams may be appropriate.

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