

CLIP

15 minute Worksheet

15
min

Helping the patient with reduced hydration and nutrition

4: Decisions in hydration and nutrition

Intermediate level

Produced by
**Coleman Education
Centre**
St. Oswald's Hospice
Regent Avenue
Gosforth
Newcastle-upon-Tyne
NE3 1EE

Tel: 0191 285 0063
Fax: 0191 284 8004

This version written and edited
by:
Claud Regnard
Consultant in Palliative Medicine
St. Oswald's Hospice, Newcastle
Hospitals NHS Trust and
Northgate&Prudhoe NHS Trust

Dorothy Matthews
Senior Nurse
Lynn Gibson
Senior physiotherapist
Northgate Hospital Learning
Disability Palliative Care Team

Development of this worksheet was
supported by
**the NHS Executive
BEACON initiative**

Northgate Palliative Care Team
NHS Beacon site

Aim of this worksheet

To consider the causes and approaches to reduced hydration and nutrition in advanced disease.

How to use this worksheet

- You can work through this worksheet by yourself, or with a tutor.
- Read the case study below, then work on the questions overleaf.
- The work page is on the right side, the information page is on the left.
- Work any way you want: you can try answering from your own knowledge (in which case fold over the information page), you can use the information page (this is not cheating- you learn as you find the information), or you can use other sources of information
- It should take you about 15 minutes. If anything is unclear, discuss it with a colleague.
- If you think any information is wrong or out of date let us know
- Use the activity on the back page and take this learning into your workplace.

Case study

Ben is a 33 year old man who has a moderate learning disability together with hydrocephalus spastic diplegia, visual impairment and epilepsy. He enjoys life, but his plans to resettle in a small group community hospital are halted when he is diagnosed as having a carcinoma of kidney with lung metastases. He is normally well nourished, but in the three months since being told he has lost 11kg in weight. Today he is listless and thirsty.

Causes of reduced hydration and nutrition

Physical disability: paralysis, weakness or any difficulty with coordination will make it difficult or impossible for Ben to feed or drink. Breathlessness can make it difficult to eat or drink if it is severe enough. Swallowing problems have many causes (see CLiP Worksheet on *Thinking About Swallowing Problems*).

Physical illness: constipation, infection, nausea or vomiting are common causes. Cancer can reduce appetite as well as increasing the loss of fat and muscle, a syndrome known as cachexia (see CLiP worksheet on *Cachexia*). Many illnesses can result in loss of fluid eg. raised temperature, diarrhoea, vomiting, high levels of glucose or calcium.

Psychological: anxiety, low mood or depression can reduce the interest in food. Remember also that a competent person may choose to leave their intake unchanged.

Behavioural: food-related behaviours can occur for many reasons, and may be worsened by the stress of physical illness.

Current treatment: recent radiotherapy, chemotherapy or surgery will all reduce appetite, Some drugs can have the same effect directly (eg. phenytoin) or indirectly by causing constipation or nausea.

Environmental: some odours can reduce appetite (eg. smells from frying food, bowels or wounds). Poorly presented food is a common cause in hospital, while a lack of privacy can be a problem for someone who has difficulty eating.

Reasons for and against hydration and nutrition

For hydration: this is simple to administer by mouth if Ben is given help. If swallowing is difficult, a subcutaneous (SC) infusion can be used in the short term, or a tube into the stomach can be inserted easily under light sedation with an endoscope to form a Percutaneous Endoscopic Gastrostomy (PEG). Hydration ensures good oral health, helps to prevent pressure sores, and prevents thirst.

For feeding: Adequate nutrition prevents pressure sores, prevents hunger, and prevents the symptoms of nutritional deficiency. If swallowing problems are present a PEG can be used.

Against hydration: refusal by an individual to have a SC line or PEG placed must be accepted if the person is competent for that decision. In very ill patients, hydration can cause problems with bronchial secretions, vomiting or incontinence. Experience also demonstrates that many patients in their last days are comfortable without hydration.

Against feeding: this can be more difficult, especially if swallowing problems are present. Refusal by an individual to have an intravenous line or PEG placed must be accepted if the person is competent for that decision. In an ill patient the prognosis may be too short for feeding to be of help. Many ill patients are not hungry and have no desire for food. Feeding does not prevent the death of a terminal patient. It does not prolong survival in a patient with advanced disease.

Clinical decisions for Ben

- **Is the prognosis short** (ie. day by day deterioration)? Hydration and nutrition are often unnecessary in a terminal patient who is comfortable and settled.
- **Does Ben want to leave the intake unchanged?** As long as depression has been excluded, and he is able to make a reasoned choice about his intake, then his choice must be accepted.
- **Are swallowing problems present?** Ask a speech therapist for advice (see CLiP worksheet 'Thinking About Swallowing Problems')
- **Are treatable problems present?** Examples are nausea, vomiting, constipation, anxiety, depression, drugs.
- **Can you help with feeding or change food presentation?** Ben may need help with feeding and drinking. Check the food is appetising, varied and in small portions. Ensure a pleasant atmosphere.

Advising and treating Ben

The overriding need is for comfort. Hydrating and feeding Ben will not prevent him dying from his cancer, but it will help him to feel as well as possible so that he can cope with his problems.

Hydration: He is having symptoms from a lack of fluid and replacing fluid will help him to feel better. He may be able to drink enough, otherwise the subcutaneous route can be used easily in any setting.

Nutrition: The value of nutrition depends on his choice and prognosis. If he wants food, he should have this regardless of the prognosis. If his deterioration is slow (week by week, or month by month deterioration) extra nutrition in the form of supplements may help prevent symptoms due to nutritional deficiencies. His appetite can be stimulated using low dose steroids eg. dexamethasone 4mg once in the morning (see CLiP worksheet on *The Cachexia Syndrome*),

Reflect

Think of possible causes for Ben's weight and fluid loss in each of the following categories

Physical disability:

Physical illness:

Psychological :

Behavioural:

Current treatment:

Environmental:

Write

Write down reasons for and against giving Ben fluid and food

	For	Against
Giving fluids (hydration)		
Giving food (nutrition)		

Reflect

His listlessness and dry mouth suggests he is short of fluids. Think about what you would advise Ben to do

FURTHER ACTIVITY: Decisions in reduced hydration and nutrition

Taste a selection of commercially available supplements:

- reflect on whether you would prefer these preparations or high energy, natural, foods.

FURTHER READING : Decisions in reduced hydration and nutrition

Journal articles

Burge FI. Dehydration and provision of fluids in palliative care. What is the evidence?. *Canadian Family Physician*. 1996; **42**:2383-8.

Burnham P. Nourishing knowledge. *Nursing Times*, 1996; **92**: 78-9

Dunphy K, Finlay I, Rathbone G, Gilbert J, Hicks F. Rehydration in palliative and terminal care: if not--why not? *Palliative Medicine*. 1995; **9**(3):221-8.

Fainsinger RL, Bruera E. When to treat dehydration in a terminally patient? *Supportive Care in Cancer* 1997; **5**: 205 - 211.

Fainsinger RL, MacEachern T, Miller MJ, Bruera E, Spachynski K, Kuehn N, Hanson J. The use of hypodermoclysis for rehydration in terminally ill cancer patients. *Journal of Pain and Symptom Management* 1994; **9**: 298 - 302.

Grindel CG, Whitner K, Barsevick A. Quality of life and nutritional support in patients with cancer. *Cancer Practitioner*, 1996; **4**: 81-7.

Holmes S. The challenge of providing nutritional support for the dying. *International Journal of Palliative Nursing*, 1998; **4**: 26-31.

Lesourd B, Mazari L. Nutrition and immunity in the elderly. *Proceedings of the Nutrition Society*. 1999; **58**(3):685-95.

Morita T, Tei Y, Tsunoda J, Inoue S, Chihara S. Determinants of the sensation of thirst in terminally ill cancer patients. *Supportive Care in Cancer*. 2001; **9**(3):177-86.

Stratton RJ, Elia M. Are oral nutritional supplements of benefit to patients in the community? Findings from a systematic review. *Current Opinion in Clinical Nutrition & Metabolic Care*. 2000; **3**(4):311-5.

Wilkes G. Nutrition: the forgotten ingredient in cancer care. *American Journal of Nursing*. 2000; **100**(4):46-51.

Williams J, Copp G. Food presentation and the terminally ill. *Nursing Standard*, 1990; **4**:29-32.

Winter SM. Terminal nutrition: framing the debate for the withdrawal of nutritional support in terminally ill patients. *American Journal of Medicine*. 2000; **109**(9):723-6.

Books and reports

Joint working party of the National Council for Hospice and Palliative Care Services and the ethics committee of the Association for Palliative Medicine of Great Britain and Ireland. Artificial hydration (AH) for people who are terminally ill. *European Journal of Palliative Care* 1997; **4**: 124.

BMA. *Withholding and Withdrawing Life-prolonging Medical Treatment- Guidance for Decision-making*. London: BMJ Publishing Group, 1993.

D.O.H. *The Essence of Care: Patient focused Bench Marking for Health Care Practitioners* London D.O.H., 2001

Mealtime participation guide. Klein M.D., Morris S., Dunn M. Tuscan: Therapy Skill Builders, 1999.

Nutritional Oncology Herber H, Blackburn GL, Go VLG. San Diego : Academic Press, 1999.

CLIP

Current Learning In Palliative care
An accessible learning programme for health care professionals

Fifty seven 15 minute worksheets are available on:

- An introduction to palliative care (3 worksheets)
- Helping the patient with pain (9 worksheets)
- Helping the patient with symptoms other than pain (11 worksheets)
- Moving the ill patient (2 worksheets)
- Psychological needs (8 worksheets)
- Helping patients with reduced hydration and nutrition (8 worksheets)
- Procedures in palliative care (4 worksheets)
- Understanding and helping the person with alternative communication (learning disabilities) (5 worksheets)
- The last hours and days (4 worksheets)
- Bereavement (3 worksheets)

© 2004

Helping the Patient with Advanced Disease: a Workbook
Regnard C. ed.

Oxford: Radcliffe Medical Press www.radcliffe-oxford.com