

## **Palliative Nutrition and Hydration**

It is common for appetite and intake of food and fluid to decline as death approaches. When this happens, staff is tempted to use artificial nutrition and hydration. This approach is oftentimes unwise and may lead to increased discomfort.

### **Guidelines:**

- 1) Restricted diets are unnecessary and inappropriate.
- 2) A diet should only be restricted if this is the patient preference.
- 3) Follow patient food preferences.
- 4) It is common for terminal patients to prefer sweets.
- 5) Modify diet in texture

### **For taste and smell changes:**

- 1) Substitute eggs, cheese, beans, lentils, peanut butter, and yogurt for meat
- 2) Avoid food with offensive odors
- 3) Provide good oral hygiene
- 4) Provide meals with pleasant odors and eye appeal

### **For dry mouth:**

- 1) Provide food with gravy and sauces
- 2) Give mainly liquids
- 3) Serve moist foods
- 4) Use saliva substitutes

### **For sore throat and mouth:**

- 1) Provide soft, cold foods
- 2) Avoid acidic, salty, spicy, hard, and crunchy foods
- 3) Avoid temperature extremes
- 4) Use topical analgesic medications

### **For dysphagia:**

- 1) Provide proper consistency
- 2) Feed in portion which best facilitates swallowing

### **For nausea:**

- 1) Administer antiemetics
- 2) Avoid offensive odors
- 3) Provide dry, bland foods

### **For early satiety or bloating:**

- 1) Use small frequent feedings
- 2) Avoid carbonated beverages and gas producing food