

When someone is dying and no longer taking drinks from a cup, you can help by:

- offering a drink through a straw (or from a teaspoon or syringe);
- moistening the mouth with a damp sponge – special kinds of sponge are available for this purpose (the person may bite on this at first, but keep holding it, as they will let go);
- placing ice chips in the mouth;
- applying Biotene gel to the tongue/mouth for moisture;
- applying lip balm (Care: Do not use petroleum based products if using oxygen);
- cleaning their teeth or dentures, if they would like you to.

### Useful contact details

Palliative Care Team, Lister Hospital

☎ 01438 284035

Switchboard, Lister Hospital

☎ 01438 314333

### Further Information

NHS Choices - [www.nhs.uk](http://www.nhs.uk)

Marie Curie - [www.mariecurie.org.uk](http://www.mariecurie.org.uk)

NICE - [www.nice.org.uk](http://www.nice.org.uk)

### References

The information in this leaflet was based on guidance from NICE<sup>1</sup> and Cheshire & Merseyside Palliative and End of Life Care Network Audit and Clinical Guideline Group

<sup>1</sup>National Institute for Health and Care Excellence (NICE)

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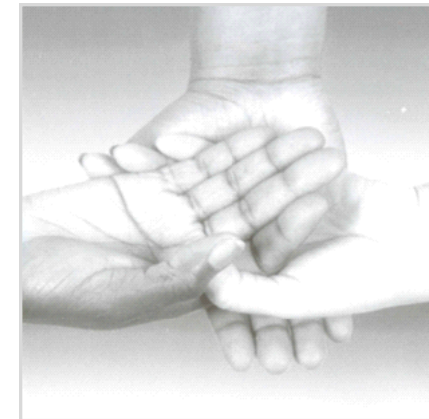
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[www.enherts-tr.nhs.uk](http://www.enherts-tr.nhs.uk)

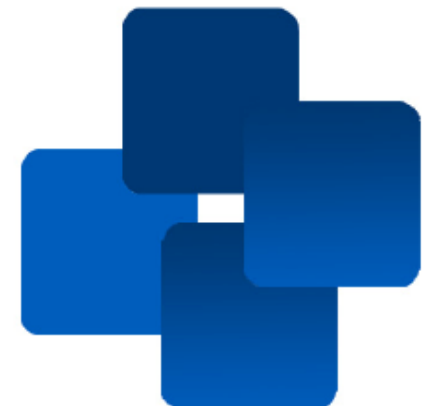
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## Patient Information

### Hydration at the end of life



Palliative Care Team



## **Introduction**

This leaflet answers some frequently asked questions about fluids and the use of clinically assisted hydration (fluid intake given by a drip) at the end of life. It is aimed mainly at carers, but some patients may also find this information helpful.

## **Eating and drinking at the end of life**

When they are in the last days of life, a person's appetite is likely to be much reduced. They may no longer wish to eat or drink anything. This could be because they find the effort of eating or drinking to be too much. But it may also be because they have little or no need or desire for food or drink. If a person is able to safely swallow, they will always be offered fluid to drink.

Eventually, the person will stop eating and drinking, and will not be able to swallow tablets. This may be hard to accept, but it is a normal part of the dying process. If they stop drinking, their mouth may look dry, but this does not always mean they are dehydrated. It is normal for all dying people eventually to stop eating and drinking and it is thought that the mechanisms for dehydration are different in dying people than in people without advanced illness.

It is important to recognise that the person has stopped eating and drinking because they are dying – they are not dying due to lack of food and fluids.

## **What is Clinically Assisted Hydration (CAH)?**

Clinically assisted hydration includes intravenous (into a vein) or subcutaneous (under the skin) infusion of fluids or administration of fluid through a tube into the stomach.

## **What are the benefits and risks of clinically assisted hydration for a patient at the end of their life?**

For someone who is in the last days of life, clinically assisted hydration may relieve some symptoms related to dehydration, such as thirst and side effects of medication. However, clinically assisted hydration may cause other problems including retention of fluid in the lungs, abdomen and limbs as well as problems with the cannula used to give the fluids. It is uncertain if giving clinically assisted hydration will prolong life or just extend the dying process. It is uncertain if not giving clinically assisted hydration will hasten death.

## **When is clinically assisted hydration used for a person at the end of their life?**

Decisions will be discussed with the person, where possible, and those important to them. Any wishes or preferences previously expressed by the person will also be taken into account.

Clinically assisted hydration will only be used if the person is unable to drink enough oral fluid. Decisions regarding the use of clinically assisted hydration are made on an individual basis and reviewed daily by the clinical team, who will assess for the presence or absence of symptoms, including thirst, dehydration, noisy respiratory (chest) secretions and fluid overload.

The decision to continue or stop clinically assisted hydration will be based on evidence of benefit or harm at the daily review.

## **Can clinically assisted hydration be given at home?**

Intravenous fluids are usually only used in hospital due to the need for monitoring and caring for the cannula. It is sometimes possible to give subcutaneous fluids in a person's home or nursing home, but this depends on local practice by the community nursing team.

## **What happens if hydration is being given by a feeding tube?**

If a person is already dependent on clinically assisted hydration before they reach the last days of life, for example, through a PEG tube (percutaneous endoscopic gastrostomy tube), the risks and benefits of continuing clinically assisted hydration will be discussed with the person and those important to them. A decision will then be made on whether assisted hydration will be continued, reduced or stopped as the person nears death.

## **What can I do to help?**

If ward staff feel it is safe to do so, you can carry on offering drinks (as the staff will do when you are not there) but don't be surprised if your relative only wants a few sips at a time. The staff will help you to make sure that the drinks are not causing coughing and spluttering. Some people like to have their favourite drink frozen as an ice lolly or ice chips – this can be easier to suck on rather than trying to drink.

Please see overleaf for other ways to help.