Palliative Care Education Snap Sessions
Darling Downs – South Burnett
Cairns & Hinterland – Atherton Tableland
South West HHS

Food & Hydration at End of Life
Tuesday 30th August 2016
14.30 – 14.50 hours

Food and fluids
Food and fluid intake has important cultural, social, and spiritual implications as well as physiological importance
Provides:
- Comfort
- Hope
- Enjoyment
- Social interaction
- Nutritional status

Loss of appetite
- Often a significant perceived link between appetite and quality of life [QoL]
- Small meals, high calorie, high protein foods
- Supplement drinks
- Death by starvation is a common misconception
- Parenteral nutrition does not improve weight loss, lethargy or survival
- may impair quality of life [QoL]

Reduced food intake
Possible treatment related causes
i.e. chemotherapy, major surgery
- Nausea
- Taste changes
- Transient inflammation of oral or upper GI mucosa e.g. pain, difficulty swallowing

Poor nutrition in advanced disease
- Difficulty breathing and eating
- Mouth infections
- Nausea
- Anorexia
- Difficulty swallowing
- Early satiety
- Physical obstruction to intake
- Malabsorption
- Constipation
- Abnormal metabolism

Dietary assessment
- Weight
- Dietary intake
- Interest in food
- Ability to clear airways
- Ability to swallow
- Physical issues and symptoms that may impact
- Ability to access and prepare food
### Interventions

- Treat underlying cause if possible
  - nausea
  - constipation
  - dehydration
  - mucositis
- Promote quality of life

### Possible pharmacological interventions

Different pharmacological agents may have benefits depending on contributing factors:

- Anti-nausea medication
- Agents to promote gastric emptying
- Analgesia
- Appetite stimulants
- Aperients
- Anti-fungal agents

### Possible supportive interventions

- Remove unpleasant odours
- Involve the person in menu planning
- Provide small amounts of food frequently
- Include additions to increase nutrition and calories (e.g. cream to porridge)
- Provide thickened fluids
- Use vitamised meals
- Use supplements e.g. Ensure / Prosure
- Provide companionship during meal
- Include some alcohol if appropriate

### As disease progresses

- Loss of desire for food / fluids may occur
- Eating becomes a burden
- Provide comfort cares
- Management of dry mucosa
- Mist spray
- Mouth care
- Provide support to family
- Information
- Involvement in meal planning if the person wishes

### Clinical Placement Education Opportunity!

- National program – Australian Government Department of Health as part of the National Palliative Care Program
- Opportunities for health workers of all disciplines to develop skills in the palliative approach to care
- in Queensland – overseen by Queensland Health – Centre for Palliative Care Research and Education [CPCRE]
- Clinical placements for rural Nurses, AHPs and Doctors
- Contact PEPA Queensland Manager, Aurora Hodges pepaald@health.qld.gov.au or 07 3646 6216

### References