

Care plan for the dying person

Nutrition and hydration in the last days of life

Comfort assessment and management fact sheet

As a person enters the last days of life, they may lose interest in and have a reduced need for food and drink. This is a normal part of the dying process. You can support the person to eat and drink for as long as they wish, keeping in mind they may not feel thirst or hunger but may have a dry mouth, which can be uncomfortable.

Clinically assisted nutrition (enteral feeding, parenteral nutrition) or hydration (parenteral fluids) may not be helpful in the last days of life. These interventions can lead to problems associated with fluid overload, including lower limb oedema, cerebral oedema, respiratory and gastrointestinal secretions. The presence of medical equipment, such as intravenous lines, feeding tubes and pumps can focus care on the intervention rather than the person and make it difficult for the family to get physically close to the person.

Decisions about starting, continuing or stopping clinically assisted nutrition and hydration can be challenging. Family and carer(s) may fear the patient will die of starvation or dehydration and ask for nutrition or hydration to be started or continued. There is no medical, ethical or legal requirement that these medical treatments be given in the last days of life unless they provide relief of symptoms.

A person's swallowing may also be affected in the last days of life. A speech pathologist can assess the person's swallowing and provide strategies to support the person to eat and drink as safely and comfortably as possible.

How to help

- Explain to family that their loved one is unlikely to feel hungry or thirsty, and the lack of eating and drinking is a result (rather than the cause) of the dying process.
- Explain that clinically assisted nutrition and hydration are unlikely to be beneficial when the patient is dying and may cause the person discomfort or other side effects.
- Rather than giving drinks, nursing staff can suggest the family assist with mouth care using swabs soaked with water or their favourite flavour to moisten the mouth, tongue and inside of cheeks.
- Some cultural and religious groups have strong beliefs on this issue, and this should be approached sensitively. Advice and support from someone of the same culture or faith (pastoral care worker, spiritual leader) may be useful.

Key message

Occasionally, a time-limited trial of subcutaneous fluids with a clear explanation about both the possible benefits and potential harms may be helpful.

For further support and advice, seek specialist palliative care advice from your local service or PallConsult **1300 PALLDR (1300 725 537)**.

References

palliAGED. (2025). *Nutritional care*. <https://www.palliaged.com.au/Evidence-Centre/Care-Needs/Nutritional-Care>

Therapeutic Guidelines. (2024). *Palliative care: Care in the last days of life*. Retrieved January 7, 2026, from <https://app.tg.org.au/guidelines/Palliative-Care/Care-in-the-last-days-of-life>