

Nutrition and hydration

Key points to remember:

- regular individual assessment of nutrition and hydration needs is essential
- food and drink has physical, social, cultural and spiritual meaning in a person's life
- desire for food and drink may naturally decrease towards the end of life
- additional support may be needed with some conditions where the ability to eat and drink is lost
- inability to eat and drink and loss of appetite can be distressing for everyone involved
- preparing people for this loss of appetite can help them to understand the dying process
- support a person to eat and drink for as long as they wish or are able to do so
- sensitive communication may be required about why a drip may or may not be needed in the last few days of life.

Remember the seven Ps

When the desire or ability to eat and drink is reduced these Ps will help you in delivering care.

- **Preference** - establish likes and dislikes.
- **Palatable** - food should be what the person. fancies, perhaps with cream/ butter to add calories.
- **Presentation** - food should be visually appealing and appetising.
- **Portions** - smaller plates for smaller portions.
- **Position** - ensure you and the person being assisted are in a comfortable position for eating.
- **Patience** - let the person take their own time.
- **Provide** - good mouth care before and after eating.

Ethical questions

Difficult questions about nutrition and hydration can sometimes arise when providing end of life care. This framework may help you with decision making. Always:



Cultural and spiritual needs

Each person will have cultural, spiritual and religious beliefs that will shape the care you give. Be mindful that:

- for some people spirituality may be linked to a belief system and for others it may be about finding meaning in what is happening
- having a conversation and listening to people will help you understand and meet their needs
- you don't need to share a person's values to respect them
- a person may have rituals that they may need you to support them with before or after death
- you won't know what is important to people unless you ask them
- it is not possible to provide all the answers and a person may need further support by referral to a specialist team.

Key messages

- Dying is a natural process.
- One size fits all decision making is morally wrong.
- Respond to each person compassionately even if they are not your direct responsibility.
- Check that each person's understanding reflects what they have been told.
- Establish a person's wishes and avoid assuming a lack of capacity without careful assessment.
- Nutrition/hydration are regarded in law as a medical treatment.
- Artificial or clinically assisted nutrition and hydration may need to be discussed.
- The NMC Code of conduct says nurses "must recognise and respond compassionately to the needs of those who are in their last few days and hours of life." (NMC, 2015)

RCN online resources

Further information on all these topics can be found at:

www.rcnendoflife.org.uk

www.rcneolnutritionhydration.org.uk

Further resources

Further resources relating to end of life care and nutrition and hydration can be found online:

www.rcnendoflife.org.uk/resources

www.rcneolnutritionhydration.org.uk/resources

References

Royal College of Nursing (2014) *RCN End of life survey 2014*, London: RCN. Available at: www.rcn.org.uk

Nursing and Midwifery Council (2015) *The Code, professional standards of practice and behaviour for nurses and midwives*. London: NMC. Available at: www.nmc-uk.org

Getting it right every time

The RCN represents nurses and nursing, promotes excellence in practice and shapes health policies.

RCN Direct 0845 772 6100 RCN Online www.rcn.org.uk
www.rcnendoflife.org.uk www.rcneolnutritionhydration.org.uk

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Getting it right every time

Fundamentals of nursing care at the end of life

Getting it right every time



Who is this guide for?

All nursing staff including health care assistants in all settings caring for people in the last year of life and those who are important to them.

This guide has been developed using information from the 2014

RCN *End of life care survey* which showed that individuals wanted more education and information around caring for people at the end of life, an independent review of evidence relating to nutrition and hydration at the end of life and expert opinion.

How will this guide help me?

This guide will highlight what is important when caring for a person approaching the end of their life. Whilst there is a focus on care in the last few days, the same caring principles can be applied throughout the last year of life.

It is designed to complement the RCN online resources on end of life care and nutrition and hydration. It could also be used as a tool to support learning.



You can find these resources at:
www.rcnendoflife.org.uk
www.rcneolnutritionhydration.org.uk

What are the fundamentals?

The NMC describe fundamentals of care as:

“The fundamentals of care include, but are not limited to, nutrition, hydration, bladder and bowel care, physical handling and making sure that those receiving care are kept in clean and hygienic conditions... making sure you provide help to those who are not able to feed themselves or drink fluid unaided.”

(NMC, 2015)



What do I need to do?

- Treat people compassionately.
- Listen to people.
- Communicate clearly and sensitively.
- Identify and meet the communication needs of each individual.
- Acknowledge pain and distress and take action.
- Recognise when someone may be entering the last few days and hours of life.
- Involve people in decisions about their care and respect their wishes.
- Keep the person who is reaching the end of their life and those important to them up to date with any changes in condition.
- Document a summary of conversations and decisions.
- Seek further advice if needed.
- Look after yourself and your colleagues and seek support if you need it.

National guidance for end of life care

The four UK countries have their own guidance documents on end of life care. In England, the guidance is referred to as the five priorities of care:

1. Recognise

The possibility that a person may die within the next few days or hours must be recognised and communicated clearly.

2. Communicate

Sensitive communication should take place between staff and the dying person, and those identified as important to them.

3. Involve

The dying person, and those identified as important to

them, should be involved in decisions about treatment and care to the extent that the dying person wants.

4. Support

The needs of families must be actively explored, respected and met as far as possible.

5. Plan and do

An individual plan of care, which includes food and drink, symptom control and psychological, social and spiritual support, must be agreed, co-ordinated and delivered with compassion.

These themes are reflected in the policy guidance within the other three UK countries.

RCN Principles of Nursing Practice

	RCN Key Nursing Principles	Examples in end of life care
A	Dignity, equality, diversity and humanity	Individualised holistic assessment of need including culture and reasonable adjustments made. Also consider the needs of the carer.
B	Ethical integrity, legal integrity, accountability, responsibility	Potential conflict within the family re management of nutritional needs when there is a decline in ability to swallow leading to choking.
C	Safety of patients, visitors and staff, management of risk, clinical safety	Risk assessment in caring for a person who is in hospital and wants to go home to die and lives alone.
D	Advocacy, empowerment, patient-centred care, patient involvement	Supporting a person with learning disabilities to die in their preferred place of care.
E	Communication, handling feedback, record keeping, reporting, monitoring	Advance care planning. Responding to a complaint about poor end of life care.
F	Evidence-based, practice, technical skills, education, clinical reasoning	The possible introduction of tele-health care in a rural setting.
G	Multi-disciplinary and multi-agency working, co-ordination, and continuity of care	Co-ordination of care in the community setting with a person with highly complex needs.
H	Leadership, contributing to an open and responsive culture	Nurses and nursing staff lead by example ensuring end of life care is given in a manner that is responsive to individual needs.