

Eating and drinking advice during end of life care

What is end of life care?

End of life care refers to care given to people who are approaching the end of their life. This advice leaflet is intended to offer advice and support around eating and drinking for those people whose death is expected within days or weeks.

What difficulties with eating or drinking might a person approaching the end of life experience?

People at the end of their life are likely to have varying levels of alertness and/or consciousness.

They may be unable to get into an upright position to eat and/or drink, may not feel hungry or thirsty and not want to eat or drink.

Sometimes people may have difficulties communicating their wants and needs.

They are likely to have a very dry mouth especially if they are going for long periods without eating or drinking.

We find also that people may have difficulty feeding themselves and only manage very small amounts of food and/or fluids.

There might be signs that the person's swallowing is unsafe. This might mean there is a potential for food or drink to enter the airway, called aspiration. For example there may be coughing, choking, spluttering or eye watering when eating or drinking.

Tips to support a person to eat and drink during end of life care

Posture and alertness

- Only offer food or drink if the person is alert enough to be supported to sit in a safe position for eating or drinking. They should be upright, or at minimum in a reclined position.



Speech and Language Therapy
Advice for patients

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Drinks

- Offer small sips of fluids from an open cup or the person's usual drinking utensil. If the person appears to be struggling to control the volume, offering the fluid on a teaspoon might help.
- If the person is coughing on drinks and it appears to be causing distress, sometimes using a thickening agent to make drinks slightly thicker helps. The person's ward doctor or GP can prescribe a thickening agent. Follow the instructions on the tin to trial level 1 'slightly thick' or level 2 'mildly thick' drinks.
- If a person has capacity they must consent to drinks being thickened as often people don't enjoy thickened drinks and quality of life and hydration could be negatively impacted.

Please note thickened drinks are not suitable for people with very thick, sticky secretions.

If a trial of thickened fluids does not appear to be helping go back to giving normal thin fluids in small controlled sips or use a teaspoon.

Food

- If the person is unable to chew and/or is coughing on food, then trial foods that are easier to swallow and don't require chewing. For example, soft, mashable foods with sauces and gravies and/or food that is smooth such as custard or yoghurt or blended in a blender.

For more information on specific food textures visit the International Dysphagia Diet Standardisation Initiative (IDDSI) website on <https://iddsi.org> via QR code:



General tips

- Choose times to offer food and drink when the person is calm with relaxed breathing.
- Go slowly with rests in between mouthfuls.
- Offer small amounts little and often.
- Never try to force someone to eat and drink (for example if they turn their head away, clamp their mouth shut or verbally indicate they don't want it).
- Stop giving food or drink if there is profuse coughing causing distress, and/or the person becomes sleepy or drowsy.
- Try to help the person give themselves the food or drink, as having control of when you take a mouthful makes the timing of swallowing easier. If the person can't feed themselves, 'hand over hand assistance' is sometimes a helpful technique to try before resorting to feeding someone.
- Focus on quality of life and offering things the person fancies rather than worrying about nutrition. If they are unable to communicate their preferences, offer known favourites.
- Smaller mouthfuls are likely to be easier to swallow.

Use of syringes

- Avoid, where possible the use of administering food and fluids via a syringe as this can propel the food or liquid to the back of the mouth quickly, causing a choking or aspiration risk. A teaspoon is often safer.
- However, syringes for medications can be helpful providing the person is not choking, coughing or spluttering on it.

Mouthcare

- Regular mouth care will ensure the mouth remains clean and moist and will promote the comfort and enjoyment of eating and drinking.
- If the person is eating very minimal amounts or not eating at all, the mouthcare should be carried out every one to two hours in order to keep the mouth moist and avoid the build up of thick sticky secretions.
- A soft toothbrush is best at cleaning teeth and dentures, as well as gentle cleaning of the tongue, palate and inner cheeks and gums.
- A mouth cleanser with silicone bristles can be used. Use a mouthcleanser to moisten the mouth with a water-based gel, apply mouth rinses or water. A mouth cleanser effectively removes dry or sticky hard secretions from all areas of the mouth.
- Mouth Hydrators can be used to help moisturise person's mouth by delivering a small amount of fluid.
- Consult the person's doctor or GP if signs of oral candida (thrush) are noticed. It appears as sore red mouth with white coating or patches.

Secretions

- Secretions can either be thin and excessive leading to drooling, or thick and sticky and difficult to swallow.
- The person's doctor or GP should be consulted if secretions are difficult to manage especially if this is impacting on the ability to eat and drink and/or quality of life.

Contact us

For any further advice especially around modification of food or drinks please contact us

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