

Maintaining hydration in the last days of life

Ruth Hutcheson

Macmillan Clinical Nurse Specialist

Priorities for end of life care

Conference

September 2019



Southern Health
and Social Care Trust



Recent guidance

Care of dying adults in the last days of life

NICE guideline, NG31

December 2015

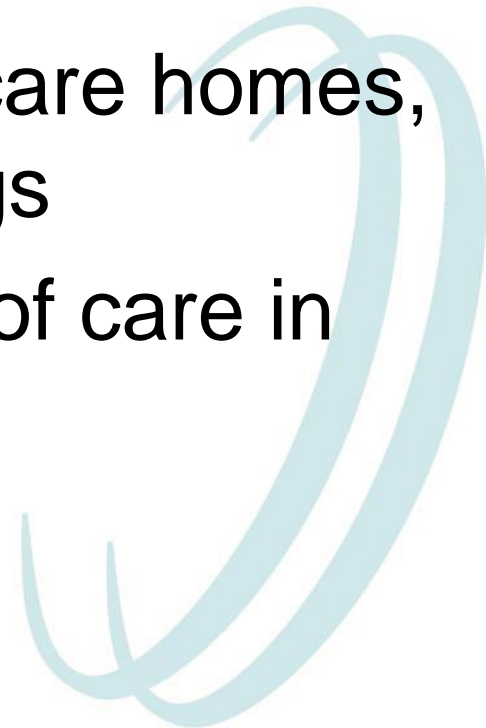


Southern Health
and Social Care Trust



NICE NG 31 Guideline

- Evidence based
- Adults (>18 years)
- Last 2-3 days of life
- Non-specialists in primary care, care homes, hospitals, community care settings
- Acts as a baseline for standards of care in specialist palliative care settings.



Aim

Improve end of life care by communicating respectfully, involving them and the people important to them, in decisions and by maintaining their comfort and dignity



Southern Health
and Social Care Trust



Six Recommendations

1. Recognising the last days of life
2. Communication
3. Shared decision-making
4. Maintaining hydration
5. Pharmacological interventions
6. Anticipatory prescribing



Southern Health
and Social Care Trust



Communication in relation to hydration at end of life

- Prepare the patient and family - Reduced need and desire for food and drink
- Patient preference
- Regular assessment



Southern Health
and Social Care Trust



Maintaining Hydration

Remember the basics:

- Assess hydration status daily
- Check for any difficulties such as swallowing problems or risk of aspiration
- Support the dying person to drink if they wish to and are able to



Maintaining hydration

Remember the basics:

- Offer frequent mouth and lip care and include this in care plan
- Encourage people important to the person to help with mouth care and giving drinks
- If necessary discuss the risks of continuing to drink



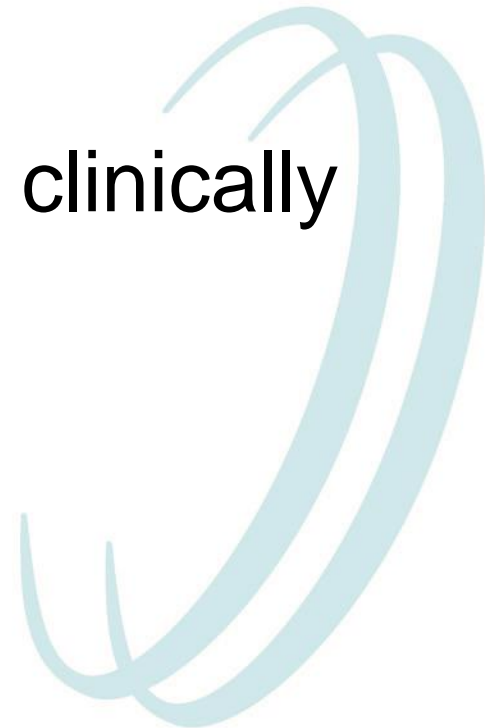
Clinically Assisted Hydration

- Uncertain if it prolongs life or extends dying
- Uncertain if not given will it hasten death



Clinically Assisted Hydration

- Review the possible need for starting clinically assisted hydration
- Respect the person's wishes and preferences
- Discuss the risks and benefits of clinically assisted hydration



Risks of Clinically Assisted Hydration

- Cause chest/bronchial secretions
- Fluid gathering in other body parts e.g. Pulmonary oedema or oedema in limbs/abdomen
- Increased intracranial pressure due to intracerebral disease
- Vomiting
- Incontinence



Potential benefits

- Relief of thirst
- Keeps mouth and mucous membranes moist
- Alleviation of delirium
- Prevents dry skin



gg79298222 www.gograph.com



Southern Health
and Social Care Trust



Clinically Assisted Hydration

When considering use an individualised approach:

- Patient preference
- Swallowing difficulties
- Level of thirst
- Potential risks
- Potential benefits



© Can Stock Photo



Southern Health
and Social Care Trust



Clinically Assisted Hydration

If commencing:

- Consider a trial if patients has distressing symptoms or signs
- Monitor every 12 hours for changes in symptoms, benefits or harm



Clinically Assisted Hydration

- Continue if there are signs of clinical benefit
- Reduce or stop if there are signs of possible harm to the dying person



Southern Health
and Social Care Trust



References

National Institute for Health and Care Excellence (NICE) (2015) Care of dying adults in the last days of life. NICE.

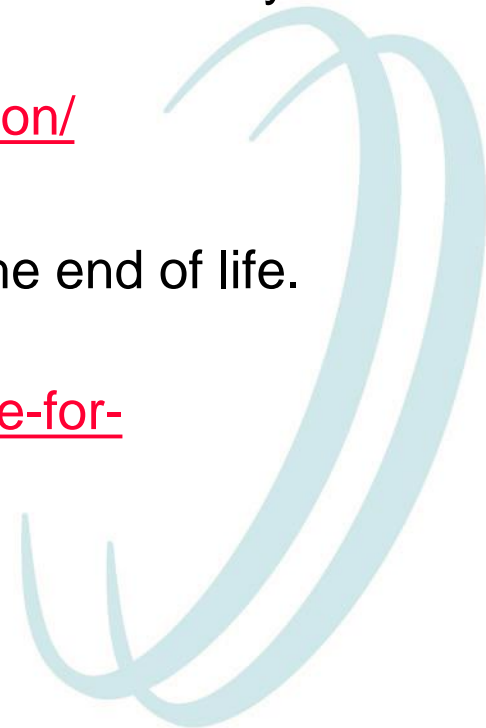
<https://www.nice.org.uk/guidance/ng31>

Royal College of Nursing. Getting it right every time. Nutrition and hydration at end of life care.

<http://rcneolnutritionhydration.org.uk/nutrition-and-hydration/>

General Medical Council. Treatment and care towards the end of life. Good practice in decision making.

<https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/treatment-and-care-towards-the-end-of-life>



**Thank you for
listening**

Any questions



Southern Health
and Social Care Trust

