

Nutrition and Hydration

As part of all advanced disease states and towards the end of life, the body begins to shut down all its functions. At this stage, it is normal for most residents to lose interest in eating (nutrition) and drinking (hydration) and most lose weight. Family members often worry when this happens thinking that their loved one might starve to death and so may try to feed them to keep up their strength. However, as the resident becomes weaker, swallowing and digesting food often becomes harder and can put a strain on the body and make the resident feel sick or even vomit.

Key messages

- Not wanting to eat or drink is a natural part of advanced disease states and the dying process.
- Never force a resident to eat when they do not want to.
- It is important to discuss with the family how advanced and progressing diseases and the dying process affect a resident's ability to want to eat and drink.

What can you do?

Careworkers are often the first to notice changes in the resident's eating and drinking habits. You therefore play an important role in attending to their nutrition and hydration comfort. The 'see, say, do, write and review' model may help you.

'See': recognise and assess

- Notice if the resident loses interest in or refuses to eat or drink. This may be due to the body beginning to shut down, but it may be due to other things – e.g. mouth problems, bowel problems, culturally inappropriate food.
- Notice if the resident has difficulty swallowing or is no longer able to manage cutlery, cups etc.

'Say': report your assessment

- Report any eating and drinking issues to the nursing staff. Be as clear and detailed as possible.
- Immediately report any choking or swallowing problems to the nursing staff.

'Do': manage

- Provide care as directed by the nursing staff. This might include giving the resident smaller or more frequent meals, providing more assistance with feeding, providing meals in liquid form or through a tube.
- Even if the resident is no longer eating and drinking, continue to regularly manage their bowel, bladder and oral care.
- Ask the family/substitute decision maker if they would like to talk with a nurse about any concerns.

'Write': document your actions

- Write detailed notes in the resident's assessment chart/clinical record, if that is part of your role.

'Review': evaluate and reassess as necessary

- Review your care. Did your actions help? If 'yes', keep doing them regularly. If 'no', tell the nursing staff.

Why it works

- Supports the best possible care by helping to keep the resident comfortable.

Related pages

[Clinical Care Domains](#) – clicking here will open a printable version of a flipchart that gives an introduction to nutrition and hydration (see pages 45-60).

[Self-Directed Learning Package \(Careworker\)](#) – clicking here will open a printable version of the package that provides information on nutrition and hydration and the role of the careworker (see pages 141-4).

[Self-Directed Learning Package for Careworkers](#) – clicking here will take you to an online version of the package.

[See, Say, Do, Write and Review: Five Key Actions for Careworkers to Support Residents](#) – clicking here will take you to a video (13 minutes) that demonstrates the 'see, say, do, write and review' model.

Relevant links

[PA Toolkit Fact Sheet 4: Oral \(Mouth\) Care](#) – clicking here will open a printable version of the fact sheet.

Residential Aged Care Palliative Approach Toolkit – www.caresearch.com.au/PAToolkit

