Eating and Drinking and End of Life Care

- For individuals living with a terminal illness, dysphagia (eating, drinking and swallowing difficulties) can be a common occurrence. Advance care planning is important - discuss with the person their priorities and their wishes should they find swallowing more difficult as they near the end of life.

When managing eating, drinking and swallowing difficulties during end of life care, you should consider:

Comfort and pleasure. If eating and drinking appears uncomfortable and distressing, it may not be appropriate to offer food/drink unless requested. It is often sufficient to maintain good oral hygiene and moist mouth/lips to maintain comfort. You can contact sirona.bcldtadviceline@nhs.net/ 03001245888 for further advice or guidance.

- The person's posture & position when eating or drinking – as upright as possible, even if they need to eat and drink in bed.

- Food offered "little and often" is often easier to manage than a few larger meals. Do not worry about nutritional value of food intake. Follow the lead of the person regarding what they feel like eating. Softer or modified food is often easier to eat.

- Advising the person to take small mouthfuls and chew slowly. The person may require assistance.

If you feel that the person may benefit from softer foods (i.e. a lower IDDSI level), please contact our advice line on 0300 1245888 / email sirona.bcldtadviceline@nhs.net. If the person is coughing on fluids, it may be more comfortable to try naturally thicker drinks (e.g. milkshakes, smoothies, thick fruit juices). Thicker drinks will not necessarily stop aspiration but may be more comfortable at end of life.

Please do not make any changes to fluid texture without advice from SLT. Please contact the advice line on 0300 1245888 / email sirona.bcldtadviceline@nhs.net or send to sirona.cldtref@nhs.net.

- Capacity and Consent- does the person have capacity to assess the risks vs benefits of eating and drinking? The person must be provided with the relevant information to make an informed decision.

- It is vital that the individual is supported to eat and drink if desired and able to (NICE 2015). If issues with swallowing are identified, the risks and benefits of continuing to eat and drink must be discussed with the person, their loved ones, carers, and other professionals involved in their care (NICE 2015). If the person lacks mental capacity, a best interest decision must be made as a multi-disciplinary team.

- Oral care should be conducted regularly regardless of the presence of dysphagia. Frequency will be individual to each person however during end of life, oral care should be carried out hourly or as desired by the person. Oral care should aim to make the person as comfortable as possible in the least invasive way (HEE 2019).

  See ‘Oral care guidelines’ and ‘Oral Care Products’. This can be found in the self-management documents.

  You can contact sirona.bcldtadviceline@nhs.net/ 03001245888 for further advice or guidance.