

# End of Life Nutrition and Hydration

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# End of Life Nutrition and Hydration

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# **End of Life Nutrition and Hydration**

## **Instructions**

This inservice provides many of the tools you need to educate staff on the role of adequate nutrition in the prevention and treatment of pressure in your facility:

### **Slides for the Inservice:**

- The slides can be shown on computer or projected on a screen using a data projector.
- You can show the slides directly from the Acrobat file by simply clicking on the icon that looks like a computer screen. Or you can go to the tool bar and click on “View” and “Full Screen” to show the slides on your screen.
- Then click the down arrow button or the page down button on your keyboard.

### **Presenter’s Notes for the Inservice:**

- Review the presenter’s notes prior to presenting the slides.
- The presenter’s notes offer additional information not included on the slides, suggestions for how to present some of the information, and activities you may want to incorporate.

### **Handouts for the Inservice:**

- Simply copy the handouts and the pre- post-tests for participants.
- Do not provide the answer key for the pre-post tests.
- You can choose to give the test before and after the training, or just after the training to determine the effectiveness of your inservice and whether or not additional training is needed.

# Objectives

1. Obtain a basic understanding of advance directives for nutrition and hydration
2. Understand the need to continue to offer interventions even if a person is on hospice care
3. Outline some basic nutrition interventions to help manage end of life conditions (i.e. anorexia, dry mouth)

# Difficult Decisions

- We are often faced with difficult questions from residents/patients and families related to nutrition and hydration at the end of life
- Every case is unique and must be handled individually with the patient, health care team and family all involved in decision making

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We are often faced with difficult questions from residents/patients and families related to nutrition and hydration at the end of life.

Patients/residents who are competent to make their own decisions have the right to refuse treatment, and that includes nutrition interventions such as tube feedings.

We can encourage them to eat, provide assistance, cater to their preferences, offer oral nutritional supplements, etc. But we can't force them.

Every case is unique and must be handled individually with the patient, resident health care team and family all involved in decision making. There are some documents that can guide us.

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### Definitions

Our facility has established policies/protocols and written definitions for “do not resuscitate” (DNR), “no CPR” and “comfort measures only”

- Do Not Resuscitate
- No CPR
- Comfort Care

### CMS on Advance Directives

- At end of life, a “Do not Resuscitate” does not indicate the individual is declining appropriate treatment and services
- Weight loss, pressure injuries, or dehydration may occur even if appropriate interventions are implemented (per the individual’s wishes)
- The facility is expected to address the resident’s concerns and offer relevant alternatives

### Advance Directives

Help direct care when a person is unable to make their own decisions

1. Living Will - stipulates the type of care the individual desires to sustain life including use of feeding tubes
2. Durable Power of Attorney (DPOA) for health care – identifies the individual’s surrogate or proxy, who will make health care decisions when the individual is not capable of making their own decisions