

CHANGES IN HYDRATION IN THE FINAL DAYS



Families often ask about giving fluids within the final days when their loved one stops drinking. Because providing fluids may hold important spiritual and emotional meaning that may go beyond the physical benefits, the entire family may be affected by the patient's inability to take fluids. Dehydration in the final days is expected as part of the normal physiological process. Although dehydration is beneficial for the patient, it can be distressing to the family.

Respecting the patient and family's wishes and providing treatment that is beneficial is important when deciding whether to offer fluids in the final days. Depending on the situation, giving fluids in the final days may cause more harm than good.¹

BEFORE OFFERING FLUIDS, IT IS IMPORTANT TO CONSIDER:

- What are the goals in giving fluids? Are they consistent with the patient and/or family goals?
- Will giving fluids cause harm or discomfort?
- Will it improve quality of life?

MYTHS REGARDING FLUIDS IN THE FINAL DAYS

- Myth: Not drinking enough fluids causes thirst and discomfort.
- Myth: Not giving fluids is not giving care.
- Myth: Artificial hydration will prolong life.

FACTS REGARDING FLUIDS IN THE FINAL DAYS

- The focus of hospice and palliative care is individualized care based on defined patient goals, including the choice to refuse fluids.
- There is a physiological benefit to dehydration as death nears. Endorphins are released in the body that may cause a feeling of calmness and comfort.
- Lack of interest in drinking is a normal part of the dying process. The patient will not likely feel thirsty and it is best not to force fluids as it may make him/her uncomfortable.
- As body systems begin to shut down with approaching death, fluids may build up and cause congestion in the lungs. This may make breathing uncomfortable and difficult for the patient.
- Fluids may cause swelling (edema), which can cause generalized discomfort in the body.
- Thirst is caused by dry mouth, not dehydration. Providing a small amount of fluid and gentle oral care is usually sufficient to provide comfort: use a mouth sponge moistened with cool water to gently swab the inside the mouth, the front of the tongue, and the lips.



Cited reference:

1. Stewart TA. Intravenous fluids and end-of-life care. *Journal of Palliative Medicine*: 2006; 9(5):1230-1231.

References:

Kedziera P, Coyle N. Hydration, thirst, and nutrition. In Ferrell B, Coyle N. (eds.) *Oxford Textbook of Palliative Nursing* 3rd ed. New York, NY: Oxford University Press, 2010: 291-302.

Plonk W, Arnold R. Terminal care: the last weeks of life. *Journal of Palliative Medicine*, 2005, 8(5):1042-1055.

Approved by the HPNA Education Committee July 2009. Reviewed by the Education Advisory Team December 2013.



866.464.7810 • ASKFORANGELA.COM
14100 NEWBURGH ROAD, LIVONIA, MI
A FELICIAN-SPONSORED MINISTRY

- HOSPICE HOME CARE
- HOSPICE INPATIENT CARE CENTER
- PEDIATRIC & PRENATAL HOSPICE
- GRIEF SUPPORT
- SPIRITUAL CARE