

#HospiceLink

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Food & nutrition

Food is more than a source of nourishment, health and wellbeing. Offering food is a key part of caring for one another and showing love. Food is not only important for nourishment, but also provides a great source of pleasure and comfort, not the least through the ritual of eating together, or in the sense of family/or community that shared mealtimes can create.

It can be very difficult for the family when a loved one loses the desire or the ability to eat as normal. As someone becomes more unwell, their body needs less energy, and physical changes may also make it uncomfortable or difficult to chew or swallow.

Some simple steps to create a positive eating environment may include making opportunities for families and patients to eat together, discussing patients wishes and needs regarding food and nourishing drinks, reducing levels of worry and anxiety about food and fluid, not getting annoyed if the patient is unable to eat food when served and doing your best to make sure the environment is quiet and free from institutional background noise if at all possible.

You can help by making some small changes, along with offering meals that look and taste good.

Ideas to encourage eating and drinking

- Offer small plates of food more often – bread and butter plate or even saucer sized
- Present the food in an attractive way
- Keep food simple without strong flavours or smells
- Offer a variety of flavours and textures such as purées and broths
- Talk to your RN, Hospice team or SLT about thickening fluids if they are having trouble swallowing
- Use straws for liquids, or encourage small sips only
- Ice chips and ice blocks will help keep up fluid intake
- Use swabs soaked in water or other refreshing drinks.
- If the person you're caring for is having trouble swallowing or talking, a speech and language therapist can possibly provide advice, exercises and aides that may help.



Are they feeling depressed?

Do they have difficulty swallowing?

Are they in last days of life?

Are they just too tired to eat?

Are they feeling sick?

Has the consistency of saliva changed?

Do they feel full quickly?

Is there an alteration in bowel habit?

Common issues

There are many common issues and symptoms that may impact on someone's ability, or desire, to eat or drink. Below are some practical tips you can try to help make eating and drinking more enjoyable and easier to manage.

• Sore mouth

It's also important to help them maintain good oral health, keep their teeth and gums clean and their lips moist and comfortable.

• Nausea/Pain

Offer simple foods with mild flavours and smells.
Give anti sickness medication, if prescribed, 20-30mins before meals to give them time to work.
Give regular pain relief medication as prescribed and as needed, allowing time for them to work.

• Constipation

Encourage the person to take prescribed laxatives regularly, drink plenty of fluids and move about if they can.

Extra fibre may help those who are eating relatively normally. Try vegetable soups and fruit (these can be puréed), wholemeal bread and porridge.

Some herbal teas and drinks (e.g. Smooth Move, Alpine Tea, Kiwi Crush) may help.

• Fatigue/Safety during eating/level of consciousness

Offer frequent, small meals when the person is awake.

If they are no longer alert enough to eat, or it is unsafe to push, stop and remove any food that may be pooling in the mouth. Discuss at risk eating and drinking for comfort if appropriate.

Encourage the person to sit up as much as possible so they can swallow safely.

If they can't sit up, offer foods they can eat while lying on their side or back (e.g. finger sandwiches, ice blocks).

If you are feeding them and they say 'stop', then stop.

Don't leave them alone while eating.

(Reference - Acknowledgments to the above information taken from Harbour Hospice NZ website.)

My favourites!

Tasty morsels and some clever variations on favourites from the bar – so no one needs to miss out...*These beat pureed!*

Pimms Jelly OR **Ultimate cocktail ice blocks!** OR

When a mouthful is just enough! – Lemon curd

Lemon ice OR **Princess and the pea soup** OR

MMM macerated strawberries

Monthly Brain teaser:

Last months answer: There is no smoke coming from electric trains!

Congratulations to Kristy at Maida Vale who was the first to respond with the correct answer – I hope you enjoyed your prize!

This months brain teaser:

If I am holding a bee, what do I have in my eye?

Considerations when withdrawing pre-existing Artificial feeding are complex and ethical.

This is a whole new subject we could go into another time! Generally, in an ideal world IF there has been a decision to START artificial feeding with the patient and family, then a discussion should also be held AT THE SAME TIME about the need to discontinue these in the future when it becomes appropriate. If you or the family have recognised that the patient is deteriorating and getting closer to the end of their life consider a Dietician/Health care provider review the feeding regime and consideration could be made to reduce it in recognition of decreased nutritional needs appropriate to the stage of their disease.

Remember, if your patient was deteriorating, becoming more sleepy and did not have a feeding tube, their oral intake would normally naturally reduce and cease as a natural death occurs. Just because there is a feeding tube in, it doesn't mean you have to use it. This would need to be discussed fully and a clear goal of care put in place.

Other really useful resources



- Meals can become difficult at end of life – learn about the signs of when to encourage someone to eat, knowing when to let them be, and meeting the food desires of your patient. Otago Hospice Carer Podcasts.
- Nutrition and Hydration in Palliative Care: Food for Thought (May 2021). Hospice NZ
- *Food suggestion pdf from Harbour hospice (attached in email)

"Lobster for Josino" Fabulous food for our final days, a fantastic book with similar recipes and ideas.

Upcoming Education

Syringe Driver Competency

Wednesday 8 November 1pm - 3pm [click here](#)

Syringe Driver Refresher

Wednesday 15 November 1 pm - 2.30 pm [Click here](#)

Note: no Syringe Driver training in October and the last opportunity for the year is November.

Hospice New Zealand Palliative Care Lecture series

5th October 2023 7.30am - 8.30am

Integrating Aromatherapy in Palliative Care with Carol Rose -Clinical Aromatherapist & Educator

Watch previous lectures from here - wherever you are.