3. Consider the legal perspective

Key points to remember:
- When the desire or ability to eat and drink is reduced, these Ps will help you in delivering care.
- Preference - establish likes and dislikes.
- Palatable - food should be what the person fancies, perhaps with cream/butter to add calories.
- Presentation - food should be visually appealing and appetising.
- Portion - smaller plates for smaller portions.
- Position - ensure you and the person being assisted are in a comfortable position for eating.
- Patience - let the person take their own time.
- Provide - good mouth care regularly, whether eating and drinking or not.

Difficult questions about nutrition and hydration can sometimes arise when providing end of life care. This framework may help you with decision making. Always:
- Establish the relevant clinical facts of the case.
- Consider the legal perspective.
- Assess the wishes of the patient and those important to them.
- Be aware of the processes needed to support the decision making.
- Establish a person’s wishes and avoid assuming a lack of capacity without careful assessment.
- nutritions/hydration are regarded in law as a medical treatment.
- Artificial or clinically assisted nutrition and hydration may need to be discussed.

RCN online resources
Further information on all these topics can be found at:
- www.rcnendoflife.org.uk
- www.rcneolnutritionhydration.org.uk
- www.rcnendoflife.org.uk/resources

References

RCN online resources
Further resources relating to end of life care and nutrition and hydration can be found online:
- www.rcnendoflife.org.uk/resources

Key messages
- Dying is a natural process.
- One size fits all decision making is morally wrong.
- Respond to each person compassionately even if they are not your direct responsibility.
- Check that each person’s understanding reflects what they have been told.
- Establish a person’s wishes and avoid assuming a lack of capacity without careful assessment.
- Nutritional/hydration needs are important in a medical treatment.
- Artific or clinically assisted nutrition and hydration may need to be discussed.

Ethical questions
Difficult questions about nutrition and hydration can sometimes arise when providing end of life care. This framework may help you with decision making. Always:
- Establish the relevant clinical facts of the case.
- Consider the legal perspective.
- Assess the wishes of the patient and those important to them.
- Be aware of the processes needed to support the decision making.
- Establish a person’s wishes and avoid assuming a lack of capacity without careful assessment.
- Nutritional/hydration needs are regarded in law as a medical treatment.
- Artificial or clinically assisted nutrition and hydration may need to be discussed.

Nutrition and hydration

Nutrition and hydration

Remember the seven Ps
When the desire or ability to eat and drink is reduced these Ps will help you in delivering care.

• Preference - establish likes and dislikes.
• Palatable - food should be what the person fancies, perhaps with cream/butter to add calories.
• Presentation - ensure the food and drink is appealing and appetising.
• Portion - ensure you and the person being assisted are in a comfortable position for eating.
• Patience - let the person take their own time.
• Provide - good mouth care regularly, whether eating and drinking or not.

Nutritional/hydration

Nutritional/hydration

Nutritional/hydration

Ethical questions
Difficult questions about nutrition and hydration can sometimes arise when providing end of life care. This framework may help you with decision making. Always:
- Establish the relevant clinical facts of the case.
- Consider the legal perspective.
- Assess the wishes of the patient and those important to them.
- Be aware of the processes needed to support the decision making.
- Establish a person’s wishes and avoid assuming a lack of capacity without careful assessment.
- Nutritional/hydration needs are regarded in law as a medical treatment.
- Artificial or clinically assisted nutrition and hydration may need to be discussed.
Who is this guide for?

All nursing staff including health care assistants in all settings caring for people in the last year of life and those who are important to them.

This guide has been developed using information from the 2014 End of life care survey which showed that individuals wanted more education and information around caring for people at the end of life, an independent review of evidence relating to nutrition and hydration at the end of life commissioned by the RCPN, and expert opinion.

This guide will highlight what is important when caring for a person approaching the end of their life. Whilst there is a focus on care in the last few days, the same caring principles can be applied throughout the last year of life.

The NMC describes the fundamentals of care as:

- "The fundamentals of care include, but are not limited to, nutrition, hydration, bladder and bowel care, physical handling and making sure that those receiving care are kept in clean and hygienic conditions… making sure you provide help to those who are not able to feed themselves or drink fluid unaided."

The NMC, 2015

The NMC describe the fundamentals of care as:

- "The four UK countries have their own guidance documents on end of life care. In England, the National guidance for end of life care is referred to as the five priorities of care.
- Recognise when someone may die within the next few days or hours. Would your guidelines or policies have been agreed, co-ordinated and shared?
- Communicate
- Be sensitive and compassionate."
Who is this guide for?

All nursing staff including health care assistants in all settings caring for people in the last year of life and those who are important to them.

This guide has been developed using information from the 2014 End of Life Care survey which showed that individuals wanted more education and information around caring for people at the end of life, an independent review of evidence relating to nutrition and hydration at the end of life commissioned by the RCN, and expert opinion.

You can find these resources at:

www.rcnendoflife.org.uk
www.rcneolnutritionhydration.org.uk

How will this guide help me?

This guide will highlight what is important when caring for a person approaching the end of their life. Whilst there is a focus on care in the last few days, the same caring principles can be applied throughout the last year of life.

I’ve designed this guide to complement the RCN online resources on end of life care and nutrition and hydration. It could also be used as a tool to support learning.

What are the fundamentals?

The NMC describes the fundamentals of care as:

“The fundamentals of care include, but are not limited to, nutrition, hydration, bladder and bowel care, physical handling and making sure that those receiving care are kept clean in hygienic conditions... making sure you provide help to those who are not able to feed themselves or drink fluid unaided.”

[www.nmcuk.org.uk]

What do I need to do?

- Patient comprehension, social, spiritual and cultural needs.
- Communication clearly and sensitively, identifying and meeting the communication needs of each individual.
- Consideration and discussion of their wishes and actions taken.
- Recognise when someone may be entering the last few days or hours.
- Acknowledge and discuss the need to plan and do anything.
- Support people with communication difficulties and those identified as having learning difficulties.
- Seek further advice if needed.
- Make sure key clinical and consult colleagues and support you if need to.

National guidance for end of life care

The four UK countries have their own guidance, and there is some variation. The five priorities of care:

1. Communication
   - The need for open and honest communication.
   - The need to respond to communication difficulties.
   - The need to ensure that communication needs are met.

2. Support
   - The need for support from health and social care services.
   - The need for support from family and friends.

3. Identifying and meeting the needs of families
   - The need for support from family and friends.
   - The need for support from health and social care services.

4. Plan and do
   - The need for planning and doing.
   - The need for planning and doing.

5. Plan and do
   - The need for planning and doing.
   - The need for planning and doing.

RCN Principles of Nursing Practice

- Leadership, contributing to an open and responsive culture.
- Safety of patients, visitors and staff.
- Clinical reasoning.
- Technical skills, education, training, supervision and feedback, record keeping.
- Reporting, monitoring.
- Clinical safety.
- Staff, management of risk, accountibility, responsibility.
- Accurate, clear, unambiguous and complete records.
- Patient records.
- Individualised holistic assessment.
- Individual needs.
- Given in a manner that is responsive and relevant to the individual.
- End of life care.
- Holistic, individualised, patient-centred care.
- Clinical reasoning.
- Technical skills, education, training, supervision and feedback, record keeping.
- Reporting, monitoring.
- Clinical safety.
- Staff, management of risk, accountability, responsibility.
- Accurate, clear, unambiguous and complete records.
- Patient records.
- Individualised holistic assessment.
- Individual needs.
- Given in a manner that is responsive and relevant to the individual.

These themes are reflected in the policy guidance within the other four UK countries.
Who is this guide for?
All nursing staff including health care assistants in all settings caring for people in the last year of life and those who are important to them.

This guide has been developed using information from the 2014 RCN End of life care survey which showed that individuals wanted more education and information around caring for people at the end of life, an independent review of evidence relating to nutrition and hydration at the end of life commissioned by the RCN, and expert opinion.

How will this guide help me?
The guide will highlight what is important when caring for a person approaching the end of their life. While there is a focus on care in the last few days, the same caring principles can be applied throughout the last year of life.

You can find these resources at: www.rcneolnutritionhydration.org.uk www.rcnendoflife.org.uk

What are the fundamentals?
This guide will highlight what is important when caring for a person approaching the end of their life. While there is a focus on care in the last few days, the same caring principles can be applied throughout the last year of life.

The NMC describes the fundamentals of care as: “The fundamentals of care include, but are not limited to, nutrition, hydration, bladder and bowel care, physical handling and making sure that those receiving care are kept clean and hygienic conditions... making sure you provide help to those who are not able to feed themselves or drink fluid unaided.” (NMC, 2015)

What do I need to do?

1. Recognise when someone may die within the next few days or hours. Must be actively explored, agreed, co-ordinated and delivered with compassion.

2. Communicate clearly and sensitively. Must be actively explored, agreed, co-ordinated and delivered with compassion.

3. Involve people in decisions about their care. Must be actively explored, agreed, co-ordinated and delivered with compassion.

4. Support if you need it.

5. Involve people in decisions about their care. Must be actively explored, agreed, co-ordinated and delivered with compassion.

6. Plan and do care. Must be actively explored, agreed, co-ordinated and delivered with compassion.

National guidance for end of life care

The four UK countries have their own guidance on end of life care. In England, the national guidance is referred to as the five priorities of care.

1. Respect the person who is reaching the end of their life and respect their wishes.

2. Communicate clearly and sensitively.

3. Support if you need it.

4. Plan and do care.

5. Develop a shared understanding about the wishes, needs and values of each individual.

6. Recognise when some may be entering the last few days or hours.

RCN Principles of Nursing Practice

Leadership, contributing to an open and responsive culture.

Evidence-based, practice, technical skills, education, reporting, monitoring.

Communication, handling and respect their wishes.

Safeguarding the dying person, and those identified as important to them.

Dignity, equality, diversity and humanity.

Ethical integrity, legal integrity, professional conduct and the use of legal and disciplinary procedures.

Safety of patients, visitors and staff.

Continuity of care.

Clinical safety.

Staff, management of risk, feedback, record keeping, involvement.

Patient-centred care, patient involvement.

Involvement.

Clinical reasoning.

Critical thinking.

Decision making.

Co-ordination of care in the community setting with a person who has their own guidance.

Tele-health care in a rural setting.

The possible introduction of technical skills, education, reporting, monitoring.

Responding to a complaint about adverse drug reaction.

Advance care planning.

Clinical safety.

Risk assessment in caring for a person with a learning disability to die in their preferred place of care.

Supporting a person with learning disabilities to go home to die and lives alone.

Supporting a person with dementia, and those identified as important to them, with highly complex needs.

Supervision and support for nursing staff.

The four UK countries have their own guidance on end of life care. In England, the national guidance is referred to as the five priorities of care.

1. Respect the person who is reaching the end of their life and respect their wishes.

2. Communicate clearly and sensitively.

3. Support if you need it.

4. Plan and do care.

5. Involve people in decisions about their care.

6. Develop a shared understanding about the wishes, needs and values of each individual.

7. Recognise when some may be entering the last few days or hours.

For further information on end of life care, visit RCN End of life care.

RCN, and expert opinion.

www.rcneolnutritionhydration.org.uk

www.rcnendoflife.org.uk

The NMC describe the fundamentals of care as:

The fundamentals of care include, but are not limited to, nutrition, hydration, bladder and bowel care, physical handling and making sure that those receiving care are kept clean and hygienic conditions... making sure you provide help to those who are not able to feed themselves or drink fluid unaided.” (NMC, 2015)
Who is this guide for?

All nursing staff including health care assistants in all settings caring for people in the last year of life and those who are important to them.

This guide has been developed using information from the 2014 End of life care survey which showed that individuals wanted more education and information around caring for people at the end of life. An independent review of evidence relating to nutrition and hydration at the end of life commissioned by the RCN, and expert opinion.

How will this guide help me?

This guide will highlight what is important when caring for a person approaching the end of their life. Whilst there is a focus on care in the last few days, the same caring principles can be applied throughout the last year of life.

It is designed to complement the RCN online resources on end of life care and nutrition and hydration. It could also be used as a tool to support learning.

Who is this guide for?

The RCN describes the fundamentals of care as:

1. Recognise: The possibility that a person may die within the next few days or hours. Must be actively explored, agreed, co-ordinated and documented.

2. Communicate: The dying person, and those identified as important to them, should be involved in their care and respect their wishes.

3. Involve: Sensitive communication will help to keep the person who is reaching the end of their life, and those important to them up to date with any changes in condition. Document a summary of conversations and any decisions made.

4. Support: Responding to a complaint about poor end of life care.

5. Plan and do: An individual plan of care, which includes food and drink, symptom control and physical handling and making sure that those receiving care are kept clean in hygienic conditions; making sure you provide help to those who are not able to feed themselves or drink fluid unaided. 

What are the fundamentals?

The RCN Principles of Nursing Practice:

A. Dignity, equality, diversity

B. Safety of patients, visitors and staff

C. Clinical reasoning

D. Technical skills, education, training and development

E. Clinical safety

F. Staff, management of risk, quality improvement

G. Co-ordination of care in the community setting

H. Open and responsive culture

I. Leadership, contributing to an open and responsive culture

J. Evidence-based, practice and clinical reasoning

K. Professional nursing and district nursing

L. Leadership, contributing to an open and responsive culture

M. Advocacy, empowerment, equality and diversity

N. Patient-centred care, patient involvement

O. Accountability, responsibility

P. Decision making about treatment and care, informed consent, decision making about non-medical and non-surgical procedures

Q. Sensitive communication

R. Technical skills, education, training and development

S. Clinical safety

T. Staff, management of risk, quality improvement

U. Co-ordination of care in the community setting

V. Open and responsive culture

W. Leadership, contributing to an open and responsive culture

X. Evidence-based, practice and clinical reasoning

Y. Professional nursing and district nursing

Z. Leadership, contributing to an open and responsive culture

National guidance for end of life care

In England, the four UK countries have their own guidance on end of life care. In England, the place of care guidance identifies the five priorities of care:

1. Recognising when some one may be entering their last days or hours

2. Communicating clearly and sensitively

3. Involving people in decisions about their care

4. Supporting families and friends

5. Planning and doing for people in the last few days and hours

These themes are reflected in the other three UK countries.

The NMC describe the fundamentals of care as:

- That people are considered as whole persons
- Communications clearly and sensitively
- Identifying and meeting the medical needs of each individual
- Recognising when someone may be entering their last days or hours
- Taking account of their own wishes and those of their family

The need to do?

The four UK countries have their own guidance on end of life care. In England, the RCN Principles of Nursing Practice are summarised:

- Look after yourself and your colleagues and seek support if you need it.
- Document a summary of conversations and any decisions made.
- Seek further advice if needed.
- Provide good quality end of life care and where possible make sure everyone involved in the care and end of life planning process is included in these principles.

What do I need to do?

- Commissions of services
- Governance
- Legislation
- NMC code of practice
- RCN case studies
- RCN end of life survey 2014
- RCN website
- RCN end of life care, nutrition and hydration
- RCN online resources
- RCN end of life care and nutrition and hydration
- RCN end of life survey 2014
- RCN website
- RCN end of life care, nutrition and hydration
- RCN online resources
- RCN end of life care and nutrition and hydration
- RCN end of life survey 2014
- RCN website
- RCN end of life care, nutrition and hydration
- RCN online resources
Who is this guide for?

All nursing staff including health care assistants in all settings caring for people in the last year of life and those who are important to them.

This guide has been developed using information from the 2014 End of life care survey which showed that individuals wanted more education and information around caring for people at the end of life, an independent review of evidence relating to nutrition and hydration at the end of life commissioned by the RCN, and expert opinion.

This guide will highlight what is important when caring for people approaching the end of their life. Whilst there is a focus on care in the last few days, the same caring principles can be applied throughout the last year of life.

You can find these resources at: www.rcnendoflife.org.uk www.rcneolnutritionhydration.org.uk

Who is this guide for?

The RNC describes the fundamentals of care as:

1. Recognise when someone may die within the next few days or hours
2. Communicate clearly and sensitively
3. Involve other members of the multidisciplinary team and respect their wishes.
4. Support families and those important to them
5. Plan and do

The four UK countries have their own guidance on end of life care. In England, the National guidance for end of life care is referred to as the Five priorities of care.

 These themes are reflected in the policy guidance within the other three UK countries.

The NMC describe the fundamentals of care as:

The fundamentals of care include, but are not limited to, nutrition, hydration, bladder and bowel care, physical handling and making sure that those receiving care are kept in clean and hygienic conditions…

The NMC describe the fundamentals of care as:

- That people are treated with respect
- That health care services are provided in a safe way
- That patients and their families have access to information
- That people are involved in decisions about their care
- That people are kept comfortable

National guidance for end of life care

The possible introduction of tele-health care in a rural setting.

RCN Principles of Nursing Practice

H Safety of patients, visitors and staff
G Communication, handling and documentation of conversation
F Risk assessment in caring for a person who is in hospital and wants to go home to die and lives alone.
E Advocacy, empowerment and those who are disabled to die in their preferred place of care.
D Dignity, equality, diversity and humanity.
C Ethical integrity, legal integrity, patient-centred care, patient safety, patient involvement.
B Technical skills, education, feedback, record keeping, clinical safety.
A Leadership, contributing to an open and responsive culture.

Examples in end of life care

- Individuals planned and directed their own care and had access to information.
- Patients were involved in decisions about their care and respect their wishes.
- Support was given to those who are not able to feed themselves or drink fluid unaided.

Examples in end of life care

- The four UK countries have their own guidance on end of life care.
- These themes are reflected in the policy guidance within the other three UK countries.
- The possible introduction of tele-health care in a rural setting.
- The four UK countries have their own guidance on end of life care.
Who is this guide for?

All nursing staff including health care assistants in all settings caring for people in the last year of life and those who are important to them.

This guide has been developed using information from the 2014 End of life care survey which showed that individuals wanted more education and information around caring for people at the end of life, an independent review of evidence relating to nutrition and hydration at the end of life commissioned by the RCN, and expert opinion.

This guide will highlight what is important when caring for a person approaching the end of life. While there is a focus on care in the last few days, the same caring principles can be applied throughout the last year of life.

It is designed to complement the RNC online resources on end of life care and nutrition and hydration. It could also be used as a tool to support learning.

You can find these resources at: www.rcnendoflife.org.uk www.rcneolnutritionhydration.org.uk

How will this guide help me?

This guide will help you:

- Use information from the 2014 End of Life Care Survey which showed that individuals wanted more education and information around caring for people at the end of life.
- Use an independent review of evidence relating to nutrition and hydration at the end of life commissioned by the RNC, and expert opinion.

What are the fundamentals?

The NMC describes the fundamentals of care as:

- The fundamentals of care include, but are not limited to, nutrition, hydration, bladder and bowel care, physical handling and making sure that those receiving care are kept clean and hygienic conditions...
- Making sure you provide help to those who are not able to feed themselves or drink fluid unaided.

The NMC describe the fundamentals of care as:

- The four UK countries have their own guidance on end of life care. In England, the NMC describe the five priorities of care.
- The NMC describe the five priorities of care.
- The NMC describe the five priorities of care.
- The NMC describe the five priorities of care.

What do I need to do?

The NMC describe the five priorities of care:

1. Recognise when someone may die within the next few days or hours. Must be actively explored, discussed and documented.
2. Communicate clearly and sensitively. Must be communicated clearly.
3. Involve people in decisions about their care. Must be recognised and communicated.
4. Support patient, family and those important to them up to and during the last days of life. Must be actively explored, discussed and documented.
5. Plan and do end of life care. Must be actively explored, discussed and documented.

The four UK countries have their own guidance on end of life care. In England, the NMC describe the five priorities of care.

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National guidance for end of life care

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- The NMC describe the five priorities of care.

RCN Principles of Nursing Practice

Leadership, contributing to an open and responsive culture.

- Evidence-based, practice, multi-disciplinary and multi-agency working, co-ordination, communication, handling and continuity of care.
- Leadership, contributing to an open and responsive culture.
- Evidence-based, practice, multi-disciplinary and multi-agency working, co-ordination, communication, handling and continuity of care.
- Leadership, contributing to an open and responsive culture.

Responsibility, account and accountability.

- Priority responsibility, accountability, responsibility.
- Priority responsibility, accountability, responsibility.
- Priority responsibility, accountability, responsibility.
- Priority responsibility, accountability, responsibility.

Principles

- RCN Principles of Nursing Practice
- Leadership, contributing to an open and responsive culture.
- Evidence-based, practice, multi-disciplinary and multi-agency working, co-ordination, communication, handling and continuity of care.
- Leadership, contributing to an open and responsive culture.

Examples in end of life care

- Sensitive communication and provision of respectful, meeting people’s needs and those identified as important to them.
- Seek further advice if needed.
- Treat people compassionately.
- Look after yourself and your colleagues and seek support if you need it.
- Use clear and simple language and express empathy.
- Involve people and those important to them in decisions about treatment and care.
- Identify and meet the communication needs of families, support if you need it.
- Document a summary of conversations and ensure everyone understands what has been discussed.
- Consider the needs of the carer.
- Make sure you provide help to those who are not able to feed themselves or drink fluid unaided.
- Make sure you provide help to those who are not able to feed themselves or drink fluid unaided.
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- Make sure you provide help to those who are not able to feed themselves or drink fluid unaided.

Examples in end of life care

- Sensitive communication and provision of respectful, meeting people’s needs and those identified as important to them.
- Seek further advice if needed.
- Treat people compassionately.
- Look after yourself and your colleagues and seek support if you need it.
- Use clear and simple language and express empathy.
- Involve people and those important to them in decisions about treatment and care.
- Identify and meet the communication needs of families, support if you need it.
- Document a summary of conversations and ensure everyone understands what has been discussed.
- Consider the needs of the carer.
- Make sure you provide help to those who are not able to feed themselves or drink fluid unaided.
- Make sure you provide help to those who are not able to feed themselves or drink fluid unaided.
- Make sure you provide help to those who are not able to feed themselves or drink fluid unaided.
Nursing and hydration

When the desire or ability to eat and drink is reduced these Ps will help you in delivering care.

• Preference - establish likes and dislikes.
• Palatable - food should be what the person fancies, perhaps with cream/butter to add calories.
• Presentation - food should be visually appealing and appetising.
• Portions - smaller plates for smaller portions.
• Position - ensure you and the person being assisted are in a comfortable position for eating.
• Patience - let the person take their own time.
• Provide - good mouth care regularly, whether eating and drinking or not.

Key messages

1. Establish the relevant clinical facts of the case
2. Assess the wishes of the patient and those important to them
3. Be aware of the processes needed to support the decision making
4. Consider the ethical perspective

Establish the relevant clinical facts of the case

Assess the wishes of the patient and those important to them

Be aware of the processes needed to support the decision making

Consider the ethical perspective

Ethical questions

Difficult questions about nutrition and hydration can sometimes arise when providing end of life care. This framework may help you with decision making. Always:

• Dying is a natural process.
• One size fits all decision making is morally wrong.
• Respond to each person compassionately even if they are not your direct responsibility.
• Check that each person’s understanding reflects what they have been told.
• Establish a person’s wishes and avoid assuming a lack of capacity without careful assessment.
• Nutrition/hydration are regarded in law as a medical treatment.
• Artificial or clinically assisted nutrition and hydration may need to be discussed.
• The NMC Code of practice says nurses “must recognise and respond compassionately to the needs of people who are in their last few days and hours of life.” (NMC, 2015)

You may need to talk to a specialist team before or after death.

Further resources

Further resources relating to end of life care and nutrition and hydration can be found online:

www.rcnendoflife.org.uk/resources
www.rcneolnutritionhydration.org.uk/resources

RCN online resources

More information on all these topics can be found at:

www.rcnedoflife.org.uk
www.rcneolnutritionhydration.org.uk

References

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RCN Direct 0845 772 6100   RCN Online www.rcn.org.uk

Key points to remember:

• Regular individual assessment of nutrition and hydration needs is essential
• Food and drink has physical, cultural and spiritual meaning in a person’s life
• Additional support may be needed with some conditions where the ability to eat and drink is naturally decreased towards the end of life
• People who are not able to eat and drink may naturally decrease towards the end of life
• Additional support may be needed with some conditions where the ability to eat and drink is naturally decreased towards the end of life

Key messages

• Dying is a natural process.
• One size fits all decision making is morally wrong.
• Respond to each person compassionately even if they are not your direct responsibility.
• Check that each person’s understanding reflects what they have been told.
• Establish a person’s wishes and avoid assuming a lack of capacity without careful assessment.
• Nutrition/hydration are regarded in law as a medical treatment.
• Artificial or clinically assisted nutrition and hydration may need to be discussed.
• The NMC Code of practice says nurses “must recognise and respond compassionately to the needs of people who are in their last few days and hours of life.” (NMC, 2015)

‘Whose life is it anyway?’ – The Right to Food

Dietary practice often involves the right to food and nutrition. Provision of food and drink is a health service” (NRC, 2005).

The importance of ensuring that patients are provided with dietary initiative has been recognised in recent years and is described in the NMC’s Code of Practice (NMC, 2015).


Key points to remember:

• Regular individual assessment of nutrition and hydration needs is essential
• Food and drink has physical, cultural and spiritual meaning in a person’s life
• Additional support may be needed with some conditions where the ability to eat and drink is naturally decreased towards the end of life
• People who are not able to eat and drink may naturally decrease towards the end of life
• Additional support may be needed with some conditions where the ability to eat and drink is naturally decreased towards the end of life

Key messages

• Dying is a natural process.
• One size fits all decision making is morally wrong.
• Respond to each person compassionately even if they are not your direct responsibility.
• Check that each person’s understanding reflects what they have been told.
• Establish a person’s wishes and avoid assuming a lack of capacity without careful assessment.
• Nutrition/hydration are regarded in law as a medical treatment.
• Artificial or clinically assisted nutrition and hydration may need to be discussed.
• The NMC Code of practice says nurses “must recognise and respond compassionately to the needs of people who are in their last few days and hours of life.” (NMC, 2015)

‘Whose life is it anyway?’ – The Right to Food

Dietary practice often involves the right to food and nutrition. Provision of food and drink is a health service” (NRC, 2005).

The importance of ensuring that patients are provided with dietary initiative has been recognised in recent years and is described in the NMC’s Code of Practice (NMC, 2015).


Key points to remember:

• Regular individual assessment of nutrition and hydration needs is essential
• Food and drink has physical, cultural and spiritual meaning in a person’s life
• Additional support may be needed with some conditions where the ability to eat and drink is naturally decreased towards the end of life
• People who are not able to eat and drink may naturally decrease towards the end of life
• Additional support may be needed with some conditions where the ability to eat and drink is naturally decreased towards the end of life

Key messages

• Dying is a natural process.
• One size fits all decision making is morally wrong.
• Respond to each person compassionately even if they are not your direct responsibility.
• Check that each person’s understanding reflects what they have been told.
• Establish a person’s wishes and avoid assuming a lack of capacity without careful assessment.
• Nutrition/hydration are regarded in law as a medical treatment.
• Artificial or clinically assisted nutrition and hydration may need to be discussed.
• The NMC Code of practice says nurses “must recognise and respond compassionately to the needs of people who are in their last few days and hours of life.” (NMC, 2015)

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Key points to remember:
- Regular individual assessment of nutrition and hydration needs is essential.
- Food and drink have physical, cultural and spiritual meaning in a person’s life.
- Additional support may be needed with some conditions where the ability to eat and drink may naturally decrease towards the end of life.
- Inability to eat and drink and loss of appetite can be distressing for everyone involved.
- Preparing people for this loss of appetite can help them to understand the dying process.
- Sensible communication may be required about why a drip may or may not be needed in the last few days of life.

Ethical questions

When the wish to eat or drink and is reduced, this may be explored from several perspectives.

- **Preference**: establish likes and dislikes.
- **Palatable**: food should be what the person fancies, perhaps with cream/butter to add calories.
- **Presentation**: food should be visually appealing and appetising.
- **Portion**: smaller plates for smaller portions.
- **Position**: ensure you and the person being assisted are in a comfortable position for eating.
- **Patience**: let the person take their own time.
- **Provide**: good mouth care regularly, whether eating and drinking or not.

Difficult questions about nutrition and hydration can sometimes arise when providing end of life care. This framework may help you with decision making.

- **Establish the relevant clinical facts of the case.**
- **Assess the wishes of the patient and those important to them.**
- **Be aware of the processes needed to support the decision making.**
- **Consider the ethical perspective.**
- **Consider the legal perspective.**

4. Consider the ethical perspective.

4.1. Establish the relevant clinical facts of the case.

4.2. Assess the wishes of the patient and those important to them.

4.3. Consider the ethical perspective.

4.4. Consider the legal perspective.

5. Be aware of the processes needed to support the decision making.

5.1. Establish the relevant clinical facts of the case.

5.2. Assess the wishes of the patient and those important to them.

5.3. Consider the ethical perspective.

5.4. Consider the legal perspective.

6. Establish a person’s wishes and avoid assuming a lack of capacity without careful assessment.

7. Nutrition/hydration are regarded in law as a medical treatment.

8. Nutritional support may be provided as the person’s wishes and needs are considered.

9. The NMC Code of practice states nurses must recognise and respond compassionately to the needs of people who are in their last few days and hours of life. (NMC, 2015)
Key points to remember:
• Food and drink are part of the total care, culture and spiritual meaning in a person’s life.
• Food and drink may naturally decrease towards the end of life.
• Additional support may be needed some conditions where the ability to drink and eat is lost or unable to eat and drink without risk of aspiration can be detrimental for everyone involved.
• Sensitive communication may be required about why a drip may or may not be needed in the last few days of life.

Key messages
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• Respond to each person compassionately even if they are not your direct responsibility.
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• Establish a person’s wishes and avoid assuming a lack of capacity without careful assessment.
• Nutrition/hydration are regarded in law as a medical treatment.
• Artificial or clinically assisted nutrition and hydration may need to be discussed.
• The NMC Code of practice says nurses “must recognise and respond compassionately to the needs of those who are in their last few days and hours of life.” (NMC, 2015)

Ethical questions
Each person will have cultural, spiritual and religious beliefs that will shape the care you give. Be mindful that:
• for some people spirituality may be linked to a belief system and for others it may be about finding meaning in what is happening
• having a conversation and listening to people will help you understand and meet their needs
• you don’t need to share a person’s values to respect them
• a person may have rituals that they may need you to support them with before or after death
• you won’t know what is important to people unless you ask them
• it is not possible to provide all the answers and a person may need further support by referral to a specialist team.

Nutrition and hydration
Nutrition and hydration
Remember the seven Ps

When the desire or ability to eat and drink is reduced these Ps will help you in delivering care.

• Preference - establish likes and dislikes.
• Palatable - food should be what the person fancies, perhaps with cream/butter to add calories.
• Presentation - food should be visually appealing and appetising.
• Portions - smaller plates for smaller portions.
• Position - ensure you and the person being assisted are in a comfortable position for eating.
• Patience - let the person take their own time.
• Provide - good mouth care regularly, whether eating and drinking or not.

Difficult questions about nutrition and hydration can sometimes arise when providing end of life care. This framework may help you with decision making. Always:
• Establish the relevant clinical facts of the case
• Assess the wishes of the patient and those important to them
• Be aware of the processes needed to support the decision making
• Consider the ethical perspective
• Consider the legal perspective
• Establish a person’s wishes and avoid assuming a lack of capacity without careful assessment
• Nutritional and hydration support may need to be discussed.
• The NMC Code of practice says nurses “must recognise and respond compassionately to the needs of those who are in their last few days and hours of life.” (NMC, 2015)

Cultural and spiritual needs
This may be about finding meaning in what is happening or making sense of what they have been told.
• X establish likes and dislikes.
• Y food should be what the person fancies, perhaps with cream/butter to add calories.
• Z food should be visually appealing and appetising.
• A smaller plates for smaller portions.
• B ensure you and the person being assisted are in a comfortable position for eating.
• C let the person take their own time.
• D good mouth care regularly, whether eating and drinking or not.

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• Patience - let the person take their own time.
• Provide - good mouth care regularly, whether eating and drinking or not.
### Key points to remember:

1. Nutrition and hydration is essential for the well-being of patients.
2. Food and drink have physical, cultural, and spiritual meaning in a person’s life.
3. The RCN represents nurses and nursing, promotes excellence in practice, and shapes health policies.
4. RCN Direct 0845 772 6100   RCN Online www.rcn.org.uk
   www.rcnendoflife.org.uk   www.rcneolnutritionhydration.org.uk
   June 2015. Publication code: 004 871

### Key messages

- **Nutrition and Hydration**
  - Regular individual assessment of nutrition and hydration needs is essential.
  - Food and drink has physical, social, cultural and spiritual meaning in a person’s life.
  - Desire for food and drink may naturally decrease towards the end of life.
  - Additional support may be needed when conditions allow the real and talk and drink is reduced in patients where the ability to eat and drink is lost.
  - Inability to eat and drink and loss of appetite can be distressing for everyone involved.
  - Preparing people for this loss of appetite can help them to understand the dying process.
  - Support pupils in the best way for them with or without the help of an interpreter.
  - Sensitive communication may be required about why a drip may or may not be needed in the last few days of life.

### Ethical questions

- **When the desire or ability to eat and drink is reduced, these Ps will help you in delivering care.**
  - **Preference** - establish likes and dislikes.
  - **Palatable** - food should be what the person fancies, perhaps with cream/butter to add calories.
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  - **Portion** - smaller plates for smaller portions.
  - **Position** - ensure you and the person being assisted are in a comfortable position for eating.
  - **Patience** - let the person take their own time.
  - **Provide** - good mouth care regularly, whether eating and drinking or not.

- **Difficult questions about nutrition and hydration can sometimes arise when providing end of life care. This framework may help you with decision making.**

  - Always:
    - Each person will have cultural, spiritual and religious beliefs that will shape the care you give. Be mindful that:
      1. for some people spirituality may be linked to a belief system and for others it may be about finding meaning in what is happening
      2. having a conversation and listening to people will help you understand and meet their needs
      3. you don’t need to share a person’s values to respect them
      4. a person may have rituals that they may need you to support them with before or after death
      5. you won’t know what is important to people unless you ask them
      6. it is not possible to provide all the answers and a person may need further support by referral to a specialist team.

- **Dying is a natural process.**

- **One size fits all decision making is morally wrong.**

- **Respond to each person compassionately even if they are not your direct responsibility.**

- **Check that each person’s understanding reflects what they have been told.**

- **Establish a person’s wishes and avoid assuming a lack of capacity without careful assessment.**

- **Nutrition/hydration are regarded in law as a medical treatment.**

- **Artificial or clinically assisted nutrition and hydration may need to be discussed.**

- **The NMC Code of practice says nurses “must recognise and respond compassionately to the needs of those who are in their last few days and hours of life.” (NMC, 2015)**

### References

- www.rcnendoflife.org.uk
- www.rcneolnutritionhydration.org.uk/resources

- Further resources relating to end of life care and nutrition and hydration can be found online:
  - www.rcnendoflife.org.uk/resources
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- Further information on these topics can be found at:
Nutrition and hydration

Key points to remember:
• Regular individual assessment of nutrition and hydration needs is essential
• Food and drink is often cultural, cultural, and spiritual meaning in a person’s life
• Additional support may be needed when conditions where the ability to eat and drink is not stable and is lost and the ability to eat and drink for a person may be declining for everyone involved
• Eating and drinking can help them understand the dying process
• Support nurses to eat and drink for as long as they wish or are able to do so
• Sensitive communication may be required about a drip may or may not be needed in the last few days of life

Getting it right every time

Fundamentals of nursing care at the end of life

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Key points to remember:
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• Be aware of the processes needed to support the decision making

When the desire or ability to eat and drink is reduced these Ps will help you in delivering care.

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RCN online resources

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References

Nursing and Midwifery Council (2015) The Code, professional standards of practice and behav
Nursing and hydration

To provide effective care at the end of life, nurses need to understand the nutritional and hydration needs of their patients. Nurses must be able to recognize signs of dehydration and malnutrition, and be aware of the importance of maintaining hydration and nutrition throughout end-of-life care.

Nutritional assessment

Nutritional assessment is one of the key components of holistic care. It involves assessing a patient’s nutritional status and identifying potential areas for improvement.

Hydration assessment

Hydration assessment is also a critical component of end-of-life care. It involves evaluating a patient’s fluid intake and output, as well as monitoring for signs of dehydration.

Ethical questions

There are various ethical questions that nurses may encounter when providing care at the end of life. Nutritional and hydration decisions are often complex and require careful consideration.

Key messages

1. Establish the relevant clinical facts of the case
2. Assess the wishes of the patient and those important to them
3. Be aware of the processes needed to support the decision making
4. Consider the seven Ps of nutritional care
5. Consider the ethical perspective

Nutritional and hydration resources

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References