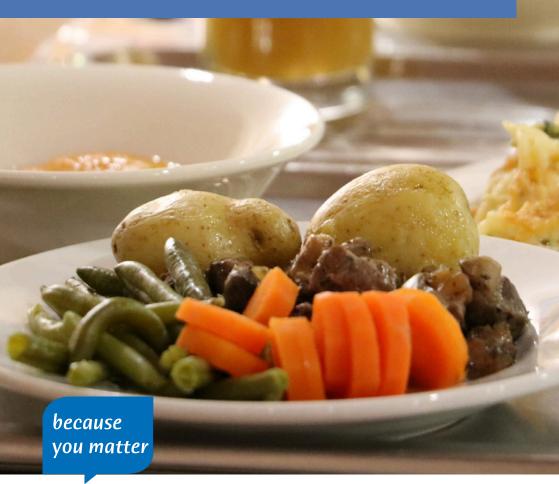
Eating and drinking at the end of life

For families and carers



St Nicholas Hospice Care

For an alternative format or language, please contact:

enquiries@stnh.org.uk

Later stages of palliative care

When someone is in the last few weeks of their life, they may experience decreased appetite and loss of interest in food and drink. This can be worrying for their family and carers but is a natural and expected part of dying.

The focus on eating and drinking is on enjoyment and comfort rather than nutritional intake.

People who are alert enough should be offered:

- Small sips or teaspoons of thin/normal fluids
- Their favourite foods and drinks.
- Pureed and smooth foods which are easier to swallow, like yoghurts, custards and their favourite meals blended.



Changes in the person which can affect eating and drinking

- Changes to smell and taste
- Nausea
- Loss of appetite and loss of interest in food and drink
- Fatigue
- Sore or dry mouth
- As someone nears the end of life, they may find it harder to swallow food, drinks, or even saliva. This can lead to coughing and throat clearing
- A wet and gurgling vocal quality when swallowing.

Sometimes, swallowing can become more difficult, and there may be a small risk of food or drink going into the lungs. However, it's important to balance this with the comfort and enjoyment that eating and drinking can bring, especially when focusing on quality of life.

It may be appropriate for a Speech and Language
Therapist to support with swallowing difficulties - speak to
a member of the Hospice team if you would like to discuss
this further.

How to support a person to eat and drink, comfortably:



 Ensure the person is sitting as upright as possible when eating and drinking. If in bed and possible, raise the bed head and use pillows to support.



 Ensure the person is awake and responsive.



 Use a teaspoon to avoid overloading a spoon.



 Try using a short straw or non-return valve straw.



 Stay with the person when they are eating and offer assistance as required e.g. giving them hand over hand assistance (shown below) to support them to eat and drink.





 Allow the person time to swallow – wait until they have swallowed before offering more food.



 If the person does not want to eat or drink, leave it for now and offer again later.



 Some people may prefer sweeter foods at this time and as the focus is on enjoyment of food and drink rather than nutritional value we would encourage this.



 If the person is coughing or in distress, stop and try again later unless they are requesting more.

Oral hygiene:

Good mouth care can help with comfort, cleanliness and dignity, especially when people are eating and drinking less towards the end of their life. It can also help to improve a dry mouth and relieve any potential feelings of thirst.

Mouth care involves continuing to brush teeth/tongue in order to keep the mouth clean and moist. Use a small toothbrush and small amount of non-foaming toothpaste.

There are also dry mouth products such as gels, sprays, sugar-free sweets or gums.

Some family members/carers may wish to be involved in giving mouth care. Speak to a member of the Hospice team if you would like to discuss mouth care or dry mouth products further.



Hospice Advice line

Call our 24/7 advice line for health care professionals and families if you need support with symptom management and end-of-life care.

enquiries@stnh.org.uk www.stnicholashospice.org.uk

01284 766133

Your Experience Survey

We're always looking to improve what we do, and your feedback can really help us. Please consider filling in our survey, it is available online or paper form by request.

www.stnicholashospice.org.uk /your-experience-survey





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