

StChristopher's

Fluids and the use of artificial hydration

**INFORMATION FOR PATIENTS,
CARERS AND FAMILIES**

This leaflet answers some frequently asked questions about fluids and the use of artificial hydration (fluid intake given by a drip) in advanced illness. It is aimed mainly at carers, but some patients may also find this information helpful.

1 If someone doesn't drink won't they die of dehydration? Isn't fluid even more important than food?

It is normal for people who are dying from advanced cancer and other illnesses eventually to stop drinking and to stop feeling thirsty. As the body weakens and the systems start to work less well, there is less and less need for fluid.

It is important to remember that it is the illness which is making the body systems fail, not a lack of fluid. If someone is very weak and is given fluid by mouth it may go down the 'wrong way' and make them cough and splutter.

2 What can I do if they complain that they have a dry mouth?

A dry mouth can be a very common problem at any stage of the illness. Ask the medical or nursing staff about it. This feeling is quite different from feeling thirsty. Medicines such as special saliva sprays, gels and chewing gum may be helpful.

3 What can I do to help?

If staff feel it is safe to do so, you can carry on offering drinks (as the staff will do when you are not there) but don't be surprised if your relative only wants a few sips at a time. The staff will help you to make sure that the drinks are not causing coughing and spluttering.

Some people like to have their favourite drink frozen as an ice-lolly or ice chips - this can be easier to suck on than trying to drink.

When someone is dying and no longer taking drinks from a cup, you can use small sponges dipped in cold water (or the person's favourite drink) to help to stop the mouth getting dry. A member of staff will be happy to show you how to use these sponges.

4 Do you ever use drips?

Yes. A drip is the name for fluid, which is usually sterile salt water, given to the patient through a tube that goes in either under the skin or through a vein. Sometimes the doctors and nurses may feel that giving a drip might help, particularly if there is a suggestion that the person is thirsty. If a drip is started, it will be reviewed by staff over the next 24 to 48 hours to see if it is helping and also to make sure there are no side effects from it.

However, for most people with only hours or days to live, their body systems are shutting down and thirst is not a problem. Drips often do not help and good mouthcare is the most important comfort measure.

5 Can you give drips at home if they might help?

The pros and cons of a drip at home will be weighed up carefully in every situation. These decisions can be very difficult and are always tailored to the individual patient and in accordance with guidance published by the National Council for Palliative Care.¹ It can be difficult to give drips at home as a nurse needs to be present regularly to monitor them.

6 Are there any disadvantages to drips?

Yes. In the last few hours or days of life the body cannot handle fluid as efficiently as before – giving drips can sometimes make things worse by overloading the delicate fluid balancing mechanisms of the body. If this happens the person may experience ‘chestiness’ or noisy breathing, and swelling of the arms or legs, as their body cannot process the fluid from the drip.

¹ Partridge R, Campbell C, (2007) *Artificial Nutrition and Hydration – Guidance in End of Life Care for Adults*, a joint publication between The National Council for Palliative Care and The Association of Palliative Medicine, ISBN 978-1-898915-53-9

7 Once a decision about a drip has been made is it final?

No. The doctors and nurses will always monitor the situation and discuss it on a regular basis. The patient always has the right to say that they want to have a drip removed.

If the patient is too ill to make that decision, the doctors and nurses will make a careful assessment and have a discussion with the patient's family about the right thing to do.

The ultimate responsibility for decisions about starting and stopping a drip rests with the senior doctor caring for the patient. Any decision that is made can always be reviewed.

It is really important for your care that the information you give us is as full and accurate as possible.



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