

Expect more from us. We do.

Terminal Dehydration



Crossroads

Terminal Dehydration

- Dehydration & Terminal Dehydration
- Nurse's Role as Patients Advocate
- Benefits of Treatment
- Benefits of Not Treating
- Nursing Interventions



Introduction

Terminal Dehydration

- Food & Water fundamental to existence
 - Cause suffering
 - Expression of caring & meeting needs
 - An obligation to give a drink to the thirsty
- But, have you considered
 - Hydration may cause suffering
 - People close to death may be more comfortable if dehydrated

Definitions – Dehydration

Terminal Dehydration

- Loss of normal body water
- 3 types of dehydration
 - Hypertonic – water loss $>$ sodium loss
 - Hypotonic – sodium loss $>$ water loss
 - Isotonic – simultaneous loss of sodium and water

Definitions – Dehydration

Terminal Dehydration

Discomforts
And
Symptoms

- Fatigue
- Weakness
- Muscle Cramps
- N/V
- Headache
- Poor Skin Turgor
- Confusion
- Thirst
- Weight Loss

Definitions – Terminal Dehydration

- Normally Isotonic- Sodium & water loss
 - Sodium levels are usually in normal range
- Occurs from complete fast or from episodes of vomiting & diarrhea
- Decreased appetite and thirst are normal end of life processes
- Terminally ill do not report symptoms seen with healthy patients
- Biggest complaint is dry mouth
 - Usually caused by medication side effects

Definitions- Terminal Dehydration

- Physical findings difficult to evaluate because of co-morbid conditions
- Findings include, but not limited to
 - Skin turgor – hard to evaluate and unreliable
 - Dry mouth – from mouth breathing and medication such as anticholinergics
 - Confusion – common in advanced cancer patients
 - Thirst – generally absent or mild, although anti-diuretic hormone may cause water craving

American Medical Association

“In some cases, terminally ill patients voluntarily refuse food or oral fluids.”

In such cases, patient autonomy must be respected, and forced feeding or aggressive parenteral rehydration should not be employed.

Emphasis should be placed on renewed efforts at pain control, sedation, and other comfort care...”

AHA Counsel on Ethical and Judicial Affairs, 1994, *Issues in law and medicine*, Volume 10, page 96.

American Nurses Association

“Artificial nutrition and hydration should be distinguished from the provision of food and water.

As in all other interventions, anticipated benefits must outweigh the anticipated burdens for the intervention to be justified.”

American Nurses Association, 1992, *Compendium of Position Statements on the Nurse's Role in End-of-Life Decisions*, Washington: American Nurses Publishing, page 9.

American College of Physicians

“It is not unethical to discontinue or withhold fluids and nutritional support under certain circumstances.

An emerging clinical and judicial position is that enteral and parenteral nutrition and hydration should be likened to other medical interventions and may be withheld or withdrawn according to general principles of decision making.”

ACP, 1989, :ACP Ethics Manual II,” Annals of Internal Medicine, Volume 111, page 333.

Nurse's Role

Terminal Dehydration

- Patient Advocate – treat or not to treat?
 - Emotional impact on family
 - When patients can no longer eat is a major transition and loss for family
- Assess patient's and families' belief
 - Food & eating frequently equated with love
 - Discuss advantages & disadvantages of treatment

Nurse's Role (con't)

Terminal Dehydration

- Beginning artificial hydration is relatively simple, but deciding to stop can have problematic emotional implications.
- Provide family with reading material that explains normal physiological process at the end of life.
- Allow family members time to absorb the information.

Nurse's Role (con't)

Terminal Dehydration

- Healthcare providers need to assist patients and family members to focus on the natural causes of the disease.
- Explain that the patient's death will be caused by the disease not dehydration.

Benefits Of Treatment

- Little benefit, but it is worthy to note some research in this area.
- Study of terminally ill cancer patients showed group receiving IV fluids had more abnormal lab values than the group not receiving IV fluids.
- Study of 82 patients showed no significant relationship between level of hydration, respiratory tract secretions, dry mouth and thirst.

Benefits Of Treatment (con't)

Terminal Dehydration

- Study of 100 palliative care patients hydrated by hypodermoclysis (Injection of fluids into subcutaneous tissue – not an IV route) concluded this therapy was useful for achieving better symptom control. Three patients reported improved cognitive function and some showed less restlessness.

Benefits Not to Treat

Terminal Dehydration

- Dehydration is a normal end of life process that probably offers a natural anesthetic during the last days of life
- Improved physical care-giving
 - Decreased urine
 - Reduced ascites and edema
 - Less GI fluid and fewer bouts of vomiting
 - Reduction in pulmonary secretions with less coughing, choking, or suctioning

Benefits Not to Treat (Con't)

Terminal Dehydration

- Improved physical care-giving
 - Increased naturally occurring opioid peptides or endorphins providing analgesic and heightened state of well-being
 - Less repetitive needle sticks and IV's
 - IV's may restrain patient and act as a barrier to the family
 - May decrease fluid around tumors, resulting in less pressure and pain

Benefits Not to Treat

Terminal Dehydration

- Improved physical care giving
 - Fluids may increase cognition of an individual in pain and make him or her more aware of pain
 - Increased intravascular volume in the presence of reduced renal function can further result in peripheral edema and increased decubitus ulcers.

Nursing Interventions

Terminal Dehydration

- Meticulous mouth care- one of the most important interventions to prevent suffering in a patient nearing death
 - Soft toothbrush or oral swab dipped in fluid
 - Rinse mouth frequently
 - Spraying normal saline solution into the mouth
 - Room humidifier, air conditioner, fans
 - Salivary substitute
 - Chamomile tea- very soothing
 - Generous application of lip lubricant

Nursing Interventions

Terminal Dehydration

- Encourage fluids that contain salt to prevent electrolyte imbalance – bullion, Gatorade
- Offering fluids orally at regular intervals can help patient and promote emotional well being of the caregiver
- Small, frequent sips, ice chips or popsicles
- Choice of fluids should be patient driven
- Avoid citrus juices
- Do not offer fluids if patient unable to swallow-
risk of aspiration

Nursing Interventions

Terminal Dehydration

- Review medications and eliminate diuretics that can contribute to dehydration
- Eliminate antihistamines, anti-cholinergic, and tricyclic depressants that cause dry mouth; if not used to palliate other symptoms.
- Avoid extremes in temperature.
- Support family who may have difficult time accepting patient's refusal to eat or drink

Nursing Interventions

Terminal Dehydration

- Treat oral pain if present
 - For severe pain- Morphine
 - Topical agents- Viscous Xylocaine
 - Make sure patient does not have oral thrush- treat with Mycelex troche, Nystatin swish and swallow (applied with oral swab)
- Important not to force foods or fluids
- Support family who may have difficult time accepting patient's refusal to eat or drink

Conclusions

Terminal Dehydration

- Issues are complex- involve physical, psychological and social concerns as well as ethical dilemmas.
- The prime goal of end-of-life care is comfort of the patient and family
- Whenever possible the patient should be involved in decision making
- Dehydration is a normal part of the end-of-life process

Resources

Terminal Dehydration

- James Hallenbeck, *Palliative Care Perspectives*, Oxford University Press, June 2003, Chapter 6: *Hydration, Nutrition and Antibiotics in End-of Life Care.*
- Hank Dunn, *Hard Choices For Loving People*, A & A Publishers, Hendron Virginia, May 2001, Chapter Two; *Artificial Hydration and Nutrition*
- Jim Hoeller, *Tube Feeding Options at the End-of-Life: A consumer and Caregiver's Guide*, Dickinson College, at <http://endoflife.info>