

Hospital Policy and Procedure Manual

Subject: Nutrition Support Guidelines For The
Feeding Of The Terminally Ill Adult

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Review Date: 10/02	Revision Date: 11/97

POLICY

Adequate nutrition support is an integral part of patient's treatment and recovery. It is the goal of Hospital to provide all patients with nutrition support consistent with meeting their nutritional needs. However, aggressive nutrition therapy may be contraindicated in some circumstances such as terminal illness.

Oral feeding is the preferred choice when prescribing the diet for the terminally ill patient. Previous diet restrictions that could possibly inhibit intake may need to be liberalized based on benefit/burden ratio. More aggressive nutrition support may be advisable if oral intake is minimal. However, at this point the expected benefits as compared to potential burdens and risks of non-oral feedings and the patient's quality of life should be evaluated by the Health Care Team and discussed with the patient and/or surrogates. "Competent patients should make informed decisions about their desires for feeding. Optimally those wishes should be put into an advance directive. If a patient is not competent without previously expressed wishes, immediate family members should be consulted." (#4) It is believed the emphasis of care should be placed on physical and psychological comfort. Physical comfort can be defined as providing nutrition support to aid emotional comfort as well as decrease the feeling of anxiety about the disease and relieving the fear of abandonment.

Enteral Nutrition (be it continuous, intermittent, or cyclic) should be the next step after oral feedings, if more aggressive nutrition support could aid in fulfilling physical and psychological needs. It is important that the patient and/or surrogates agree with this regimen. Parenteral Nutrition should be considered only when other delivery routes are impossible or are not capable of meeting the patient's comforts needs.

A decision to withhold nutrition support must be weighed carefully since it may be difficult, if not impossible, to reverse the effects of malnutrition if no support has been given for days or weeks.

Most importantly, the aggressiveness of nutrition support must be evaluated on an individual basis, with the primary emphasis placed on the expressed desire of the patient and/or surrogate.

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