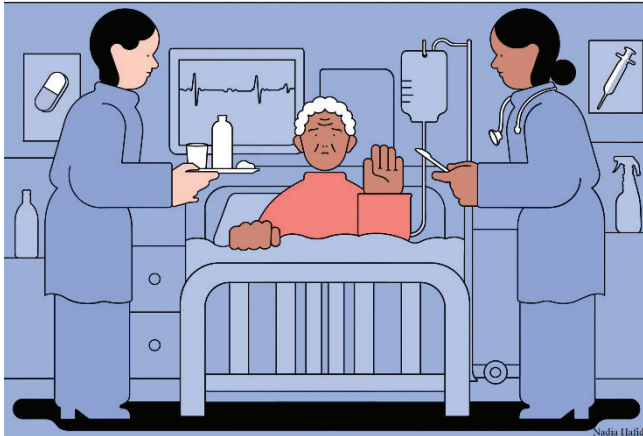


Touch of Tender Loving Care: Nutrition Guide for Patients Receiving Palliative and Hospice Care in Home Setting



The College of Palliative Medicine of Sri Lanka

2024

**Touch of Tender Loving Care:
Nutrition Guide for Patients Receiving Palliative and Hospice Care in
Home Setting**

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Message from the Secretary, Ministry of Health

Palliative care aims at improving the quality of life of patients with a life-limiting illness, their family members and caretakers. With the increase of the greying population and the ever-increasing non-communicable diseases including heart diseases, diabetes and cancer, the number of individuals who require palliative care is increasing, and the demand is amassed.

The Sri Lankan health system has taken several initiatives to improve the palliative care service provision in the country. However, much improvement is needed in several aspects, including increasing awareness among the population including healthcare staff and implementing relevant changes in the healthcare service provision. Also, palliative care services must be provided at the primary care level and within the community.

Currently, there are eight hospices within the country providing palliative care services for the needy, free of charge. Considering the increasing demand for palliative care, it is important that the Ministry of Health work in collaboration with the private sector and non-governmental organizations, for the enhancement of palliative care service provision.

The College of Palliative Medicine of Sri Lanka (CPMSL), being the apex professional body that works towards enhancing the palliative care services within the country, has taken the initiative to bring the hospices together in establishing the “Hospice Sri Lanka Alliance” and will continue to improve the quality of service provision by providing technical support. I congratulate the CPMSL for this excellent achievement.

Since its conception in 2021, the CPMSL has conducted several activities across the country to enhance the quality of palliative care service provision and also has published several publications to improve awareness among the healthcare staff as well as the general public. This booklet also is one such important publication. I express my gratitude to the author and the CPMSL for this excellent publication.

I wish the CPMSL all the best in its future endeavours and wish that the College will work in collaboration with the Ministry of Health to improve the palliative care services in Sri Lanka, as an important stakeholder.

Dr. P.G. Mahipala
Secretary
Ministry of Health

Forward

The College of Palliative Medicine of Sri Lanka (CPMSL) is the apex professional body in Sri Lanka which works towards establishing and enhancing palliative care services within the country. Since its inception in 2021, CPMSL conducted several activities across the country and accomplished several significant achievements as well as publishing an international journal (International Journal of Palliative Medicine, Sri Lanka).

The CPMSL is the only professional body in which the Council and the membership consists of representatives from different medical disciplines, showcasing the importance of multidisciplinary teamwork for the provision and enhancement of palliative care services. Further, the College collaborates with several health and non-health stakeholders as well as other professional colleges, in its activities.

The CPMSL members have written 6 booklets for community palliative care with objectives of improving the management of community palliative care. This booklet is targeting for Nutrition Guide for Patients Receiving Palliative and Hospice Care in Home Settings. The CPMSL thanks the author, Dr. Renuka Jayathissa for writing this booklet. It has been written in very simple way with essential content. The CPMSL think this will benefit for the enhancement of community palliative care.

The CPMSL is grateful to Ministry of Health for the strong partnership and appreciate Health System Enhancement Project - ADB fund.

The President and the Council

College of Palliative Medicine of Sri Lanka 2023/2024

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PALLIATIVE AND HOSPICE CARE

Palliative care is for anyone dealing with a serious illness, starting from when they first find out about it, going through treatments, and continuing until the end of their life.



HOSPICE CARE



PALLIATIVE CARE

Palliative care helps people living with cancer, congestive heart failure, chronic obstructive pulmonary disease, dementia, kidney failure, Alzheimer's, HIV/AIDS and any other serious illness.

Palliative care helps with pain, breathing troubles, tiredness, feeling sick, eating problems, sleeping issues, and other tough symptoms or side effects from the illness or treatments.

Hospice care is for people with a serious illness who have decided to stop seeking treatment to cure their illness and have been told they have about six months or less to live.

A caregiver is someone who takes care of a patient receiving palliative or hospice care. This could be a family member, a parent, a support worker, or any individual providing care and support to the patient.

A **patient** is someone who is receiving palliative or hospice care.

A lot of people worry that getting palliative or hospice care means they're "giving up", but it's not like that. It's about focusing on what matters most to them and making the most of every moment.

For individuals with chronic diseases, their eating and drinking habits can change significantly. The illness can affect their sense of taste, making food and drinks less enjoyable. They may lose interest in their favourite foods and drinks, or find it difficult to finish a full meal due to taste changes. This loss of appetite is a natural part of dealing with the illness.

Patients under hospice care may require less food and drink to sustain their bodies as they naturally adjust to needing fewer calories to function properly. This decrease in hunger can be distressing for family, friends, and caregivers, as they worry about the patient's well-being.

Nutrition and hydration are essential aspects of basic care for both palliative and hospice patients to prevent dehydration and malnutrition.

PREVENTION OF DEHYDRATION

What is dehydration?

Dehydration happens when the body doesn't have enough fluids to function properly. Fluids are important for flushing out waste products and maintaining healthy cells and skin. When a patient can't drink enough fluids, they may become dehydrated, which can lead to weakness, nausea, confusion, and restlessness. Dehydration also increases the risk of bedsores and constipation. In addition, when someone is dehydrated, they may be less aware of pain and distress. It's important to remember that each person's situation is unique.



How do you identify dehydration?

- Passing little or no urine
- Dark yellow or tea-coloured urine with a strong odour
- Dry mouth and feeling thirsty
- Confusion due to a build-up of waste products
- Swelling

How do you provide fluids?

- Keep fluids nearby and change them every 3 hours to maintain freshness.
- Offer suitable fluids such as water, fruit juices, tea, ginger tea, coffee, soup, chicken broths, and water with added lemon juice.
- Provide ice chips or popsicles made with lemon, watermelon, or any other fruit juice to keep the mouth moist and fresh.
- If the patient is weaker and can only consume liquids, aim for a minimum intake of 2 litres or 8-10 glasses of fluid daily.
- Elevate the patient's head using a couple of pillows or gently support the base of the head with your hand. It's difficult to drink when lying flat.
- Allow the patient to take small sips to prevent choking.
- If the patient is strong enough to suck, use a flexible straw.
- Otherwise, use a baby's water cup with a lid.
- Watch for swallowing and gently remind the patient to swallow. Softly stroking the side of the throat can help stimulate swallowing.
- If the person has difficulty in swallowing, use thick liquids rather than watery ones to prevent choking.

FEEDING TO PREVENT MALNUTRITION

Malnutrition occurs when the body lacks essential nutrients like energy, protein, vitamins, and minerals. Malnutrition can both make someone sick and happen because they are sick.

Caregivers must understand how to properly feed palliative patients to ensure adequate nutrition. However, eating can face challenges. Patients may lack appetite or energy to eat, and they may experience changes in taste perception. Bitter tastes may arise, foods may seem overly sweet, and some individuals may develop aversions to certain foods or textures, as well as certain smells.



Simple tips for feeding

- Encourage the person to rest after meals but keep the head of the bed elevated to help digestion.
- Be sure that the patient's head is well supported and upright when eating or being fed.
- Adjust the diet if the person can no longer wear dentures.
- Soft foods or small bite-size portions of meat, softened with gravy are ideal.
- Assess the patient's ability to chew and swallow before you serve solid foods.
 - For someone who can swallow but cannot chew, a puree or pudding would be most effective.
 - For someone who can chew, keep food pieces small so less energy is needed to eat.
- Give finger foods if the person prefers or can only eat with fingers. This will help to maintain a level of independence.
- Use bibs or large napkins when necessary to help keep clothing and bedding clean.
- Use a spoon instead of a fork when you are feeding. This will prevent accidental stabs with a fork prong.
- A long-handled spoon will help you place the food far enough into the mouth.
- Offer small spoonful and place food at the front of the mouth. Wait until the last spoonful is swallowed before offering the next.
- Give liquids and solids separately.
- Practice feeding with a friend or family member. Switch roles so you are aware of both sides of the feeding experience.
- Keep a small bowl or shopping bag close by. Nausea and vomiting can happen very suddenly so be prepared.
- Remember that the patient may forget to eat. Offer small snacks throughout the day rather than waiting to be asked.

Ways to offer comfort care

- Try tempting the person's appetite with nourishing foods, but remember it's okay to go without food sometimes.
- Experiment with new spices and flavours, as preferences may change during illness.
- Avoid highly seasoned or salty foods.
- Use sauces and gravies to moisten dry foods.
- Flavour foods with sugar, basil, spices, lemon juice, or mint.
- Add fruit and juice to milkshakes, custards, ice cream, and puddings.
- Marinate meat in soy sauce for added flavour.
- Consider alternative high-protein foods like eggs, poultry, or fish if the person dislikes meat.
- Offer high-protein, high-calorie snacks.
- Choose soft and easy-to-eat foods.
- Avoid foods with textures similar to disliked foods.
- Offer water, tea, or soft drinks to help neutralize strange tastes, and consider adding lemon or ginger to foods.
- Adjust the sweetness of foods to improve flavours.
- Vary food colours and use garnishes to make meals more attractive.
- Serve small portions of the person's favourite foods five or six times a day.
- Offer small, frequent meals when the person has the least pain and is rested.
- Have loose dentures relined.
- If nausea is a problem, seek medications to alleviate it.
- Encourage light exercise, if possible, to stimulate appetite.
- Make breakfast a nourishing meal, as appetite tends to decrease as the day progresses.
- Encourage slow chewing and occasional pauses during meals to prevent feeling too full too quickly.
- Clean the person's mouth before and after eating.
- Make mealtime a social occasion, even if the person can't go to the table, by sitting with them bedside.
- Eat in a calm and relaxed atmosphere.
- Serve food on small dishes to make portions appear smaller.
- Offer cold plates like yogurt, grated or cottage cheese, and fruit if the smell of food is bothersome.

NUTRITIONAL OR FOOD SUPPLEMENTS

- Nutritional or food supplements can be beneficial for individuals experiencing weight loss or difficulty with chewing or swallowing. Even if someone doesn't like the taste of one supplement, it's worth checking regularly for new options, as new flavours are constantly being developed. Supplements can be frozen and eaten like ice cream or thickened to create a pudding, making them easier to consume.
- Many commercially prepared supplements are available at pharmacies, including options for individuals who are lactose or sugar intolerant. However, diabetics should avoid products containing certain types of sugar. It's advisable to purchase supplements under the guidance of a doctor, as they are loaded with essential nutrients but some people may not enjoy their taste.

There are two types of feeding for palliative patients:

1. **Oral feeding:** Patients who can consume food orally to meet their nutritional needs fall under oral feeding. They may be able to eat regular food. If they cannot meet all their nutritional requirements through a regular diet alone, they may require supplemental food (either homemade or commercial). Therefore, it's important to regularly assess the patient's food intake to determine adequacy.
2. **Tube feeding:** If a patient has an illness that limits or impairs oral intake, a feeding tube may be inserted by doctors to provide life-sustaining nutrients. Homemade blended food can be administered via the tube, ensuring it contains all the necessary nutrients for the patient. Alternatively, commercially available products can be used under medical guidance.

Important points to remember

- Consider that nausea, dry or sore mouth, or swallowing difficulties may also affect the person's appetite.
- Consult with a doctor for medications that may help improve appetite.
- Never force the person to eat or drink.
- If the person frequently coughs or chokes while eating or drinking, stop and seek medical assistance before continuing feeding.

PATIENTS ON ORAL FEEDING

Patients can eat the foods they like, and we can change the texture to make it easier for them to swallow.

Here are some examples of foods with modified textures.

- Banana and yogurt
- Rice congee with shredded chicken
- Rice coconut milk congee with powdered peanuts
- Oatmeal
- Habalapethi with powdered peanuts
- Chicken soup
- Bread with peanut butter or avocado and cheese
- Egg omlate with vegetables
- String hoppers with fish cooked in light coconut milk
- Smashed sweet potatoes/potatoes with boiled egg
- White rice with chicken/fish and vegetables
- Noodles with vegetables and chicken
- Curd with avocado



We need to figure out which foods could make someone choke. After we know which ones they are, we can change the texture to make them safer to eat.

Here's a list of those foods:

- Hard or dry foods like raw carrots and nuts
- Fibrous or tough foods like steak, pineapple, and kohila
- Chewy and sticky foods like candies, cheese chunks, marshmallows, chewing gum, and sticky mashed potatoes



- Crispy foods like biscuits, bacon, dry cereals, and papadam
- Crunchy foods like raw carrots, raw guava, raw apple, popcorn, potato chips, cassava chips, and corn chips
- Crumbly foods like crackers, dry biscuits, dry cookies, dry snacks, and dry cakes
- Foods with seeds like pumpkin seeds and multigrain bread
- Foods with skins, husks, and outer layers like chickpea shells, unpolished raw rice, and grape skins
- Foods with bones or gristle like chicken bones and fish bones
- Round or long-shaped foods like sausages and grapes
- Sticky or gummy foods like nut butter, overcooked oatmeal, edible gelatin, some jelly, sticky rice, cakes, and candy
- Mixed thin-thick foods like soup with food pieces, cereal pieces with milk, and bubble tea
- Complex foods like Rotti, hamburger, hot dog, sandwich, meatballs and spaghetti, and pizza

Patients who experience any of the following signs of difficulty swallowing (dysphagia) should see a doctor:

- Choking or coughing while eating or drinking
- Feeling like food is stuck in the throat or chest
- Pain or discomfort while swallowing
- Taking longer than usual to eat meals
- Frequent throat clearing or coughing, especially during or after meals
- Drooling or leaking food or liquid from the mouth
- Regurgitation or food coming back up after swallowing
- Unexplained weight loss or malnutrition
- Recurrent chest infections or pneumonia
- Change in voice quality after eating or drinking



PATIENTS ON TUBE FEEDING

To make **Blenderized Tube Feeding (BTF)**, you need to puree food and liquid until it's smooth and thick enough to pass through a feeding tube. It's important not to strain it after blending to keep all the nutrients.

Using a professional blender is best because it has more blending options than regular household blenders. Blend for 3-6 minutes for best results. If using a less powerful blender, you might need to blend for longer, which could make the BTF particles bigger.



- Don't leave prepared BTF out for more than an hour.
- You can store it in the fridge at 4-8 degrees Celsius for up to 3 days.
- It's a good idea to freeze any unused BTF within 24 hours.
- When you thaw it, you might need to blend it again to make the particles smaller.

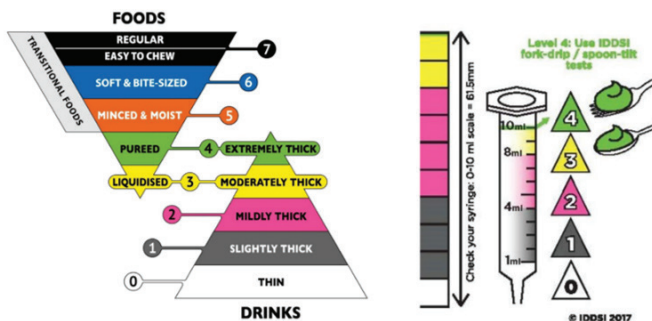
Here's how to clean and sanitize dishes and utensils for **Blenderized Tube Feeding**:

- Wash your hands with soap and water for 20 seconds.
- Take apart the blender, cup, syringe, and spoons.
- Rinse all feeding items under running water (warm or cold).
- Put all items in a clean basin or container only used for cleaning feeding items. Avoid washing directly in the sink to prevent contamination.
- Fill the wash basin with hot water and add soap.
- Scrub the items with a clean brush only used for feeding items.
- Squeeze water through the syringe hole to ensure it's clean.
- Rinse the items under running water or in a separate basin only used for cleaning feeding items.
- Place the syringe, cups, spoons, wash basin, and brush on a clean, unused dish towel or paper towel in a clean area. Let them air dry completely.

- Don't use the dish towel to rub or pat items dry, as it could transfer germs.
- Rinse the wash basin and brush well and let them air dry after each use. Wash them by hand with soap and warm water every few days.
- Rinse the syringe and tubes with safe drinking water between uses to clear any debris that could cause blockages.

How to identify the proper viscosity of BTF

Blenderised food should be moderately thick and at the level of category 3 (yellow).



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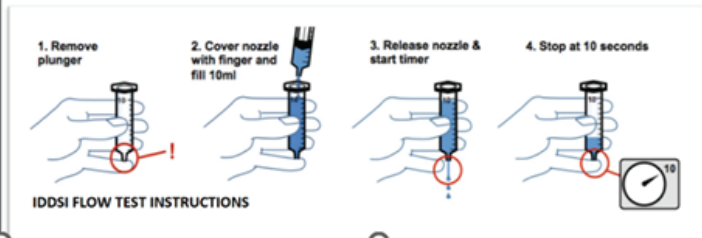
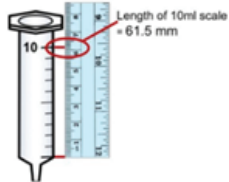
To determine the proper viscosity for category 3, follow these steps:

1. Take a 10 mL syringe and remove the plunger.
2. Cover the nozzle with your finger and fill the syringe with 10 mL of prepared blended food.
3. Release your finger from the nozzle and start the timer.
4. Test the flow of the liquid through a 10 mL slip-tip syringe.
5. If more than 8 mL of the blended food remain in the syringe after 10 seconds, it is in the proper viscosity range. (Refer to the IDDSI Flow Test Guide for more details.)

THE IDDSI Flow Test is used to classify liquid thickness

IDDSI uses an objective measurement tool for liquid thickness, 10 mL syringe. In the near future funnels that have been specifically designed for IDDSI testing may be available.

***Before you test...**
You **must check** your syringe length because there are differences in syringe lengths. Your syringe should look like this



Blendarised food Recipe; servings 5; 1 serving (360 calories, 17 protein)

- 60 g Non-fat milk powder
- 90 g Cooked Fish/chicken
- 2 Boiled Eggs 2
- 50 g Oats
- 3 cups Cooked rice
- ½ cup Cooked dhal
- 3 Banana
- ½ Avacado
- 1 cup Yoghurt
- 2 teaspoons Coconut/olive oil

Blend the food with 2-3 cups of water until you achieve the right thickness, or viscosity, as described below. Then, refrigerate it. Be careful not to dilute it too much. Also, make sure not to strain it after blending.

RECIPES FOR HOME MADE FOOD SUPPLEMENTS

Caregivers should think about using nutrition supplements to help patients who are malnourished or at risk of malnutrition. These supplements can boost their nutrition by providing extra protein, carbohydrates, fats, vitamins, and minerals. They can include fortified foods, snacks, and oral nutritional supplements.



Here are a few recipe ideas: (1 cup = 200 mL)

1. **Power-shakes**
 - Ingredients: Milk powders, ice cream and commercially available nutritional powder.
 - Instructions: Blend all ingredients together until smooth.
2. **Power-slushies**

Use when patient is producing a lot of mucus and want to avoid dairy products.

 - Ingredients: commercially available nutritional powder, crushed ice and fruit juice.
 - Instructions: Blend all ingredients together until smooth.
3. **High protein milk** (180 calories, 15 grams protein)
 - Ingredients: 1 ¼ cup full cream milk (250 ml) and ¼ cup non-fat milk powder (50 ml)
 - Instructions: Blend all ingredients together until smooth.
4. **Milk shake** (380 calories, 20 grams protein)
 - Ingredients: 1 ¼ cup high protein milk (250 mL) and 1 cup ice cream (200 mL)
 - Instructions: Blend all ingredients together until smooth.
5. **Peanut Butter Shake** (510 calories, 20 grams protein)
 - Ingredients: 1 cup ice cream (200 mL), 2/3 cup milk (125 mL), 1/4 cup skim milk powder (50 mL) and 2 Tbsp. peanut butter (30 mL)
 - Instructions: Blend all ingredients together until smooth.
6. **Strawberry Delight** (765 calories, 20 grams protein)
 - Ingredients: 1 ¼ cup ice cream (250 mL), 1 cup full cream milk

- (200 mL), 1 cup half and half cream (200 mL), 1/4 cup no fat milk powder (50 mL) and 2 Tbsp. strawberry jam (30 mL)
- o Instructions: Blend all ingredients together until smooth.
7. **Yogurt Shake** (290 calories, 15 grams protein)
 - o Ingredients: 1 cup plain yogurt (200 mL), 1/4 cup non-fat milk powder (50 mL), 2/3 cup apple juice (125 mL) and 1 Tbsp. sugar or honey (15 mL)
 - o Instructions: Blend all ingredients together until smooth.
 8. **Super Pudding** (1,065 calories, 35 grams protein)
 - o Ingredients: 1 pkg. (100 grams) instant pudding, 2 cups full cream milk (400 mL), 2 Tbsp. oil (30 mL) and 1 cup non-fat milk powder (200 mL)
 - o Instructions: Blend all ingredients together until smooth.
 9. **Soup Plus** (295 calories, 20 grams protein)
 - o Ingredients: 1 cup vegetable (250 mL), cooked meat or chicken (50 grams), 2 Tbsp. non-fat milk powder (50 mL)
 - o Instructions: Blend all ingredients together until smooth.
 10. **Fruit Shake** (350 calories)
 - o Ingredients: 1/2 cup Full cream milk, 1/2 cup of fruits and cup vanilla ice cream
 - o Instructions: Blend all ingredients together until smooth.
 11. **Protein Shake**
 - o Ingredients: Protein powder, milk or dairy alternative, banana, and honey.
 - o Instructions: Blend all ingredients together until smooth.
 12. **Fortified Smoothie:**
 - o Ingredients: Greek yogurt, spinach, frozen berries, avocado, and almond milk.
 - o Instructions: Blend all ingredients until creamy and well combined.
 13. **Nutrient-Rich Oatmeal:**
 - o Ingredients: Rolled oats, milk or water, chopped nuts, dried fruits, and honey or maple syrup.
 - o Instructions: Cook oats in milk or water, then stir in nuts, fruits, and sweetener.
 14. **High-Calorie Smoothie:**
 - o Ingredients: Full-fat yogurt, banana, peanut butter, oats, and milk.
 - o Instructions: Blend all ingredients until smooth and creamy.
-

LIQUID FEEDINGS

These recipes can be useful if the person has problems swallowing or chewing food.

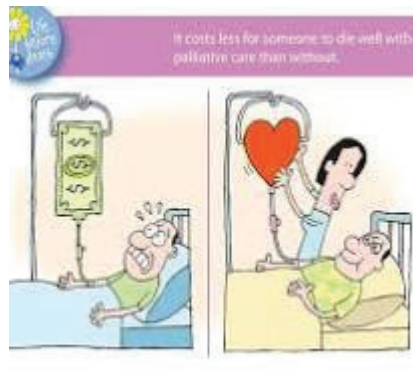
1. **Hot Blended food** (6 servings; 1 serving 180 ml, 155 calories per serving)
 - Ingredients: 1 cup cooked meat (chopped fine) or canned baby food meat, 1 cup cooked carrots or other vegetables, 2 small, cooked potatoes, 2 cups full cream milk or thick coconut milk, cup homemade creamy soup or soup cube
 - Instructions: Blend all ingredients until smooth and creamy.
2. **Cold Blended food** (6 servings; 1 serving 180 ml, 265 per serving)
 - Ingredients: 2 cups ice cream, 2 1/2 cups full cream milk, 1 cup cereal powder (Thriposha, Samaposha, oats etc) and 1/2 cup sugar
 - Instructions: Blend all ingredients until smooth and creamy.

END OF LIFE NUTRITION

Hospice patients often experience tough symptoms near the end of life, and eating or drinking when they don't want to can make these symptoms worse.

Some of these symptoms include:

- Feeling sick and throwing up
- Difficulty going to the bathroom
- Feeling weak and tired
- Trouble swallowing
- Bleeding gums and dental problems
- Having trouble breathing



Not eating or drinking can actually make them more comfortable towards the end of life because:

- Food and drinks can make them feel bloated, sick, or cause diarrhea.
- Drinking more can mean needing to use the bathroom more, which might be uncomfortable or require help.
- If they can't control their bladder, they might feel uncomfortable when they need to be cleaned or their bedding changed.

It's crucial to give hospice patients the freedom to eat and drink as they feel comfortable, on their own terms. This isn't starvation; it's an act of kindness. Hospice patients will naturally lose weight as part of the end-of-life process.

If a patient doesn't want to eat, that's okay! It's important not to pressure them, as forcing food can do more harm than good. If they're hungry, they'll eat; if not, they don't have to. In fact, natural dehydration can release chemicals in the body (endorphins) that act as natural painkillers.

Not eating can actually help reduce discomfort from a weakened digestive system. Instead of focusing on food, it's valuable to spend time on other activities and building relationships. This approach can provide more comfort and support to the patient.

Here are some simple tips to help encourage end-of-life patients to eat, without pressuring them:

1. Offer small, frequent meals throughout the day, instead of sticking to a strict three-meal schedule.
2. Serve small portions to make eating less overwhelming.
3. Choose meal times when they're feeling less pain and have more energy, like in the morning, mid-afternoon, or after taking pain medication.
4. Provide high-calorie snacks or supplements and ensure they're always available and stored properly.
5. Limit low-calorie foods and drinks like broths, coffee, and tea.
6. Offer their favorite liquids frequently in small sips.

7. Use a cup with a lid or a closed container with a straw to help them drink independently without spills.
8. Instant breakfast mixes can be a convenient meal option.
9. When they no longer want to eat or drink, offer ice chips—both flavored and unflavored—to ease dryness and discomfort.
10. Keep in mind that as their condition progresses, their appetite will likely decrease significantly.
11. Never force them to eat foods they don't want to.

To increase the patient's calorie intake, you can

- Serve higher-calorie, nutrient-rich foods like full-fat dairy products, avocado, and peanut butter or other nut butters like Nutella.
- Use calorie-rich supplements as recommended.
- Add melted butter, olive oil, or margarine to foods to boost their calorie content.

It's important to aim for a balanced diet whenever possible, including protein, fat, and carbohydrates. Protein, especially, helps build tissue and reduces the risk of pressure sores. If the patient isn't getting enough protein.

Here are some ways to add protein to their diet

- Sprinkle grated cheese or powdered peanuts, sesame seeds, or any other nuts onto vegetables.
- Add condensed milk to fruits to increase their protein content.
- Offer high-protein snacks between meals. These can include eggs, peanut butter or other nut butters, cheese, yogurt, curd, cottage cheese, canned tuna, meat, poultry, and over-the-counter protein drinks.

When someone has trouble chewing or swallowing, it's best to offer soft, non-irritating foods for meals and snacks.

Here are some ideas

- Blend family meals into a smooth puree using a blender.
- Soak foods in gravy, soup, or milk to make them softer and easier to swallow.
- Consider serving baby foods, but try to make them tastier by adding spices and seasonings.
- Avoid serving dry, crisp, or hard foods that can be difficult to eat.
- Steer clear of spicy and acidic foods like tomatoes, citrus fruits, and vinegar-based dishes, as they can irritate the throat.
- Keep temperatures moderate—avoid serving foods that are very hot or very cold.
- Liquid supplements can also be helpful for ensuring proper nutrition without the need for chewing or swallowing difficult textures.

To manage diarrhoea, consider these tips

- Follow prescribed medication as directed.
- Consult the doctor if diarrhea persists for more than 6-8 hours.
- Increase fluid intake, but avoid fruit juice or milk. Instead, consider using rehydration solutions like Jeevani or sports drinks.
- Offer small, frequent portions of easily digestible foods like rice, oats, banana, and thick rice congee. Toast can be added to the diet if tolerated.
- Limit greasy, fatty, and fried foods such as those cooked with thick coconut milk, pork, fried chicken, and French fries.
- Avoid foods and drinks containing caffeine like coffee, tea, and cola.
- Reduce intake of sweets and sweetened products, including those with excessive sugar.
- If bloating occurs, avoid "gas-producing" foods such as carbonated beverages, beans, cabbage, cauliflower, and broccoli.
- Seek medical advice for creams to soothe sore areas if needed.
- Liquid supplements can also be helpful for ensuring proper nutrition without the need for chewing or swallowing difficult textures.

To help manage nausea, consider the following tips

- Encourage eating more when feeling better, and reschedule meals if nausea tends to happen at the same time every day.
- Serve saltier foods and avoid extremely sweet or greasy foods.
- Offer small, frequent, light meals and snacks, focusing on bland foods like gelatin and puddings. Cold foods may be more appealing than hot ones.
- Encourage thorough chewing and slow eating.
- Serve fluids between meals rather than with them.
- Liquid meals can be easier to tolerate when experiencing nausea or pain. Soups, smoothies, shakes, yogurt, ice cream, and cool drinks are good options.
- Consider sports drinks, popsicles, cola syrup, peppermints, and freezing juice into ice cubes.
- Follow the doctor's instructions for any prescribed anti-nausea medications.
- Advise the patient to avoid lying flat after eating.
- Liquid supplements can also be helpful for ensuring proper nutrition without the need for chewing or swallowing difficult textures.

It's important to remember that each person's situation is unique, and ensuring their comfort and dignity is paramount, especially at the end of life.

It's never appropriate to force end-of-life nutrition or pressure someone to eat. As a caregiver, you shouldn't feel concerned about withholding nutrition when it's clear that the person is nearing the end of their life. *Prioritizing their comfort and respecting their wishes is the most compassionate approach.*



For further technical assistance please contact:

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