

Nutritional Management in Palliative Care

Nutritional assessment should be individualised with consideration given to the stage of disease, treatment plan and patient wishes. Open discussion around the expected course of disease and anticipatory care planning can reduce anxiety and distress for patients and their families.

Reversible factors contributing to poor nutrition should be addressed. Further information is available here:

[Scottish Palliative Care Guidelines - Anorexia/Cachexia](#)

At all stages of palliative care, food fortification, rather than Oral Nutritional Supplements (ONS) should be the first line treatment of malnutrition.

Nutritional Management in Early Palliative Care

Patients may have months or years to live and may be undergoing treatment to improve quality of life.

This patient group can benefit from dietetic intervention to potentially improve response to treatment and reduce side effects.

Patients should be screened using MUST ([link](#)) and appropriate action taken. ONS should not be prescribed before assessment by a dietitian.

Nutritional Management in Late Palliative Care

At this stage the goal of nutritional intervention should not be weight gain or reversal of malnutrition. Maximising quality of life, managing symptoms and promoting enjoyment of food are appropriate goals.

Weight monitoring and aggressive nutritional support are unlikely to be appropriate. ONS are unlikely to provide clinical benefit, although can be a psychological comfort. However, ONS may reduce appetite for other foods, cause stress/conflict between patients and carers and provide false hope.

Initiation of ONS should be avoided at this stage.

Nutritional Management in the last days of life

In the last weeks or days of life there is likely to be little desire for food and fluid.

Sips of fluid, food as wished and regular mouthcare should be offered.

Initiation of ONS should be avoided at this stage

