

Northern Health Palliative Care Dehydration at the End of Life



Hot Tip
March
2016

“Generally dehydration is a part of the normal process of the person’s body shutting down at the end of progressive serious illness, and is a factor in the natural cycle of changes that occur as death nears” (Harlos, 2015)

When is it not appropriate to hydrate?

- Congestive heart failure
- Respiratory congestion
- Renal failure
- Hypoalbuminemia
- Large ascites
- Gross edema
- Coagulation or bleeding disorder
- Imminent death

When is it appropriate to hydrate?

- Oral hydration is insufficient; person is dehydrated and has distressing symptoms
- Intravenous access is not possible or practical
- Rapid or high volume fluid replacement is not required
- May facilitate reversal of opioid neurotoxicity or hypercalcemia (life expectancy is unclear)
- Patient and/or family request trial with clear expectations and goals of care

WHAT IS HYPODERMOCLYSIS?

- Treatment of dehydration by infusing fluid into the subcutaneous tissue
- Is a safe and effective alternative to intravenous rehydration for palliative patients or the elderly
- Offered on a trial basis for a limited time (48-72 hr)

Nursing considerations:

- Prior to initiation: assess patient to determine indication of hydration
- Discuss with patient and family/caregiver:
 - explain benefits and burdens of hydration
 - clarify expectations
 - delineate clear goals (eg: decreased delirium)
 - Identify parameters for discontinuation
- Good oral care may provide comfort and relief of dry mouth

Physician orders:

- Infusion solutions: 0.9% Normal Saline; 2/3 D5%W, 1/3 NS; Ringers Lactate
- AVOID Dext5%W - becomes hypotonic as dextrose is absorbed
- Infusion rate is determined by clinical situation
- Terminally ill patients may achieve adequate hydration with much lower volume (as low as 1L/day)
 - Continuous infusion: 1L - 1.5 L/24h; average 75 ml/hr
 - Overnight infusion: 1L over 8 hr
 - Intermittent/bolus: 1L over 4 hr; 500 ml over 1-2 hr/day

NH-PC Symptom Guidelines (2008) 2nd Ed. p44-45
NH-CPS 198-1-070: Hypodermoclysis: CSCI
NH-CTT Intravenous Therapy Self-Learning Package (2014), p28-29.
Pallium Palliative Pocketbook (2013), 3rd Ed, p17:16-17.

More information on the NH-PC Program are available at www.northernhealth.ca > Our Northern Health > Policies & Procedures > Clinical Practice Standards > Palliative Care 1-10-0 or contact your local Palliative Care Nurse Consultant.