



Artificial Hydration and Nutrition

Advance Care Planning

Knowing your voice is heard when making decisions about health care is important. Advance Care Planning is the process of preparing for a time when you may not be able to make your own medical decisions. The best time to make these decisions is when you are able to make your own choices.

Health Care Agent

Discussing and sharing your wishes with your loved ones, health care team and health care agent is important. A health care agent makes health care decisions based on your wishes if you are unable to communicate.

Health Care Directive

By writing a Health Care Directive, you can make your voice heard so your wishes are followed. A Health Care Directive is a written plan outlining your values and priorities for your future medical treatment.

What is artificial hydration and nutrition?

Artificial hydration and nutrition (AHN) is a treatment to provide fluids and food when you have difficulty swallowing or are too sick to eat on your own. AHN also is known as *tube feeding*.

Deciding while you are able to make your own choices if you would want AHN if you are not able to swallow or eat on your own is important in advance care planning. The following information can help you decide if you would want AHN.

How is AHN done?

AHN involves providing fluids and liquid food directly to your stomach through a tube. The type of tube used depends on if you need AHN for:

- **A few days:** You use a nasogastric (NG) tube. The tube is inserted through your nose to your stomach.
- **More than a week:** You use a percutaneous endoscopic gastrostomy (PEG) tube. The doctor makes a small cut in your skin to place the tube into your stomach.

How effective is AHN?

- How well AHN works depends in part on your medical condition. AHN may:
 - » Relieve pain with eating if you have a mouth or throat problem that is likely to improve
 - » Help if you have difficulty swallowing due to a nerve or brain disorder, injury or disability
- AHN may not prolong life and might cause harm if near the end of life or in late stages of dementia. At the end of life, people normally stop eating because the body becomes unable to use food. At this stage, AHN:
 - » Does **not** reverse the process of dying
 - » Does **not** prevent pneumonia or other infection (Problems with swallowing can cause dry mouth or increase saliva in the mouth. A buildup of saliva can cause infection if breathed into the lungs.)
- Risks of AHN include:
 - » Problems after surgery, such as bleeding, infection and pain
 - » Irritation around the tube
 - » Repeated hospitalizations if the tube becomes blocked or comes out
 - » Stomach pain, diarrhea, swelling in the legs and difficulty breathing if fluids build up

Will AHN work for me?

Talk to your clinician about how well AHN would work for you. If you choose to use a feeding tube, your clinician will talk to you about which tube will likely work best for you.

What if I choose to not have AHN?

If you can swallow, you will be fed carefully with a spoon. If you cannot swallow, moist swabs will be used to help if dry mouth occurs. Most people near death do not feel hunger or thirst.

You also will still get other medical care you need. Other treatments can keep you comfortable, manage pain and control symptoms so you can live as well and as long as is possible for your health status.

How do I decide what is best for me?

Talk with your clinician and your loved ones about your medical and personal goals and values. Some questions to consider are:

- Will my illness improve or worsen?
- Is my illness curable?
- At what stage of illness would I still want or no longer want AHN?
- Will AHN change the outcome of my condition?
- How will AHN affect my comfort and quality of life?

What should I do after I decide?

Let loved ones know your decision about AHN so they can honor your choice. Be sure to document your choice about AHN in a Health Care Directive.

Also talk about your decision with your doctor and health care team. Your health care provider may recommend medical orders called *POLST (Provider Orders for Life-Sustaining Treatment)* that document your choice about AHN and other health care wishes.

A POLST provides specific instructions for emergency medical responders and other health care providers. A POLST form is not a replacement for a Health Care Directive and does not name a health care agent.

Remember, your goals, values and priorities may change. Your health status may change, too. Revisit your decision about AHN regularly as you get older or if your health changes.

For more information about advance care planning or for help creating a Health Care Directive, contact your health care team at



Chaplain
218.736.8077

Social Services
218.736.8003

Or

*Honoring Choices
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HonoringChoices.org

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