



Comfort Care for Eating and Drinking

For residents in long-term care

As residents progress in their long-term care (LTC) journey, their experience of eating and drinking often changes. This can be part of natural processes at the end of life, or a secondary effect of health conditions that may make eating difficult or undesirable.

A comfort care approach may be needed if you:

- ✓ become too tired to eat or attend the dining room
- ✓ sleep through meals
- ✓ lose your appetite or are not ready to eat at scheduled mealtimes
- ✓ have a hard time chewing or swallowing
- ✓ decide you don't want to eat

Decreased food and fluid intake, particularly in the final months of life, is typical. However, you may still feel distressed or frustrated by these changes.

Comfort care for eating and drinking:

Addresses the **physical and emotional concerns** you may have surrounding these changes.

Is focused on your **specific and changing needs**, and responds to those needs in that moment.

Can be **specified in your care plan** and tailored to your preferences.

FOR MORE INFORMATION,
PLEASE VISIT:

cli-ltc.ca/resources/comfort-care



ONTARIO
CLRI

Centres for Learning,
Research & Innovation
in Long-Term Care

RIA RESEARCH
INSTITUTE
for AGING
Schlegel • UWaterloo • Conestoga

Enhancing Life



Basic principles of comfort care for eating and drinking:

- ✓ The resident's comfort is prioritized, allowing them to take the lead on when, what, and how much to eat and drink
- ✓ Food is offered:
 - at times when the resident shows readiness and willingness to eat
 - according to resident preferences
 - with acknowledgment of risks involved
 - without concern for the quantity consumed as long as the opportunity to eat is presented
- ✓ Beverages are offered often, and provided later if the resident is not ready
- ✓ Underlying reasons for decreased food intake are explored, and remedied where possible
- ✓ Mouth care and other forms of comfort are offered, especially when eating and drinking are not possible or desired

When should we start comfort care for eating and drinking?

There are no specific criteria, but this care option may be considered when usual nutrition care no longer meets the needs of the resident.

For example:

- supports (e.g., texture modification) do not improve intake
- care partners often have to cajole the resident to eat
- mealtimes cause the resident distress
- care recommendations conflict with resident's preferences

The decision should be made through ongoing dialogue between responsible team members, including the dietitian, the resident wherever possible, and other family members if appropriate.

**FOR MORE INFORMATION,
PLEASE VISIT:**

cli-ltc.ca/resources/comfort-care



ONTARIO
CLRI

Centres for Learning,
Research & Innovation
in Long-Term Care

RIA RESEARCH
INSTITUTE
for AGING
Schlegel • UWaterloo • Conestoga

Enhancing Life