

Many long-term care residents will experience one or more eating challenges during their stay, especially in their last months of life.

Early conversations about potential changes and available care options can help everyone feel more prepared if these challenges arise.

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When Dad started having problems with eating, we were all very stressed and didn't know what to do. The comfort approach has allowed us to accept that these problems are to be expected and now we can just enjoy our time with him without worrying that he's starving or something. If he seems comfortable, then he is.

— FAMILY MEMBER

**FOR MORE INFORMATION,
PLEASE VISIT:**



clri-ltc.ca/resources/comfort-care



Comfort Care for Eating and Drinking

**A Resource for Residents
and Families**



Comfort Care for Eating and Drinking

Basic principles

Food is offered:

- when resident is willing and ready to eat
- according to resident's preferences
- with acknowledgment of risks
- without concern for how much resident eats

Fluids are encouraged often as long as they are accepted by the resident.



Eating-related changes

What you might expect...

As a resident's health conditions progress, their experience of food and fluid often changes.

A resident may:

- ✓ refuse to eat
- ✓ be too tired to eat
- ✓ have difficulty feeding themselves
- ✓ have trouble swallowing



REMEMBER! These challenges are part of the end-of-life journey and may not be reversible. In such cases, a comfort approach to care is recommended.

Resident comfort is the priority

Allow the resident to take the lead on when, what and how much food to eat.

Underlying issues are remedied where possible

A comfort approach explores potential causes for eating challenges but accepts that many are not reversible.

Quality of life is supported by other forms of care

Mouth care and other actions offer meaningful points of connection when drinking and eating are not possible.

A food-first approach is recommended

Small portions/sips of food and fluid can satisfy residents with advanced conditions. Alternatively, artificial nutrition (e.g., 'Tube-feeding') does not improve comfort, quality of life, or longevity, and can introduce complications, so it is not recommended.

Our team members are here to help if you have any questions or concerns about changes in eating habits.

