

Hospice Nutrition Has a Different Goal

For patients receiving hospice services, nutrition should support **comfort, quality of life, patient preference, and established goals of care**. The primary goal is not necessarily to maintain body weight, meet calculated calorie/protein requirements, or reverse nutritional decline associated with the terminal disease process.

Weight Loss May be Part of Terminal Decline

As serious illness progresses, patients may naturally experience:

- > Decreased appetite and interest in food
- > Smaller portion sizes and reduced oral intake
- > Changes in taste or food preferences
- > Increased fatigue with eating
- > Difficulty chewing or swallowing
- > Changes in the body's ability to process and utilize nutrients
- > Progressive loss of weight and muscle mass

These changes may represent progression of the underlying terminal illness rather than a nutritional problem that can or should be corrected.

CMS hospice guidance recognizes **progressive inanition, weight loss, decreasing anthropometric measurements, and inadequate oral intake** as clinical findings that may support documentation of disease progression and terminal status.

A decline in weight alone does not automatically establish a palliative need for nutritional supplementation.

This remains true when a patient has experienced clinically significant weight loss but remains overweight or obese. The percentage or amount of weight lost should be considered within the patient's overall disease trajectory, functional decline, symptoms, prognosis, and goals of care—not in isolation.

Before Recommending a Nutritional Supplement

Rather than automatically responding to weight loss with a supplement such as Ensure®, Boost®, or another calorie/protein product, consider what the goal is for intervention:

- > Is the patient hungry or requesting additional nutrition?
- > Is there a reversible or treatable cause contributing to decreased intake that is causing discomfort?
- > Will supplementation reasonably improve the patient's comfort, enjoyment, or quality of life?
- > Does the patient enjoy and desire the supplement?
- > Is the recommendation intended primarily to meet conventional nutritional targets, stabilize weight, or promote weight gain?
- > Is the intervention consistent with the patient's hospice goals and individualized plan of care?

When the primary purpose of supplementation is to correct expected terminal weight loss or meet conventional nutritional parameters, the recommendation should be discussed with the hospice interdisciplinary team before an order is initiated.



What We Do Encourage

Hospice does **not** mean withholding food or discouraging eating.

Patients should be supported in eating and drinking **as desired, tolerated, and clinically appropriate**. Whenever possible:

- > Offer favorite or preferred foods
- > Provide small portions based on appetite and tolerance.
- > Allow the patient to guide the amount and frequency of intake.
- > Address symptoms that interfere with comfort while eating when appropriate.
- > Modify food texture or consistency when indicated for comfort and safety.
- > Avoid pressure, forcing, or unnecessary focus on the amount consumed.
- > Use nutritional supplements when they are desired by the patient or when there is an individualized palliative/comfort-based indication.

The Hospice Question is Different

In conventional care, the question may be:

- > “How do we stop this patient from losing weight?”

In hospice care, the more appropriate questions are:

- > “Is this change consistent with the patient’s terminal disease progression?”
- > “Is the patient uncomfortable because of it?”
- > “What intervention, if any, will meaningfully improve this patient’s comfort or quality of life?”

Nutrition recommendations for hospice patients should be individualized and coordinated with the hospice interdisciplinary team so that interventions remain consistent with the patient’s goals of care and hospice plan of care.

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