

Artificial Nutrition and Hydration

Facts

When a patient can no longer take food or fluid by mouth, a feeding tube can sometimes be used.

Feeding tubes come in one of two types. A *Nasogastric (NG)* tube is inserted through the nose, down the esophagus, and into the stomach. A *Gastrostomy (G-Tube or PEG)* is inserted surgically through the skin into the stomach wall. Liquid nutritional supplements (such as Ensure or Glucerna, for example), medications, and water can also be given through the feeding tube.

There is another method called TPN (Total Parenteral Nutrition) which involves a catheter, or needle, being inserted in the upper chest, and then a liquid with nutrients is pumped directly into the bloodstream. This is a temporary supportive measure. TPN often requires weekly lab work.

Artificial Hydration is fluids given through an IV directly into the blood stream.

Artificial nutrition and/or hydration may not prolong life in cases such as advance cancer (stage IV) or dementia

Benefits

Feeding tubes can help many patients get through temporary times of eating difficulties. A time-limited trial can be used to try a treatment for a period of time, and if it does not help the patient, it can then be discontinued.

Life can be prolonged in some situations. The patient's personal and/or religious preferences are honored.

Burdens

Pneumonia can develop if the tube becomes displaced or if vomit enters the lungs. Congestion in parts of the body (hands, legs, around the eyes or a tumor, for example) may also occur, causing discomfort and pain.

A patient may pull at the tube. If this happens, they may need to be sedated with medication or have their hands tied down. A patient with a feeding tube may become socially isolated because they lose the personal interaction of sitting at the table during meals and/or having someone feed them.

References

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