

Medicines Management FAQs

Should subcutaneous fluid be considered for COVID-19 patients in the last days of life?

The dying patient must be supported to drink if they wish to and are able to. Subcutaneous fluids however are a form of clinical treatment.

When assessing the patients nutrition and hydration needs it is important though to check for any difficulties which might be physical such as swallowing problems which might increase the risk of aspiration or environmental factors such as the access or provision of drinks in an appropriate cup. The risks and benefits of continuing to drink should be discussed with the dying person, and those involved in the dying person's care.

Subcutaneous fluid is unlikely to be beneficial to the dying patient in their last days of life and may cause additional problems.

The expectations and anxieties of the people close to the patient and family members must be managed sensitively. Carers and family members might also benefit by helping to give frequent mouth and lip care. This can include simple personal hygiene and care tasks such as helping with cleaning their teeth or dentures and frequent sips of fluid of the patients preferred drink.

Remember establishing a ReSPECT plan will help set out key decisions for others to follow subsequently for any planned or emergency reviews.

Clinicians must use their clinical judgement on an individual patient basis and refer to the most up to date NICE guidance for further information. [NICE COVID-19 rapid guideline: managing COVID-19 \(NG191\)](#).

It should be noted that if signs of improvement are seen consistently, then treatment and care plans will need to be reassessed.