What is Artificial Hydration and Nutrition?
Artificial Hydration and Nutrition (AHN) is a treatment that provides fluids and nutrients when you have difficulty swallowing or are too sick to eat on your own.

The following information can help you understand AHN.

How is AHN done?
AHN provides fluids and liquid food directly into your stomach through a tube, sometimes called a feeding tube. The kind of tube depends on how long you will need AHN:

- A few days: A nasogastric (NG) tube is inserted through your nose to your stomach.
- More than a week: A percutaneous endoscopic gastrostomy (PEG) tube is placed into your stomach through a small cut.

Note: An IV is a tube placed in your vein that is used to give medication and fluid, but does not provide for long-term nutrition.

Is AHN beneficial?
The benefits of AHN depend in part on your medical condition. AHN may:

- Relieve pain with eating if you have a mouth or throat problem that is likely to improve.
- Help if you have difficulty swallowing due to a nerve or brain disorder, injury or disability.

AHN may not extend life and can cause harm if near the end of life or in late stages of dementia. At the end of life, the body becomes unable to use food. At this stage, AHN:

- Does not reverse the process of dying.
- Does not prevent pneumonia or other infection. Problems with swallowing can cause dry mouth or increase saliva in the mouth. A buildup of saliva can cause infection if breathed into the lungs.

Your health care provider should discuss the risks and benefits of AHN.

See other side for more information.
What are the risks of AHN?

- Problems such as bleeding, infection and pain.
- Skin irritation around the AHN tube.
- Multiple trips to the hospital if the AHN tube becomes blocked or comes out.
- Stomach pain, diarrhea, swelling in the legs and difficulty breathing if fluids build up. Restraints may be needed to protect the AHN tube from being tugged on or pulled out.
- Shorter life in some situations.

Will AHN work for me?
Ask your health care provider about how well AHN would work for you. If you choose to use AHN your health care provider will talk with you about which option will likely work best for you.

What if I choose not to have AHN?
Some people may be concerned about what happens when they no longer receive food or fluids. Most people near death do not feel hunger or thirst. Even if you choose not to have AHN, you will still get other medical care to keep you comfortable, manage pain and control symptoms so you can live as well and as long as is possible.

How do I decide what is best for me?
Talk with your health care provider and your Health Care Agent about your medical goals and personal values. Some questions to consider are:

- Will my illness improve or worsen over time?
- Is my illness curable?
- Will AHN improve my condition?
- How will AHN affect my comfort and quality of life?

What should I do after I decide?
Let loved ones and your health care provider know your decision about AHN. Be sure to write down your choice about AHN on your Advance Directive.

Remember, your goals and priorities may change. Your health status may change, too. Revisit your decision regularly as you get older or if your health changes.