HPC Consultation Services
Waterloo Wellington

Hospice Palliative Care
Tip of the Month – August

Hypodermoclysis at End of Life

Hypodermoclysis (artificial subcutaneous hydration) is the safe infusion of isotonic fluids into fatty tissue to provide hydration for various clinical indications.

When it may be appropriate [1,2,3]

- Dehydration due to insufficient oral hydration is causing distress/discomfort for the person
- Attempting to treat reversible delirium, opioid toxicity, or hypercalcemia
- Hydration is indicated but rapid or high-volume fluid replacement is not required, and or IV access is not possible
  - Will it alleviate symptoms? Improve quality of life?
  - Can it meet a care goal vs unnecessary transfer to hospital for IV hydration?
- Patient and/or family request a trial that aligns with goals of care, and clear expectations and limitations have been discussed
  - Identify parameters for discontinuation, such as signs of fluid overload, increased edema, or audible secretions.

When it is not appropriate [1,2]

- Imminent death
- Congestive heart failure
- Respiratory congestion
- Renal failure
- Hypoalbuminemia
- Large ascites or gross edema
- Severe edema (anasarca)
- Excessive airway secretions
- Coagulation or bleeding disorder

Benefits [1,2,3]

May help improve symptoms and provide comfort.

The subcutaneous route is the most acceptable method for fluid replacement and medication administration due to its ease of administration, low cost, and feasibility in home settings.

Burdens [1,2,3]

Attempts to counteract dehydration could create unpleasant symptoms from fluid the body cannot process such as bloating, swelling, cramps, diarrhea, and shortness of breath.

Additional risks include infection, site irritation, abscess, cellulitis, or bleeding disorder.

Health teaching includes the importance of good oral mouth care and lip care which can provide comfort and relief of dry mouth, including hygiene, lip lubrication, artificial saliva, and ice chips. Reduce or remove any drugs, if possible, that may cause or contribute to dehydration such as diuretics, alcohol, excessive laxative use, or lithium which also pose a risk.

Photo by Herbert Goetsch on Unsplash

References

1. The Pallium Palliative Pocketbook (E-book): a peer-reviewed, referenced resource. 2nd Cdn ed. Ottawa, Canada. Pallium Canada, 2020
2. Fraser Health. (2017) B.C. Inter-professional Palliative Symptom Management Guidelines - Dehydration.
3. Breček et all, (2025). SEEMEDJ, Vol 9, No 1. Hypodermoclysis in Palliative Care

Upcoming Tip
Sep 2026
Oxygen Therapy at End of Life