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Purpose

The purpose of this scoping review is to evaluate current literature to determine the use and effect of pediatric palliative care, specifically, whether consultation of palliative care for pediatric patients cared for in the inpatient setting for at least three days decreases death in the ICU setting.

Specific Aims

Examine the use of palliative care among pediatric patients

Examine effectiveness of palliative care in the pediatric intensive care unit (PICU)

Determine how palliative care consultation affects death in the PICU setting

PICOT

Does pediatric palliative care consultation for patients admitted at least 3 days decrease death in the ICU setting?

Background

Utilization of palliative care has increased with adult patients but not in the pediatric population

The American Academy of Pediatrics (2020) recommended expanding the availability of palliative care to children and published guidelines specifically for children.

Children hospitals often have a palliative care service but lack clear criteria or standardized tools to facilitate optimal palliative care use.

Without clear, consistent criteria to help aid in the early involvement of palliative care, the result is unnecessary treatments, costly and lengthy hospitalizations, and deaths occurring in the intensive care unit (ICU) rather than at home.

Low utilization of palliative care in pediatrics results in:

Unnecessary treatments

Costly and lengthy hospitalizations

Death in the ICU rather than at home

Delayed consultation

Only a tiny percentage of children with life-limiting or life-threatening conditions receive palliative care consults before dying

Methods

Literature Search

A literature search was conducted using online databases utilizing MeSH headings from 2013 until 2021.

The search included the databases of PubMed(Medline), CINAHL Complete, and Cochrane Library

Search Criteria

Articles from 2013 to 2021

Peer reviewed

Available in English

High level of quality

MeSH Headings

Palliative care OR end of life care OR palliative care AND pediatric OR child OR children AND death OR dying OR pediatric ICU OR ICU.

Articles Retained for Review

15 articles met search criteria

6 articles were reviewed after critical appraisal for high quality and outcomes

Level of Evidence Synthesis Table

X (copy symbol as needed)	1	2	3	4	5	6
Level I: Systematic review or meta-analysis						
Level II: Randomized controlled trial						
Level III: Controlled trial without randomization						
Level IV: Case-control or cohort study			x	x		x
Level V: Systematic review of qualitative or descriptive studies						
Level VI: Qualitative or descriptive study, CPG, Lit Review, QI or EBP project	x	x			x	
Level VII: Expert opinion						

1 = Shaw R, et al. (2018); 2= Weaver MS, et al. (n.d.); 3= Keele L, et al (2013); 4= Fraser L, et al (2017) 5 = Kyeremanteng K, et al. (2018); 6 = Rossfeld ZM, et al. (2019)

Results

Early palliative care involvement is beneficial

Affects mortality, quality of life, and finances

Shifts location of death out of the pediatric intensive care unit

Decreases hospitalizations

Decreases unnecessary treatments

Clear Consult criteria increases palliative care use

(i.e. specific diagnoses and length admitted to PICU aid in consult criteria)

Palliative Care gives families choices

Location of death

Meaningfully impacts on care decisions

Affects quality of life for both patient and families

Implications for Practice

Evidence that clear consult criteria works and is reproducible

Weaver et al. (2016) confirmed that piloting early and increased palliative care involvement in pediatric settings requires a standardized approach.

Weaver et al. (2016) identified the lack of usage of palliative care and the barrier to implementation and offered vital ways to overcome them.

Palliative care has the potential to reduce death in the ICU

Fraser et al. (2018) concluded that a higher percentage of children with palliative care involvement or referral died at home or hospice.

Keele et al.(2013) found that fewer deaths occur in the intensive care unit when palliative care is involved, fewer days are spent inpatient, and less invasive treatments are performed.

Early palliative care intervention has cost savings benefits for hospitals

The early involvement of palliative care can provide families a choice in the location of death and meaningfully impact treatment and quality of life (Fraser et al., 2018).

Kyeremanteng et al. (2018), in a systematic review, evaluated how palliative care consultations affect overall hospital cost and length of stay for patients admitted to the ICU; they found a decreased length in ICU stay, ICU costs, and total hospital cost with palliative care consultation.

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