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Does pediatric palliative care involvement influence location of death?

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Results **Disease Category** Patient Characteristics (N=600) Hematologic Age <1 Year Oncologio Male 13% Characteristic Other/ White/Caucasian Unknown 31% English Language Christian Cardiac Public Insurance 12% Followed by Palliative Genetic/ Congenital Anomaly eurologic/ 80% 100% 0% 60% 40% 14% 10% Percentage of Patients Trauma Location of Death Location of Death **Palliative Care** Discussion Influence on Influence on Location of Death Location of Death Patients %09 PICU Other/ 27% Unknown 30% of 40% Percentage 20% ED 6% Other 0% npatien Home/ 6% Hospice Yes Discussion No Discussion Yes Palliative No Palliative House PICU ■ ICN ■ Home/Hospice House

PICU=Pediatric Intensive Care Unit; ICN=Intensive Care Nursery; ED=Emergency Department

Results

If followed by a palliative care team, patients were:

- More likely to have a discussion about location of death (59.8% vs 26.5%, p<0.01)
- Less likely to die in the PICU and more likely to die at home/hospice house (28.2% home/hospice house, 34% PICU, 37.8% ICN vs. 14.1% home/hospice house, 53.1% PICU, 32.8% ICN; p<0.01)

With location of death discussions, patients were:

 Less likely to die in the PICU & more likely to die at home (43.3% home/hospice house, 9.8% PICU, 47% ICN vs. 3.6% home/hospice house, 69.6% PICU, 26.9% ICN; p<0.01)

Conclusions

With palliative care or a location of death discussion, patients were:

- Less likely to die in the PICU
- · More likely to die at home

Location of death discussions were:

 More likely to occur if a palliative care team was involved



Background

- More research is needed to improve end of life care for pediatric patients
- Few studies have examined the influence of palliative care teams on end of life care discussions

Objectives

- To describe the influence of a palliative care team on location of death and location of death discussions with patients/caregivers
- To determine whether location of death discussions influence location of death

Methods

- Retrospective cohort study
- All patients from one children's hospital who died in 2005, 2010, or 2015
- Descriptive statistics, chi-square and Kruskal-Wallis tests were used

