

Triggers for Palliative Care Referral in Burn Intensive Care Units: Results from a Qualitative Interview Study Based on Professionals' Clinical Experience and Knowledge

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Background: Burns are a global public health problem, accounting for around 300,000 deaths annually. 25% of patients aged 45-65 with severe burns die. Burns have significant consequences for patients, families, healthcare teams and systems. Evidence suggests that the integration of palliative care in burn intensive care units improves patients' comfort, decision-making processes, and family care.

Aim: To identify the triggers for palliative care referral in critically burned patients.

Methods: Qualitative study using in-depth interviews. All 5 Burn Intensive Care Units reference centres across Portugal were invited; 3 participated. 15 professionals (12 nurses; 3 physicians) were interviewed from July to October 2020, until reaching theoretical saturation. An inductive thematic analysis was performed to the transcripts of interviews.

Results: The three main triggers for palliative care referral were: (i) Burn severity and extension (e.g., third degree burns and/or +80% of burned body surface); (ii) Co-morbidities (e.g., cancer, organ failures, metabolic failure, dementia, old age +80); and (iii) Multiorgan failure. Other triggers were also identified, namely: (i) rehabilitative palliative care related to patients' suffering and changes in body image; (ii) family suffering and/or dysfunctional and complex family processes; (iii) long stay in the burn intensive care unit; and (iv) uncontrolled pain.

Conclusions: To the best of our knowledge, this is the first empirical study that identifies triggers for palliative care in burn intensive care units based on professionals' clinical experience and knowledge. The systematization and use of triggers tools could help streamline referral pathways and underpin the integration of palliative care in burn intensive care units in a more effective fashion. Further research is needed on the use of these triggers in clinical

practice to enhance decision-making processes, early and high-quality integrated palliative care and proportionate patient and family centred care.

Hernández-Marrero, P., Ribeiro, A. F., & Pereira, S. M. (2022). Triggers for palliative care referral in burn intensive care units: results from a qualitative interview study based on professionals' clinical experience and knowledge. *Palliative Medicine*, 36(1).