

2nd Annual CHQ Research Symposium – Abstract Submissions

- 40** Patient-clinician discussions about fertility in the adolescent and young adult cancer population: do disparities exist?
- 41** Utility of regular Infliximab levels in paediatric Crohn's disease
- 42** Health literacy of mothers accessing child development services: A model of information use
- 43** Beckwith Wiedemann Syndrome (BWS) in the context of mosaic genome-wide paternal uniparental disomy (GWUPD) – female infant with hemihyperplasia, hyperinsulinism, benign tumours and respiratory disease
- 44** From undergraduate student in nursing (USiN) to graduate nurse: did employment as a USiN facilitate the transition?
- 45** Identifying indicators of quality palliative care for children with cancer
- 46** Breaking bad: communicating with children with life-threatening illness and their families - a developmental perspective
- 47** Sustainable compassion – promoting resilience and self-care amongst paediatric health care professionals
- 48** Preliminary results of a new rapid refeeding protocol for medically compromised children and adolescents with anorexia nervosa
- 49** Going backwards or moving forwards? Enhancing learning and developing the future workforce: The USiN at LCCH
- 50** Innovative physiotherapy techniques in the intubated paediatric patient: MetaNeb®
- 51** Can a research manager grow paediatric emergency medicine research in Queensland?
- 52** Cancer after kidney transplantation in childhood
- 60** Overcoming obstacles to research collaboration: a research nurse perspective
- 61** YP face it for Australia? the psychosocial impact and support needs of Australian teenagers living with an altered appearance
- 62** Are we making the cut? Electronic surveillance of surgical antimicrobial prophylaxis at LCCH
- 63** “Not the baby we were expecting” – Parental reactions to diagnosis of Newborn Hearing Loss
- 64** Components of good end of life care within the paediatric intensive care setting – an online survey
- 65** Respite needs of families receiving palliative care
- 66** Hand hygiene and the Hawthorne effect
- 67** Implementation of a multi-disciplinary team outpatient clinic for home parenteral nutrition patients
- 68** Double or nothing: apnoeic oxygenation using high flow nasal cannula oxygen delivery in children; a randomised controlled trial
- 69** A perinatal and infant mental health day program: a collaborative research project
- 70** Fundamental movement skills among children with non-CF bronchiectasis
- 71** Extracorporeal life support (ECLS) in children with cancer or haematopoietic stem cell transplant (HSCT) - the Australia and New Zealand experience
- 72** Peripherally inserted central catheter outcomes polyurethane versus endoxo: pic compare a randomised controlled trial feasibility study protocol
- 73** Improving peripheral intravenous catheter safety and performance in paediatrics: a prospective cohort study
- 74** The practice initiative: promoting recovering by preventing complications after tonsillectomy
- 75** To assess the efficacy of elastomeric infusers for delivery of continuous antibiotic infusion in cystic fibrosis inpatients at Lady Cilento Children's Hospital
- 76** MRI findings in delirious paediatric intensive care patients: a case series
- 77** Look Who's Talking: An innovative approach to the use of equipment to support communication in the paediatric intensive care unit and beyond! A case study of a ventilated patient

Components of good end of life care within the paediatric intensive care setting – an online survey

TYPE OF RESEARCH

Clinical

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BACKGROUND

This study was undertaken to better understand the components of good end of life for children who are being cared for within the PICU. Cure rates from serious childhood illness are gradually improving every year. Despite this, there are still a small but significant number of children who will die within a Paediatric Intensive Care Unit.

OBJECTIVES

1. The primary objective was to determine what the key aspects of End-of-Life-Care/palliative care in PICU as perceived by Health Professionals (including General Paediatricians)
2. This project will result in a schema of components of care which can be used by health professionals within in the intensive care setting to assist with excellent end of life care.

METHOD

An online survey of health professionals was used to rank various components of palliative care within the PICU context. Survey participants could also suggest other components of care that had not already been thought of within the survey.

RESULTS

There were 108 respondents who took the survey. The survey group were multidisciplinary (medical 32.4%; nursing 44.44% and allied health 23.15 %). There were also a variety of specialties represented in the survey (PICU 56.5 %; Paediatric Palliative Care 17.4%; General Paediatrics 13.9% and Other 12.2 %). The top 5 components of care ranked by the group included were identified by the interest groups after being ranked according to their importance. These included

1. Discussion of a Management Plan
2. Sensitive, compassionate use of language
3. Discussion of End of Life care
4. Discussion of anticipated changes in the patient's condition
5. Discussion of the caregiver's understanding of the illness.

CONCLUSION

It is hoped that the schema for good end of life care represents a consensus from a large and diverse group of health professionals. This schema should assist in the day to day care of patients. Further, it should also be of benefit in education, research and quality activities.

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