

Introduction

- In the United Kingdom 36% of children die unexpected deaths^[1]
- The possibility of sudden deterioration creates challenges to conduct effective planned palliative care within a highly stressful environment to facilitate the best outcome for the child, parents and medical professionals (MDT)^[2]
- When caring for children, nurses should identify the priorities for the child and the family whilst managing symptoms and withdrawal^[2,3]
- An awareness of key aspects of nursing care guides nurses to achieve a 'good death'.^[4]

Guidance

National frameworks (Royal College of Nursing^[5], National Institute for Health and Care Excellence^[6] and Together For Short Lives^[3]) provide useful resources for palliation in children

However:

- These are not specific to PICU
 - Unexpected deaths are not included in the guidance
- They can however provide useful resources to guide decision making and highlight key area of care to prioritise

Paediatric palliative care 'embraces physical, emotional, social, and spiritual elements, and focuses on enhancement of quality of life for the child/young person and support for the family. It includes the management of distressing symptoms, provision of short breaks and care through death and bereavement'^[3].

Together For Short Lives^{Fig Ref [3]}



Unexpected Deaths

- 'A death (or collapse leading to death) of a child, which would not have been reasonably expected to occur 24 hours previously and in whom no pre-existing medical cause of death is apparent'^[7]

Paediatric Intensive Care

- The possibility of sudden deterioration in PICU, or prior to admission, can result in a short period of time between the recognition of futility in treatment to the child's death^[2].

A Good Death in PICU

- The child receives optimal clinical care from a compassionate, respectful, and communicative multidisciplinary staff, and patient and family situational and psychosocial-spiritual needs are identified and met^[8]

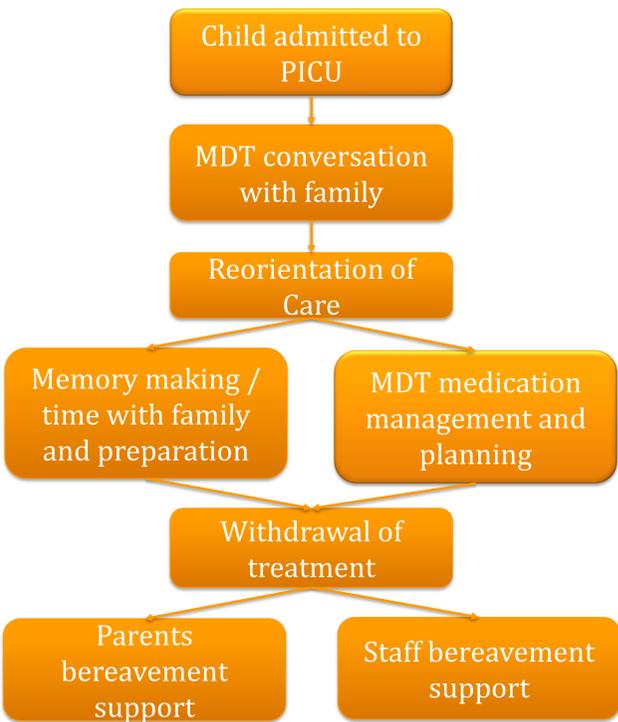
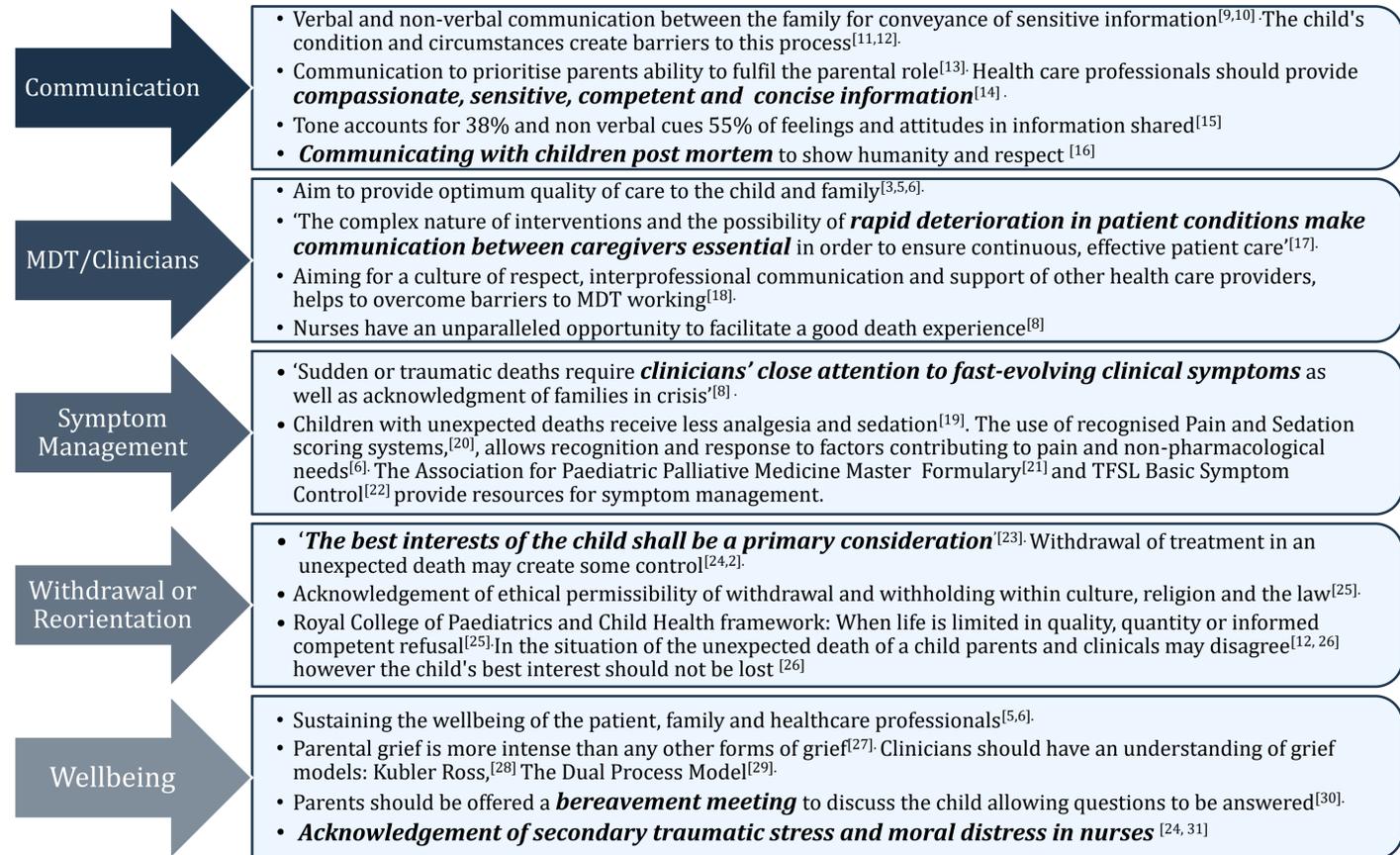
Nurses play a vital role in how the death of a child occurs^[9]

Key Aspects of Nursing Care in PICU

Case Study:

- 12 year old, Previously fit and well
- Atrioventricular Malformation Rupture
- Admitted 0800 to PICU after surgery finding catastrophic brain swelling
- Withdrawal of invasive treatment 1600

The main palliative care priorities for unexpected deaths should focus on the best interests, and needs, of the child and the family supported by key aspects of nursing care:^[2]



Sudden, unexpected deaths emphasise the importance of care continuing into the post mortem and bereavement stages where time is less of a barrier. This allows families time with their child, to process information and begin to grieve. This time also allows for reflection from the MDT. It is important that the key aspects of nursing care are continued throughout the bereavement stage

Implications For Practice

Effective MDT working and palliative support

Prioritising the child's best interests^[23]

Knowledge of available guidance^[3,5,6, 21,22]

Universal support of wellbeing^[5,6]

Conclusion

- The unexpected death of a child is challenging for everyone involved
- Prioritising what matters helps healthcare professionals facilitate a good death and gives parents the ability to fulfil the parental role and grieve
- Nurses should utilise skills in developing therapeutic relationships in order to prioritise key aspects of palliative care specific to the child and family unit and recognise the importance of palliative care extending post mortem.

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