ASSOCIATION BETWEEN PALLIATIVE CARE AND HIGH INTENSITY END OF LIFE CARE IN PEDIATRIC ECMO PATIENTS

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BACKGROUND

The balancing act performed by pediatric surgeons:
• Benefits of Pediatric Palliative Care (PPC) teams:
  1. Establish open-ended communication and coordination between medical teams
  2. Help families navigate time-sensitive complex medical decisions to ensure goal-concordant care

HYPOTHESIS

Evaluate if PPC consults are associated with a de-escalation of HI-EOL care for pediatric ECMO patients

METHODS

A retrospective cross-sectional data analysis was performed using PHIS database from 10/1/2018 to 12/31/2022

RESULTS

Of the 2,337 ECMO terminal patients:
• 807 (34.0%) had a PPC consult
• 334 (14.1%) underwent an invasive procedure within 48 hours of death
• Pediatric ECMO patients with a PPC consultation had a reduced odds of HI-EOL care [adjusted odds ratio (aOR): 0.44; 95% Confidence Interval (CI): 0.30-0.66] compared to those without PPC consultation

LIMITATIONS

• Hospital-level variations in availability of PPC services
• Exact timing of the PPC consult in the course of illness is unknown, limiting the ability to determine a direct cause and effect relationship between PPC consults and decreased HI-EOL procedures

CONCLUSIONS

• Less than half pediatric ECMO patients have a PPC consultation during their terminal admission
• PPC consults were associated with reduced likelihood of procedural HI-EOL care
• Need for further studies to identify local facilitators and barriers to PPC consults for ECMO patients

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Table. Multivariable logistic regression model of likelihood of undergoing an invasive procedure <48 before death for pediatric ECMO patients during their terminal hospital admission. OR = Odds Ratio, CI = Confidence Interval