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

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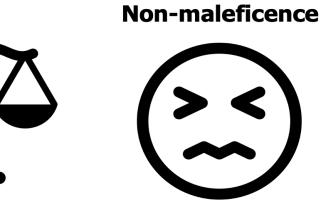
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BACKGROUND

• The balancing act performed by pediatric surgeons:







Providing appropriate surgica care

Versus

Minimizing High Intensity End of Life (HI-EOL) care

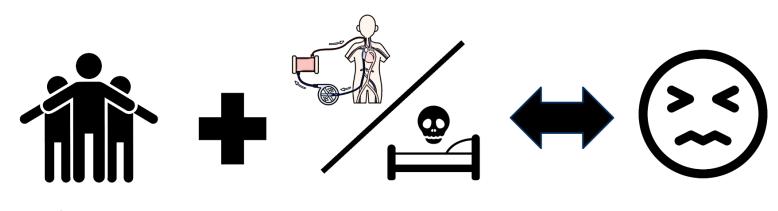
- Benefits of Pediatric Palliative Care (PPC) teams:
 - 1. Establish open-ended communication and coordination between medical teams
 - 2. Help families navigate time-sensitive complex medical decisions to ensure goal-concordant care

HYPOTHESIS

Evaluate if PPC consults are associated with a deescalation 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



<18 years at
Children's hospitals
participating in PHIS
database

Underwent ECMO and died during inpatient hospitalization

Experienced HIEOL care:
Invasive
procedure within
48 hours of death

	OR	CI	P-value
Palliative Care Consultation			
Yes	0.44	0.30-0.66	< 0.01
No	Reference		
Age			
Neonate	Reference		
Infant	1.86	1.18-2.94	0.01
Child	3.02	2.27-4.02	< 0.01
Adolescent	4.73	3.29-6.81	< 0.01
ECMO Type			
VA ECMO	Reference		
VV ECMO	0.37	0.20-0.68	< 0.01
Central	0.33	0.21-0.51	< 0.01
ECMO			
Indication			
Respiratory	1.00	0.64-1.57	1.00
Cardiac	Reference		
Other	1.49	1.11-2.02	<0.01
DNR Status			
Yes	0.53	0.35-0.81	< 0.01
No	Reference		

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

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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