



CLINICAL AND DEMOGRAPHIC PROFILE AND OUTCOME OF PEDIATRIC PATIENTS ON PALLIATIVE CARE MANAGEMENT IN A TERTIARY GOVERNMENT HOSPITAL



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BACKGROUND OF THE STUDY

Palliative Care is an integral part of the multidisciplinary management being given to critically ill and chronic patients. It is a care for patients with serious illness that intends to palliate symptoms, enhance comfort and improve quality of life (Feudtner et al., 2015). These serious illnesses are conditions that pose a great risk of death and typically impose physical, emotional and other distressing symptoms to patients and families. A lot of studies pertaining to palliative care in elderly age groups were made. Palliative care was more prevalent on those population comparing to that of the pediatric age groups.

OBJECTIVE

To determine the clinical and demographic profile and outcome of pediatric patients on palliative care management in a tertiary government hospital.

METHODOLOGY

This was a descriptive cross sectional study. Medical records of pediatric patients admitted at hematology and oncology ward from May 2020 to October 2020 and enrolled in palliative care management. Data analyzed were age, sex, diagnosis, palliative care treatment and outcome. The profile and outcome were determined using frequency and percentage analyzed.

Table 1. Age and Sex Distribution of Pediatric Patients under Palliative Care Management

| Sex | Number (%) |
|------------|------------|
| Male | 41 (72%) |
| Female | 16 (28%) |
| Total | 51 (100%) |
| Age | Number (%) |
| 0-12mos | 0 (0%) |
| 1-4years | 16 (28%) |
| 5-9years | 9 (15.8%) |
| 10-14years | 17 (29.9%) |
| 15-19years | 15 (26.3%) |
| Total | 57 (100%) |

Table 2. Diagnosis of Pediatric Patients under Palliative Care Management in National Children’s Hospital from May to October 2020.

| HEMATOLOGY WARD | |
|--|------------|
| DIAGNOSIS | Number (%) |
| Acute Lymphoblastic Leukemia | 12 (54.6%) |
| Acute Myelogenous Leukemia | 8 (36.4%) |
| Beta Thalassemia | 1 (4.5%) |
| Aplastic Anemia | 1 (4.5%) |
| Others | 0 (0%) |
| TOTAL (N) (%) | 22 (100%) |
| ONCOLOGY WARD | |
| DIAGNOSIS | Number (%) |
| Neuroblastoma | 9 (25.7%) |
| Rhabdomyosarcoma | 6 (17.2%) |
| Osteosarcoma | 4 (11.4%) |
| Hepatoblastoma | 2 (5.7%) |
| Others(Langerhans Cell Histiocytosis, Teratoma, Ependymoma, Adenocarcinoma, Wilms tumor, Lymphoma) | 14 (40%) |
| TOTAL (N) (%) | 35 (100%) |

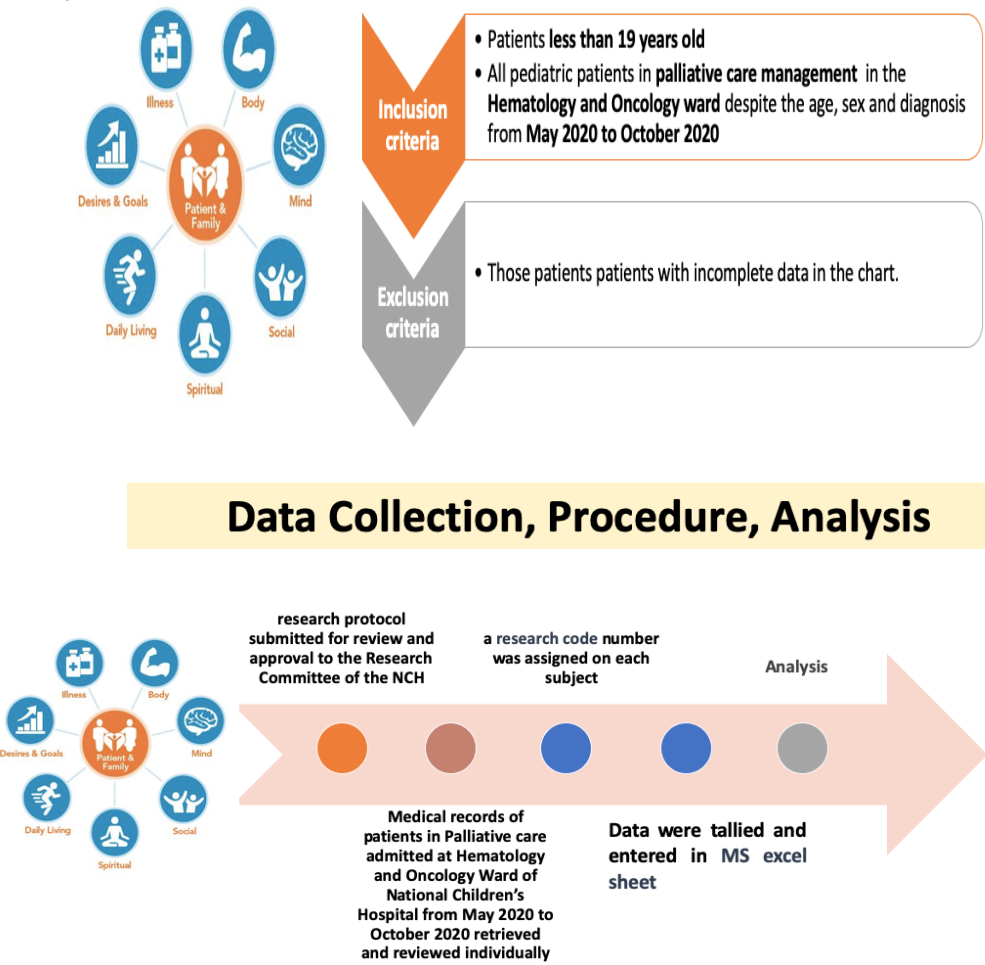
Table 3. Palliative Care Management in National Children's Hospital from May to October 2020.

| HEMATOLOGY WARD PALLIATIVE CARE SERVICE | | | |
|--|-------------------------------|--------------------------------|------------------------------------|
| DIAGNOSIS | PAIN MANAGEMENT Number (%) | END OF LIFE CARE Number (%) | PSYCHOSOCIAL SUPPORT Number (%) |
| Acute Lymphoblastic Leukemia | 4 (50%) | 2 (66.7%) | 6 (54.5%) |
| Acute Myelogenous Leukemia | 3 (37.5%) | 1 (33.3%) | 4 (36.4%) |
| Beta Thalassemia | 1 (12.5%) | 0 (0%) | 0 (0%) |
| Aplastic Anemia | 0 (0%) | 0 (0%) | 1 (9.1%) |
| Others | 0 (0%) | 0 (0%) | 0 (0%) |
| TOTAL | 8 (100%) | 3 (100%) | 11 (100%) |
| ONCOLOGY WARD PALLIATIVE CARE SERVICE | | | |
| DIAGNOSIS | PAIN MANAGEMENT Number (%) | END OF LIFE CARE Number (%) | PSYCHOSOCIAL SUPPORT Number (%) |
| Neuroblastoma | 3 (18.8%) | 4 (44.5%) | 2 (20%) |
| Rhabdomyosarcoma | 4 (25%) | 0 (0%) | 2 (20%) |
| Osteosarcoma | 4 (25%) | 0 (0%) | 0 (0%) |
| Hepatoblastoma | 1 (6.2%) | 1 (11%) | 0 (0%) |
| Others | 4 (25%) | 4 (44.5%) | 6 (60%) |
| TOTAL (N) (%) | 16 (100%) | 9 (100%) | 10 (100%) |

Table 4. Outcome of Palliative Care Management in National Children's Hospital from May to October 2020.

| HEMATOLOGY WARD | | | | | |
|------------------------------|---------------------------------------|-------|---------------------------------------|-------|-----------|
| DIAGNOSIS | Receiving Resuscitative Treatment (N) | | Declining Resuscitative Treatment (N) | | Total (N) |
| | Alive | Death | Alive | Death | |
| Acute Lymphoblastic Leukemia | 0 | 0 | 2 | 10 | 12 |
| Acute Myelogenous Leukemia | 0 | 0 | 3 | 5 | 8 |
| Beta Thalassemia | 0 | 0 | 0 | 1 | 1 |
| Aplastic Anemia | 0 | 0 | 0 | 1 | 1 |
| Others | 0 | 0 | 0 | 0 | 0 |
| TOTAL (N) | 0 | 0 | 5 | 17 | 22 |
| ONCOLOGY WARD | | | | | |
| DIAGNOSIS | Receiving Resuscitative Treatment (N) | | Declining Resuscitative Treatment (N) | | Total (N) |
| | Alive | Death | Alive | Death | |
| Neuroblastoma | 0 | 0 | 4 | 5 | 9 |
| Rhabdomyosarcoma | 0 | 0 | 3 | 3 | 6 |
| Osteosarcoma | 0 | 0 | 1 | 3 | 4 |
| Hepatoblastoma | 0 | 0 | 1 | 1 | 2 |
| Others | 0 | 0 | 6 | 8 | 14 |
| TOTAL (N) | 0 | 0 | 15 | 20 | 35 |

Data Collection, Procedure, Analysis



RESULTS

Of 57 patients studied, majority were male, 15-19 years of age, and are admitted at the oncology ward. Palliative care rendered different type of management. Majority of patients at the Oncology ward received pain management at 45.7% followed by psychosocial support at 28.6% and lastly end of life care at 25.7%. At Hematology Ward, psychosocial support is the most common management given to the patients comprising of 50% followed by pain management 36.3% and lastly end of Life care at 13.7%. All of them decline resuscitative measures. At hematology and oncology ward, majority died.

CONCLUSION

Patients receiving palliative care were mostly male and 15-19 years old. Palliative care management include psychosocial support, pain management and end-of-life care. For patients at hematology ward, psychosocial support was the most common management given. Whereas, at oncology ward, pain management. All of them declined resuscitative treatment. Both in hematology and oncology ward, majority of the patients died.

RECOMMENDATION

Further studies on palliative care on pediatric populations involving other illnesses is recommended. Future researchers with more cases other than malignancies and exploring the family’s role in the management recommended. This will help the Filipino children as well as their families to accept and understand the illness better and prepare themselves for whatever outcome may have.

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