

Nursing interventions to improve Quality of Life in children receiving Palliative Care



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INTRODUCTION

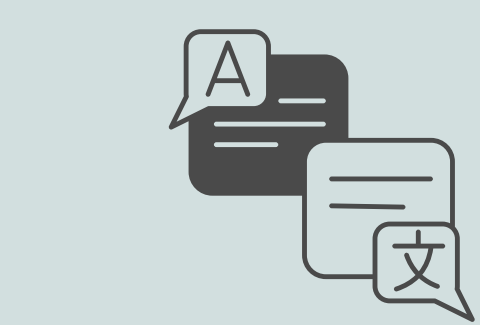
Quality of life is a crucial aspect of Palliative Care. It covers all dimensions of the living experience. Children, despite their age or cognitive capacity, experience it as well. When caring for a child with advanced disease or who is dying, nurses should know the tools and interventions available to act on said child's quality of life. This care should cover the physical, emotional, social, and spiritual dimensions as suggested by the WHO [1].

OBJECTIVE

Identify the characteristics of nursing interventions to improve the quality of life of children receiving palliative care

METHODOLOGY

("Child" OR "Child preschool") AND
("Intervention" OR "Strategy") AND
("Palliative Care) AND ("Quality of life")



English OR Spanish



Centered around the patient



Quality of life measured



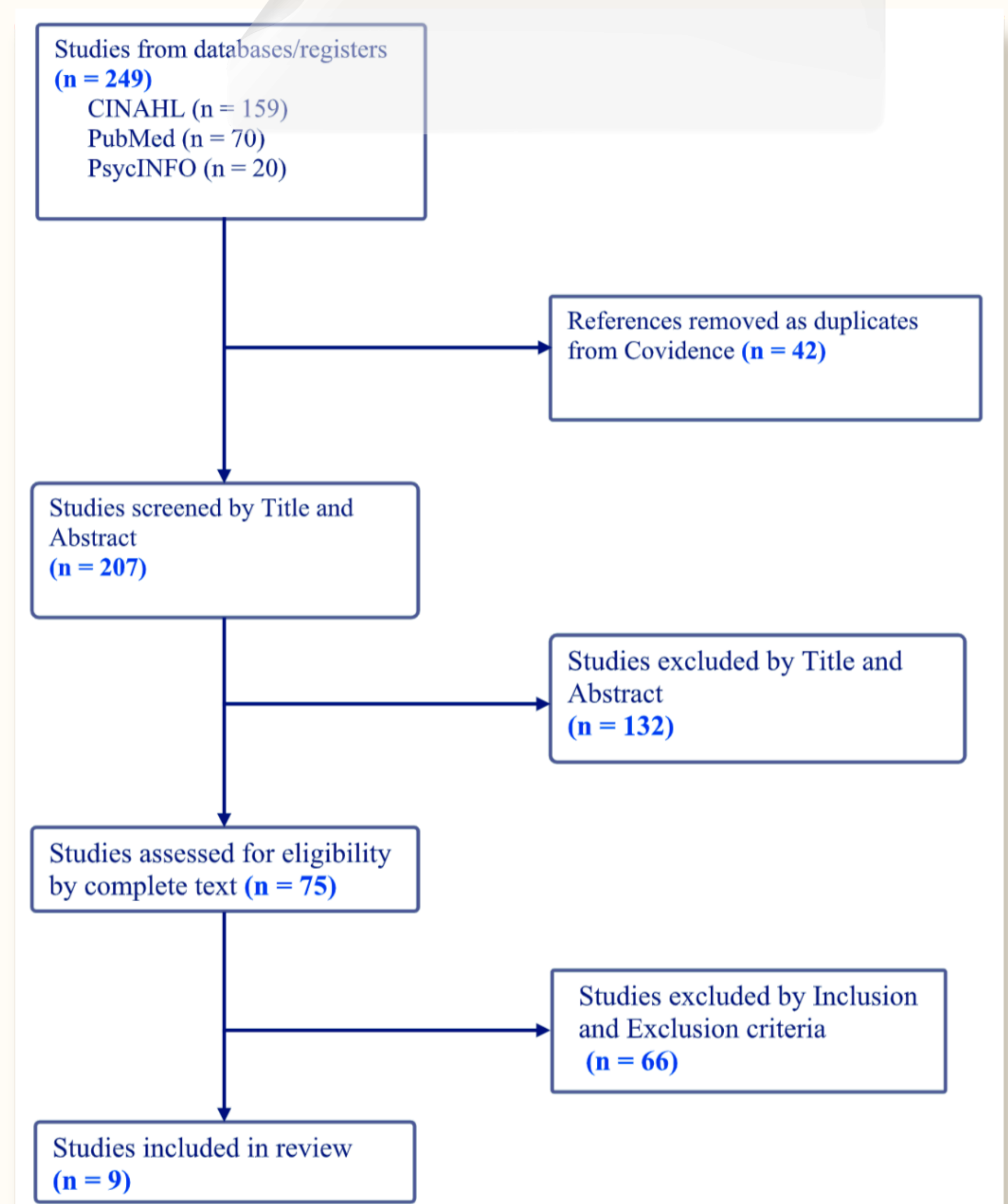
Last 10 years



Done by the nurse



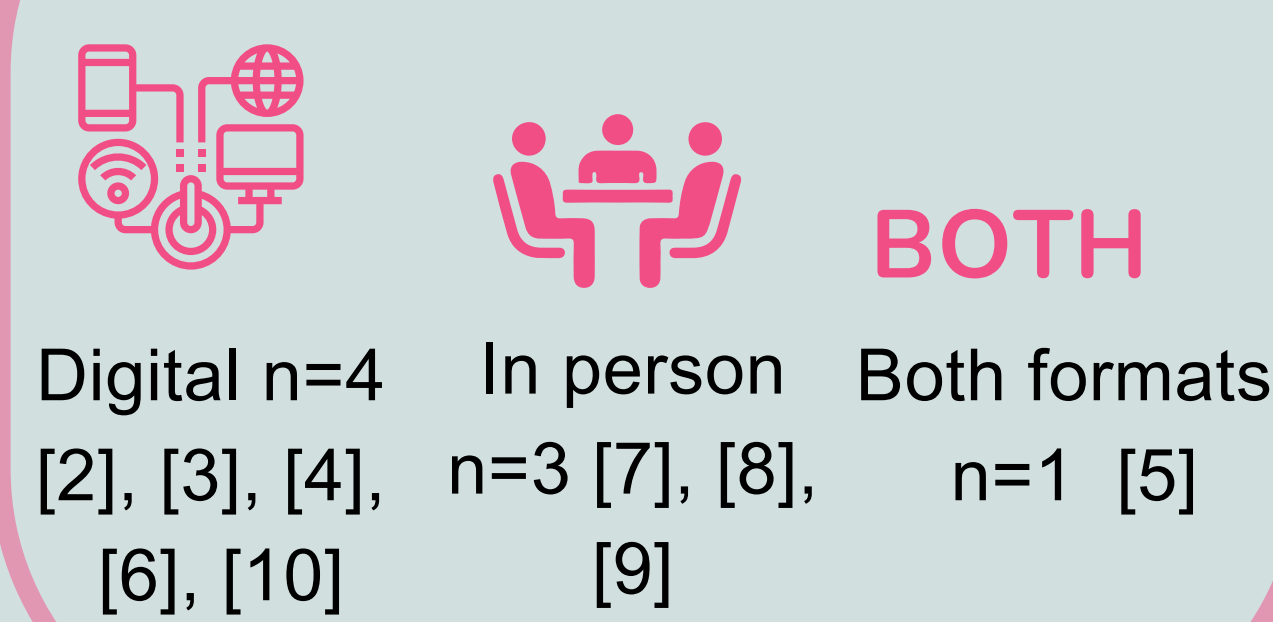
3 to 12 years old



RESULTS

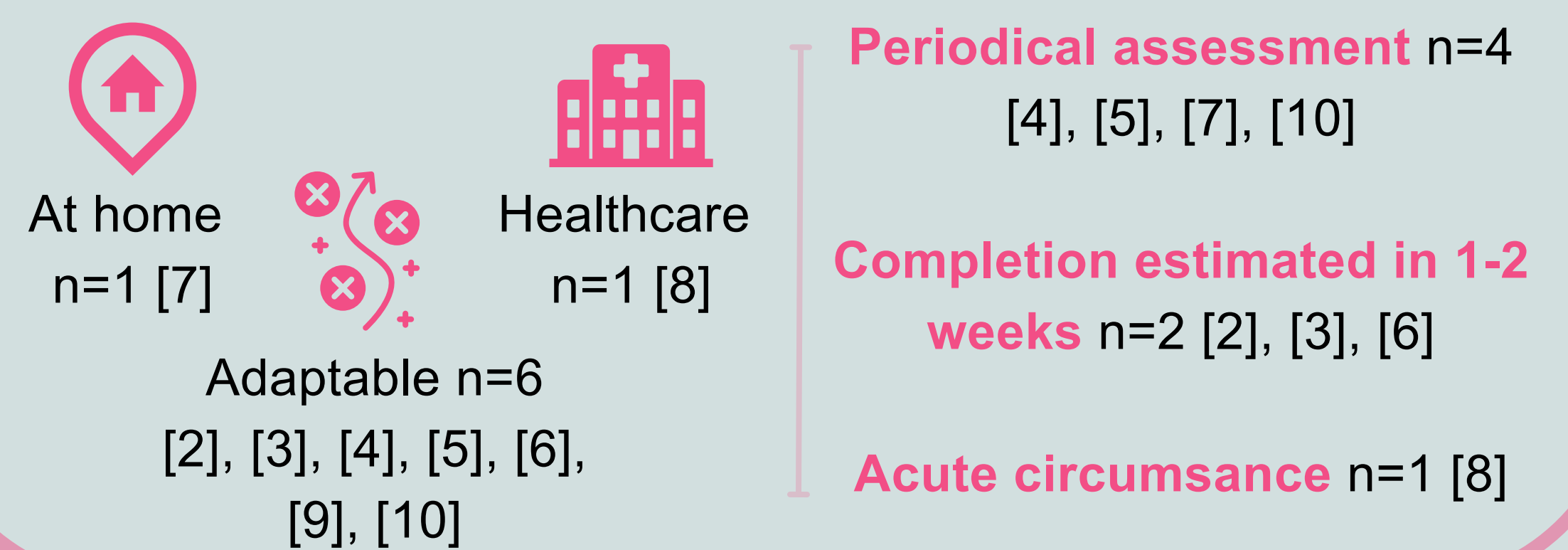
<i>Digital Story Telling: A legacy intervention</i> [2] (trial), [3] (trial)
<i>PediQUEST</i> [4] (trial)
<i>PediQUEST Response</i> [5] (protocol study)
<i>Tablet Game KETO</i> [6] (trial)
<i>Home-based palliative intervention</i> [7] (trial)
<i>Animal Assisted Interaction</i> [8] (protocol study)
<i>Family Talk Intervention</i> [9] (protocol study)
<i>RESPONSE System</i> [10] (protocol study)

1. FORMAT

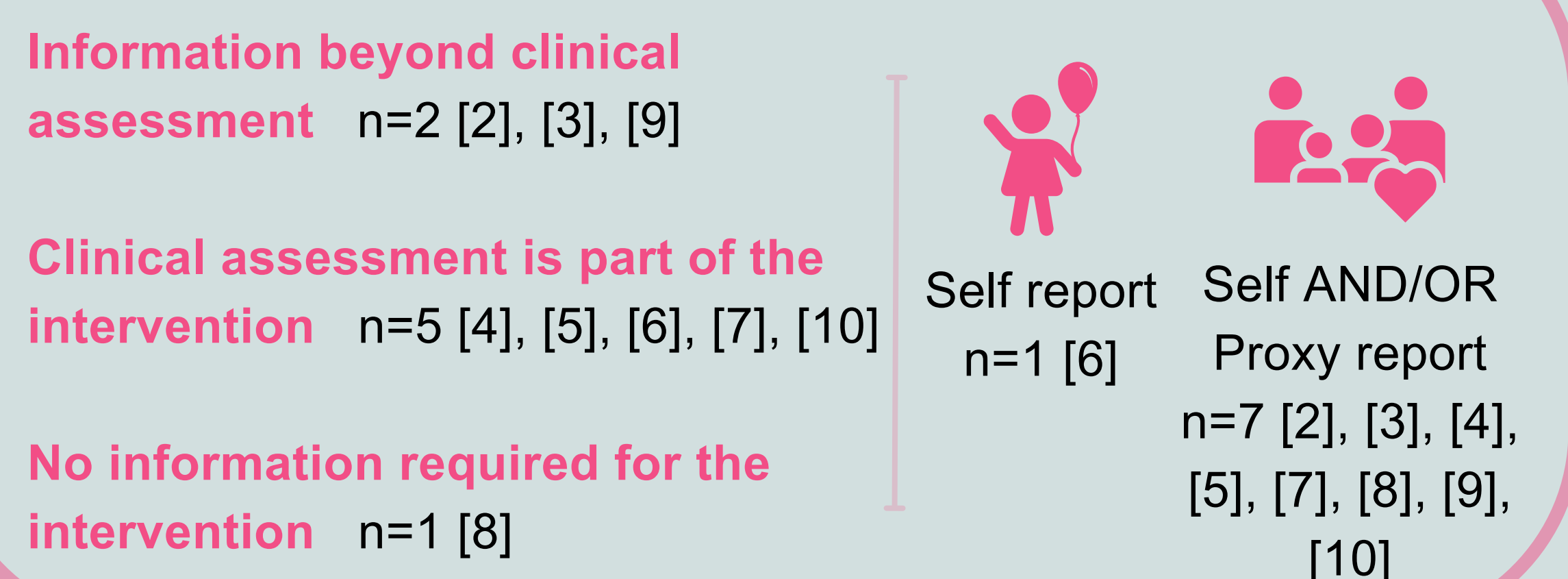


N = 9 articles that talked about 8 different interventions
n= number of interventions for each result

2. LOCATION AND TIME



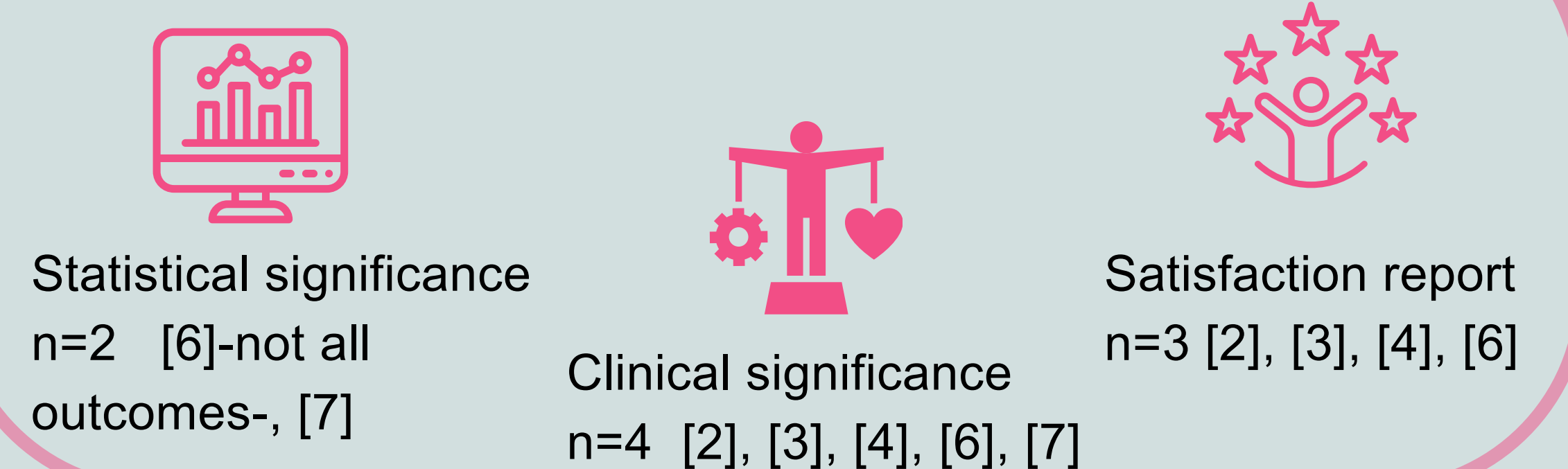
3. TYPE OF INFORMATION AND REPORTERS



4. INSTRUMENTS AND DOMAINS

PedsQL 4.0: physical, emotional, social, and school functioning n=5 [2], [4], [5], [8], [9]	Memorial Symptom Assessment Scale (MSAS): psychologic, physical, global distress n=1 [6]
PedsQL 3.0: pain, nausea, procedural anxiety, treatment anxiety, worry, cognition, perceived physical appearance, communication n=4 [3], [7], [8], [10]	PediQUEST-MSAS: symptom burden n=2 [4], [5]
KINDL-CM: physical and mental state, physical burden and treatment burden n=1 [6]	Edmonton Symptom Assessment Scale (ESAS): just for pain, sleep disturbance, anorexia n=1 [7]
Faces scale; Visual Analogue Scale (VAS): pain n=3 [4], [5], [10]	State-Trait Anxiety Inventory (STAI): anxiety n=1 [8]

5. SIGNIFICANCE AND SATISFACTION



CONCLUSION

This review describes the characteristics of the latest nursing palliative interventions to improve the quality of life in children. Most interventions have a **digital** format. This makes the location of the intervention an **adaptable** matter, enabling care in the preferred place. Many interventions consist of **periodical clinical assessments**, and in all the **patient** was intended to be a reporter. All interventions understood quality of life **multi-dimensionally**. Lastly, significance was measured in the trials, of which one demonstrated statistical significance in some outcomes, and only one was fully significant in all. All trials referred to be **clinically significant** to some degree, and those studies that included satisfaction reports were positive.

Investigation: Developing more clinical trials due to the high number of protocols found.

Teaching: on the multidimensional perspective and importance of palliative care.

Clinical practice: implementing the interventions here in the real clinical practice.



BIBLIOGRAPHY

