



Paediatric Palliative Care Guidelines

September 2022



Overview

This document offers practical guidance to professionals who are caring for a child or young person who has been identified as requiring 'palliative care' or who may be approaching the end of their life and so likely to require end of life (EOL) care in the near future.

What is paediatric palliative care?

Paediatric palliative care (ACT/RCPCH definition):

- Is an active and total approach to care from the point of diagnosis through child's life, death and beyond. It embraces physical, emotional, social and spiritual elements and focuses on enhancement of quality of life and support for the family.
- Includes management of distressing symptoms, provision of short breaks and care through death and bereavement.
- Addresses the whole experience and is not about cessation of treatment and is often integrated alongside active interventions and treatment.

What is end of life care?

End of life care is the care a child and family receive in the last few days or weeks leading up to the child's death. Medication and interventions are reviewed in relation to their appropriateness throughout this time.

When should paediatric palliative care be introduced?

Evidence has shown that families with a child with a life-limiting or life-threatening condition value the ongoing support from professionals experienced in palliative care, including psychological and spiritual support along with symptom management, from the point of diagnosis. However, palliative care is often only considered right at the end of child's life. There are often times during the child's illness that families need to be supported to make difficult decisions, for example about review of treatment goals. Professionals may be better able to support this process if they have already had the opportunity to build a relationship with the child and family allowing sensitive discussions to take place. Involvement of professionals with an interest in palliative care can be made at any point from the diagnosis of a life-limiting or life-threatening illness to support these discussions or for further advice.

Palliative care services provided by Newcastle Upon Tyne Hospitals

http://nuth-

<u>intranet/cms/GeneralInformation/CoronavirusInformation/Clinicalguidance/EndofLife.a</u> spx

http://nuth-

<u>intranet/cms/Portals/0/End%20of%20Life%20Care/Palliative%20and%20End%20of%20Life%20Care%20Guidelines%202021-DOWNLOAD.pdf</u>

CYPOONS

Based in Great North Children's Hospital, the CYPOONS team (Children and Young People's Oncology Outreach Nurse Specialists) provide specialist palliative and end of life care to patients across the North East and Cumbria with a cancer diagnosis.

North East and North Cumbria Paediatric Palliative Care Collaborative (previously named 'network')

This group supports educational events and clinical case discussions and brings together individuals interested in paediatric palliative care from accorss the region. The Regional SCN leads (Dr Helen Aspey and Suzanne Garbarino) represent the paediatric population wihtin the all age network.

CHIPS

Children's Holistic Integrated Palliative Care Service (CHIPS) has been in place since October 2020, based in Newcastle Upon Tyne Hospitals and providing regional specialist paediatric palliative care across North East and North Cumbria.

CHIPS supports families and children with life limiting and shortening conditions, and the professionals caring for them, throughout a child's life. Families living with an oncology diagnosis will continue to be supported by the CYPOONS team.

The service works alongside existing teams caring for children with life limiting and shortening conditions. The team consists of four doctors and three nurses from a range of backgrounds, but all with a special interest and experience in palliative care. The team is supported by an admin assistant.

The CHIPS team



Dr Helen Aspey (Head of Department) TEL: 0191 9177572



Dr Ellie Bond TEL: 0191 9177572



Dr Jo Elverson TEL: 0191 9177572



Dr Jane Boyle TEL: 0191 9177572



Clinical Nurse Specialist Rebekah Hoskins TEL: 0191 9177570



Clinical Nurse Specialist Christine Mackerness TEL: 0191 9177570



Clinical Nurse Specialist Allison Shiell





Administrator Alison Kinsey TEL: 0191 9177570

The Service

The team offers specialist palliative care management and advice to patients, families and professionals. We provide inpatient support for the Great North Children's Hospital for Children and outreach for children being cared for across the region at home, local hospital or hospice.

The services offered by the team include:

- Introducing palliative care support to families at diagnosis
- General advice and support for teams working with families and children with life limiting conditions
- Support with anticipatory and emergency healthcare planning
- Complex symptom management
- Coordinating and supporting end of life care, at preferred place of death. Planned on an individual basis and in collaboration with local teams
- Supporting decision making; particularly in the context of complex ethical decision making or decision making around life sustaining therapy
- Signposting to local bereavement support services

Staff support: Pre- and debriefs relating to a patient's death, and other
professional meetings, at Great North Children's Hospital, other local hospitals,
hospices and in the community.

Referrals and Contact Information

CHIPS provides a 7 day/week service, operating within office hours, for the whole of the region.

Referrals can be made by any healthcare professional. If a patient needs to be assessed by a member of the team the named consultant for the child must give approval.

The team will ask you to compplete a referral form to ensure they have all the relevant information about the child and their family (see below).

Tel: 0191 9177570

Monday – Friday 8 am – 6 pm

Saturday – Sunday 9 am- 5 pm

Referral Line (24 hour)

NECTAR 0191 2826699 option 5

(Response next day from 9 a.m.)

General email:

nuth.chipsdoctors@nhs.net

nuth.chipsnurses@nhs.net

Living with a life limiting condition

How can CHIPS help?

- Coordinating/supporting local MDT support
- Signposting to other organisations Rainbow Trust, Local Offer, charities
- Making decisions/plans support writing Emergency Healthcare Plans
- Supporting difficult discussions

When is the 'right time' to refer?

- From diagnosis if appropriate, or at times of deterioration or change
- Phone for advice if unsure

End of Life Care

How can CHIPS help?

- Symptom management
- Place of care and exploring wishes
- Support writing Emergency Health Care Plans
- Supporting discharge to preferred place of care
- Supporting discussions and decisions around DNACPR

Rapid Transfer Home

- CHIPS can support professionals to arrange rapid discharges home or to an alternative place of care (for example local hospice) accommodating children/young people and families wishes where possible
- See Appendix B for Rapid discharge checklist

After Death

Please consider the following:

- Medical certification of death
- CDOP process
 - Link to Trust guidelines on child death <u>Intranet > Support Services ></u>
 Safeguarding Children and Adults > Child Death > Policies and procedures
 - o https://www.ecdop.co.uk/NorthandSouthTyne/Live/public
- Post Mortem and Coroner
 - Chaplaincy 48129
 - o Mortuary 24421
 - Coroner checklist See Appendix C
 - Coroners referralportal Referrer Details (icasework.com)
- Organ donation contact Specialist Nurses Organ Donation 03000203040
- Bereavement support
 - The Chaplaincy team are trained to provide mental health first aid and to refer to other agencies as appropriate
 - o Discuss with Hospital bereavement officers (2231146 (FRH) 2824348 (RVI)
 - For Local Authority berevement referrals email bereavementreferrals@newcastle.gov.uk
- CHIPS are happy to facilitate staff debriefs for teams
- It is good practice to offer a follow up meeting with families after death.

Useful Resources

- NICE Guidelines "End of life care for infants, children and young people with life-limiting conditions: planning and management"
 - https://www.nice.org.uk/guidance/ng61
- https://www.appm.org.uk/guidelines-resources/appm-master-formulary/
- ReSPECT document (link)
 CYPACP Child & Young Persons Advance Care Plan
- Emergency Health Care Plan <u>EHCP-Doc-Final-Version-May-2021-E-Fillable.docx</u> (live.com)
- DNACPR DNACPR-NHS-Print-form-v17a-2018.pdf (northerncanceralliance.nhs.uk)
- Local offer link for information on local services
 https://www.newcastlesupportdirectory.org.uk/getting-started-newcastle-local-offer

Appendix A

Referral Form

REFERRAL FORM

Please send to: nuth.chipsnurses@nhs.net

For Urgent Referrals please contact CHIPS Nursing Team: 0191 9177570 (Monday-Friday 0800-1800, Saturday-Sunday 0900-1700)

Patient Details					
NAME:		DATE OF BIRTH:			
		GENDER:			
ADDRESS:		NHS NUMBER:			
		PREVIOUS NAMES?			
ETHNIC GROUP:		INTERPRETER REQ:	Y	N	
RELIGION:		LANGUAGE:			

In the event of only one Parent/Carer please provide details of a 2nd Emergency Contact in the Parent/Carer Detail No.2 Box

PARENT / CARER NO.1 DETAILS			PARENT / CARER NO.2 DETAILS			
NAME:			NAME:			
Relationship to Child:			Relationship to Child:			
Telephone No:			Telephone No:			
Address:			Address:			
Email Address:			Email Address:			
Does this Person have Parental Responsibility?	YES	NO	Does this Person have Parental Responsibility?	YES	NO	
If NO please state	who holds par	ental respons	ibility in the boxes b	pelow		
Name:			Name:			
Relationship to Child:			Relationship to Child:			
Address:			Address:			
Telephone No:			Telephone No:			

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SIBLINGS:	Yes/No		
Names(s)		Age and DOB:	
Diagnosis			
J			
Reason for referral			
(Examples of reason for			
Symptom Control, Adva Planning, Support aroun			
care at the end of life)	ra ocoramianing		
Medications			
Allergies			
Any other important in	formation:		
(Any other medical historial	ory or social history		
which is important for th aware of)	e team to be		
aa.o o.,			

Key Agencies involved	d:		
	Name	Postal Address & Email Address	Tel No.
GP Name & Practice			
Lead Consultant			
Community Paediatrician			
Community Nurse			
Health Visitor			
Social Worker			
Hospital Agencies	Name	Postal Address & Email Address	Tel No.
involved:			
Other Consultants			
Specialist Nurse(s)			
e.g. Epilepsy			
Gastro			
Cardiac Continuing Care			
3			
Community Agencies	Name	Postal Address & Email Address	Tel No.
involved:			
School Nurse			
School/Nursery			
Physiotherapist			
ОТ			
SALT			
Dietician			
Short Break provision			
Other			

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REFERRER DET	AILS		
Name:			
Address and cont	act number:		
Parental consen	t to referral?		
DATE OF REFER	RRAL:		
	Immediate (Please	phone to discuss)	
URGENCY:			
	Urgent- within 24hı	rs (Please phone to discuss)	
	Soon- Within 1 wee	ek	
	Planned routine rev	view	

Appendix B Rapid Discharge checklist Rap	oid Discharge Date of	e Checklist f Discharge				
Doc	umentation	and Comr	nunication			
Planning MDT Attendance						
CHIPS CYPOONS PICU (F	RH/GNCH)	NECTAR	Parent team	Loc	al Team 🗌 🛮 Hosp	oice
Transport						
Outcome Transport plan summary	Where:		by W	/hom:		
Family transport: safety assessed	De	ecision re fan	nily member ir	n NECTAR	Ambulance	
DEATH IN TRANSPORT DISCUSSED WITH	FAMILY	de	stination if die	s enroute	e: home/hospice/ h	ospital
DNACPR						
Completed stored in patient	notes	hardco	pies to family		reviewed by tea	ms
EmHCP						
Updated stored in patient	notes	hardco	pies to family		reviewed by tea	ms
Symptom management plan						
Completed stored in patient	notes	hardcop	ies to family		reviewed by tea	ms 🗍
Other						
GP updated CCN team u	pdated	Specia	list teams invo	lved upda	ated:	
NEAS special patient note Completed and	d emailed	<u> </u>		📗		
Local Coroner informed of expected deat	:h	<u> </u>				🗌 📗
Home assessment Access to home for patient/ trolley	Steps Road Rear Access Internal logisti Patient Mobili		Power point Syringe drive		e / extension cable	
Professional Support						
Plan re community team						
Plan Re CHIPS / NECTAR						
Family Communication Assessment						

Procedures at the Time of Death

Consumables

Family provided	d with wr	ritten and v	erbal informat	ion on proce	dures at the	time of death	1	
		Issue		Discussed		Outo	come	
What to do / v	vho to co	ontact whe	n child dies					
Medical certifi	cation o	f death						
Requirements	for crem	nation						
Likely changes	to the c	hild's body	following deat	:h				
Organ / tissue	donatio	n requirem	ents					
Registering the								
Organising a fu	uneral							
				NICAL STA				
PICU Patient:	Ventila	tion settin	gs: P r	ate	Fio2	itime		
	Infusio	ns:						
	Observ	ations: HR	E	3P	SpO2	Co2	Access	
	Misc: A	ccess	Γ	Orains	0	ther:		
All Patients	Assess	ment:						
	Symptoms:							
Surprise quest	ion time	e:						
Airway								
Suction machi	ne Y/I	N F	amily training	g	Tracheos	tomy trainin	g NA/	/ / N
Breathing			•	-	1	•		
Breathing chai	nges dis	cussed wit	th family Y	/N				
Oxygen requir	ement	Y/N	Supply c	organised by	/ :			
Drugs								
Just in Case box	stocked	l:	,	IV Lo	cked Box Sto	ock:		
Drug		Expiry	No. supplied		Drug		Expiry	No. supplied
Elimination								
Plan discussed v	with fam	ily to moni	tor urine and b	owel functio	on			
Feeding & Fluid	l							
Feed plan famil	y inform	ed & record	ded in Symptor	m managem	ent plan	Stop feeds 2	hours before	e transfer 🗌
Hygiene and Sk	in integr	rity						
Assessment of	oalliative	care need	s: Pressure reli	ef mattress /	/bed	Contine	ence aids	
Infection								
Plan for infection	n agreed	d 🔲 Comi	munity Antibio	tic Treatmen	nt provided in	Just in Case I	oox 🗌	

ITEM	V	ITEM	V	ITEM	√
Gloves		Medicinal feed		Clinical waste bags	
Syringes		Giving sets		Sharps Bin	
SC cannula: Gauge		Ph Paper			
Needles: Gauge		Suction catheters			
Extensions lines		Trache box			

Bereavement Support

Provision of books / media / support organisation in	formation on Ber	reavement		
Provision of Memories box / CHIPS advice leaflet	Prov	ision of sibling berea	vement media	

Follow up contact offered to family	Date Followed up / signed:					
	Additional Notes Please include further information on home assessment, professional support, communications assessment – interpreter requirements, earning disability, vision/hearing impairment, plan on arrival home)					

HOSPICE Information for Professionals

To be completed after NECTAR visits to Hospices

	,	,	,
Butterwick			
Jigsaw			
8			
St. Oswalds			
Zoe's Place			