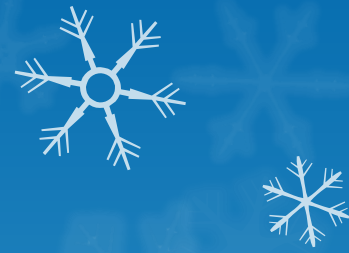


Care of Terminally Ill in Paediatrics

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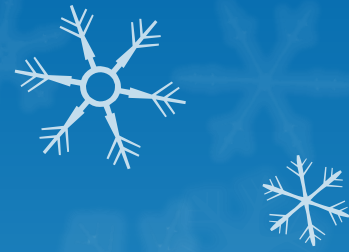


Sister Finton



Mortality rate highest in neonatal period

Patients admitted to NICU and PICU for different illnesses



Causes of neonatal and paediatric mortality



- 1. Newborn: Prematurity, lethal congenital malformation, perinatal asphyxia, congenital infection and inborn error of metabolism
- 2. Older Children
 - A. acute- traffic accident, injury at home, child abuse
 - B. chronic- neurological problem, leukaemia and malignancy, congenital and acquired heart disease

Case Scenerio in Neonatal Period(1)

- Male 26 week 700 gram birthweight
- Paediatrician standby and resuscitated at birth with intubation
- Admitted to NICU for intensive care
- Surfactant deficiency requiring surfactant therapy and ventilator therapy
- Parents interviewed and clinical condition explained

Case Scenerio in Neonatal Period(2)

- Day 3 ventilator dependent and patent ductus arteriosus detected and drug therapy
- Day 7 ventilator therapy still required high pressure. Developed abdominal distension and necrotising enterocolitis and more antibiotics given for clinical sepsis
- Day 10 condition deteriorated with progressive abdominal distension and paed surgeon consulted

Case Sceneio in Neonatal Period (3)

- Day 11 perforation of NEC confirmed by X ray and laparotomy done with excision of gangrenous bowel
- Day 13 no clinical improvement and died 302 hours after birth
- Parents counselled and remains taken care by the Hospital
- Parents did not turn up for bereavement counselling 4 weeks later

Ethical Issues in Neonatology

- 1. how small is too small?
- 26 weekers (USA) 14% died and 86% survive
 - 10% severely disabled
 - 67% mild to mod disabled
 - 23% no disability
- 2. withhold life support in gravely ill

Effective and Empathetic Communication with Parents

- Sincere attitude and competent doctor
- Team work and interviewed by consultant at an early stage
- Multidisciplinary approach and interview parents together with obstetrician and surgeon etc.
- Medical social worker input and need of pastoral care worker and clergies etc.
- Baptism and religious rituals before and after death
- Bereavement interview and autopsy findings
- Disposal of remains and ceremonies

Case Scenerio in Older Children (1)

- Male 13 years old
- Cooley's anaemia and required hospital admission for blood transfusion regularly
- Iron overload and develop recurrent episodes of heart failure
- Repeated admission to hospital for severe respiratory distress and clinical condition fully explained to the patient and his parents

Case Scenerio in Older Children (2)

- Strong bonding with young doctors and nurses in the hospital
- Attend Red Cross School and given homework, occupational therapy, music and art therapy
- Good relationship with hospital pastoral care workers and hospital chaplains
- Referred to medical social worker and clinical psychologist for counselling and support
- Died in peace without ICU care
- Parents supported and memorial service held with cremation afterwards
- Bereavement interview and outstanding emotional problems of parents discussed

On Death and dying(Kubler-Ross)

- Stages of denial, anger, bargaining, depression and acceptance
- Can be mixed with each other
- Psychological support
- Religious books, cross and relics
- Prayer book and book on positive thinking
- Wishing well Foundation and film star
- Communications with school teachers, classmates, friends and relatives via mobile phone, get well card, drawing, art work and letters

Paediatrician

- Special privilege to deal with and help newborns and children and their families to go through difficult periods in life such as illness and bereavement
- You are paid to do good to the community and obtain grace from God in doing so

