

Nursing in Paediatric Palliative Care

Abstract

For kids with life-threatening illnesses and their families, palliative care is a type of patient- and family-centered care that improves quality of life throughout the course of the illness and can lessen symptoms, discomfort, and stress. In order to improve life and lessen suffering for these kids and their families, this paper intends to raise nurses' and other healthcare professionals' awareness of a few recent research endeavours. Based on gaps in the literature on paediatric palliative care, topics were chosen. Selected elements of paediatric palliative nursing care, such as (I) examples of interventions (legacy and animal-assisted interventions); (II) international studies (parent-sibling bereavement, continuing bonds in Ecuador, and circumstances surrounding deaths in Honduras); (III) recruitment techniques; (IV) communication among paediatric patients, their parents, and the healthcare team; (V) training in paediatric palliative nursing, were described using published articles and authors' ongoing research. Nurses are in a prime position to support the community, promote the science of paediatric palliative care, and offer palliative care for children at the bedside [1].

Keywords: hospice and palliative care nursing . palliative care . palliative nursing . pediatric nursing

Introduction

Patients and their cares are supported by palliative care through a team approach. This comprises attending to practical requirements and offering bereavement counselling. It provides a system of assistance to assist patients in remaining as active as possible until death. The human right to health specifically recognises palliative care.

People with serious illnesses can receive specialised medical care called palliative care. Relief from the illness's symptoms and stress is the main goal of this kind of care. The objective is to enhance the patient's and the family's quality of life. A specifically trained group of physicians, nurses, and other professionals who collaborate with a patient's medical clinicians to offer an additional layer of support provides palliative care. Palliative care is based on the patient's needs rather than their prognosis. At any age or stage of a serious illness, it is suitable, and it can be given in addition to curative care.

The largest group of licenced health professionals who provide palliative care in a variety of clinical settings is the nursing profession. In the past, a solid philosophy of care that is well-articulated in palliative care policy, research, and practise has shaped palliative care nursing. Indeed, regardless of the speciality or clinical situation, palliative care is now regarded as a crucial aspect of nursing practise. But there has been a change in the delivery of palliative care. The mainstreaming and upstreaming of palliative care, the predominance of a biomedical model with growing medicalization and specialisation, and these trends are expected to have an impact on nursing practise. This discussion paper will examine the impact of philosophy on nursing knowledge and theory in the context of an evolving model of palliative care using a critical reflection of the author's personal experiences and supported by literature and theory from seminal texts and contemporary academic, policy, and clinical literature [2-6].

When a person or their family is dealing with a life-limiting or life-threatening illness, palliative care is used to encourage symptom control and quality of life while also attending to their physical, psychosocial, and spiritual needs. 15 Another name for the care provided to persons with terminal illnesses, typically those who are nearing the end

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of their lives, is hospice care. Hospice and palliative care both focuses on the holistic components of a patient's well-being for individuals with advanced illnesses. We identified a number of aspects of correctional environments that prevent the provision of palliative and hospice care and attention to the psychological, social, and spiritual needs of people who are dying while incarcerated and their families. This was done through a scoping review of the literature (broadly and subjectively defined).

Discussion

Enhances life quality

Teams providing palliative care put quality of life first. They assist those who are dealing with the symptoms and strain of debilitating conditions like cancer, congestive heart failure, chronic obstructive pulmonary disease, kidney disease, Alzheimer's, Parkinson's, Amyotrophic Lateral Sclerosis (ALS), and many more.

Aids in aligning treatment options with your objectives

Additionally, the palliative care staffs take the time necessary to assist you in aligning your treatment options with your goals. Additionally, they will make sure that all of your doctors are aware of and comprehend your wishes. Your quality of life will increase and you will have greater control over your care.

Combines efforts with your other doctors

Specialists on palliative care teams collaborate with you, your family, and your other doctors. When you need it most, they offer an additional layer of support. The palliative care team works closely with all of your doctors to ensure that everyone is on the same page, in addition to treating your symptoms and stress and offering support to you and your family. Every step of the process, they are there for you.

Paediatric palliative care education

Most practising doctors, nurses, and other healthcare professionals are not currently trained to have conversations with patients and families about paediatric palliative care. The exclusion of nurses from discussions with families regarding the patient's diagnosis and prognosis by physicians may be a result

of a lack of inter-professional training among clinicians. However, studies have indicated that paediatric clinicians who communicated dismal prognoses and initiated early discussions about paediatric palliative care greatly increased parental hope. A physician's ability to communicate empathically may be improved by communication training, and parent satisfaction with provider communication may be increased when doctors and nurses collaborate in palliative care discussions.

Patients, their families, and physicians can all access helpful communication manuals. The recommendations recognise the value of trustworthy connections and the necessity to exercise caution when deciding how to listen to one another, share information, and express emotions. In fact, the three most crucial steps in paediatric palliative care, according to specialists, are (I) listening, (II) listening, and (III) listening. To facilitate conversations about wishes for end-of-life care, The Conversation Project was created. The Conversation Starter Kit is helpful in facilitating discussions about end-of-life wants and objectives with family members or other close loved ones [7-10].

Conclusions

Of course, nurses play a big part in taking care of kids who have life-threatening illnesses or who are already dying from them. The science of paediatric palliative nursing care needs to be further developed in order to better understand how to prolong life and lessen suffering for these defenceless kids and their families, who are at a high risk of adverse outcomes. The field is generally prepared to extend study populations to include non-cancer diseases and to transition from descriptive to therapeutic work. Nursing researchers must step up and pave the way to develop and carry out rigorous interdisciplinary studies to further advance the science of paediatric palliative care. Paediatric palliative care nurse researchers must take advantage of funding opportunities, such as the National Institute of Nursing Research funding for palliative care and EOL research, seek leadership positions within national palliative care organisations, such as the Hospice and Palliative Nurses Association, and mentor students and junior scientists to create the next generation.

To provide the greatest clinical care to children and their families and to support the community at large, it is crucial to pay more attention to better preparing nurses at the bedside and other healthcare workers in paediatric palliative care. Finally, nurses are in a prime position to close any gaps that may exist between specialists from different fields, kids and their families, researchers and clinicians, students and role models, local governments, and politicians so that we can all work together to improve the lives of kids with life-threatening conditions and their families.

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