The palliative care team is frequently involved in the care of high-risk pediatric oncology patients and this involvement seems to be widely accepted by patients and families.

**METHODS**

This was a chart review of patients treated for a new oncologic disease diagnosed between 1/1/2018-12/31/2018.

Aims:
- To examine patterns of palliative care referrals among a pediatric oncology population
- To determine acceptability of palliative care referrals among parents/caregivers of pediatric oncology patients (based on their willingness to speak with palliative care)
- To document any additional information regarding reasons that patients/parents refuse palliative care referrals

Data was collected from the EMR for each patient and included:
- Medical record number
- Type of cancer
- Date of diagnosis
- Palliative care referral (yes/no)
- Date of palliative care referral
- Indication for referral
- Reason for refusal of palliative care consult if documented

Findings were documented in an Excel spreadsheet and analyzed.

**RESULTS**

- 67 patients were newly diagnosed with an oncologic disease in the one-year period
  - 38 male, 28 female
  - Age range 5 months-19 years

- 23 patients (34%) had palliative care referrals placed at some point in their illness
  - Palliative care referrals were automatically triggered for diagnoses requiring a bone marrow transplant or involving relapsed disease
  - Twelve referrals were at initial diagnosis
  - Most common diagnosis was high-risk neuroblastoma
  - Four referrals were during periods of critical illness such as a PICU admission
  - Two were for progression of disease
  - Five were for relapse of disease

- Patients and families were overall very receptive to palliative care involvement
- Only one family declined initial referral, although agreed to palliative care involvement on a future attempt

**BACKGROUND**

Early integration of palliative care is beneficial to children with life-threatening conditions such as cancer
- relief of physical symptoms
- reduced emotional distress
- improved coordination and communication

Referrals to palliative care often occur late in the illness trajectory or not at all
- Barriers include:
  - concerns about overlap between oncology team and palliative care team
  - conflicting philosophy
  - patient readiness

This chart review will examine patterns of palliative care referrals among a pediatric oncology population the acceptability of palliative care referrals to parents/caregivers of pediatric oncology patients.

**CONCLUSIONS**

Palliative care was involved in the care of over a third of patients diagnosed with cancer in a one year period.
- Most commonly became involved at initial high risk diagnosis or with progression of disease
- Many of these referrals were automatically triggered based on diagnosis
- Involvement of the palliative care team seemed to be overwhelmingly accepted by patients and parents

**ADDITIONAL KEY INFORMATION**

Next steps:
- Meeting with palliative care team to discuss findings and potential for a future QI project

Resources:

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