

Pediatric Palliative And Hospice Care

For the first time, Pediatric Clinics is devoting one issue to two clinically focused topics: Pediatric Palliative Care and Pediatric Hospital Medicine. Dr. Ottolini has organized her section to focus on a variety of issues of relevant to all pediatricians, but which pose special challenge to the Pediatric Hospitalists. As pediatric care has advanced, children who would not have survived infancy are growing into young adults with complex chronic diseases and dependence upon technology. They frequently require hospitalization to address exacerbation of underlying disease processes and procedures to improve their quality of life. The articles are devoted to patient care challenges of troubleshooting malfunctioning technology, co-managing medically complex patients pre and post-op with surgical colleagues, and the Hospitalist's evolving role in performing procedures and sedation in this population of vulnerable patients. Also discussed rare strategies to maximize communication with parents, patients and primary care providers during hospitalization, especially for medically complex patients. Dr. Ullrich and Dr. Wolfe Pediatric have worked to bring relevant articles on palliative care to the pediatrician. While life-threatening conditions in childhood are rare, children with LTC account for a high proportion of pediatric hospital care, and about one half of such children die in the inpatient setting. The number of hospital-based pediatric palliative care programs has increased dramatically over the past decade to meet the palliative care needs of hospitalized children including symptom management, facilitation of communication, decision-making and advance care planning support, and coordination of care. Given these considerations, it is evident that the topics of pediatric palliative care and hospital medicine are fitting counterparts for this comprehensive issue.

This manual enables individuals working in children's palliative care (CPC) globally to learn through engaging real-world cases. The aim is to provide a clinical case-based resource that is globally relevant and accessible to those working in CPC. Drawing on case histories from around the world that reflect key issues and elements of CPC, it provides a practical approach grounded in experience. It addresses multidisciplinary care in the management of children and their families; discusses cases from an international perspective, and shares examples from a variety of countries, utilising cases across a range of ages and conditions, demonstrating holistic care. It represents the first case-based manual on global CPC and is endorsed and promoted by the International Children's Palliative Care Network (ICPCN). Children's palliative care is a rapidly developing field, both in the UK and internationally. The provision of CPC varies considerably, with provision often being insufficient, and over 65% of countries having no recognised CPC service provision whatsoever. As such, while there are an estimated 21.6 million children who require palliative care, in many areas of the world, CPC is poor or non-existent, and children are treated like little adults without their distinctive needs being recognised or understood. There is also a dearth of literature on CPC, hence this clinical case-based manual fills a gap in the market, and is aimed at a global audience, making it a unique text in the field.

Comprehensive in scope and definitive in authority, this second edition has been thoroughly updated to cover new practices, current epidemiological data and the evolving models that support the delivery of palliative medicine to children. This book is

an essential resource for anyone who works with children worldwide.

The essence of nursing care continually exposes nurses to suffering. Although they bear witness to the suffering of others, their own suffering is less frequently exposed. This slim volume attempts to give voice to the suffering that nurses witness in patients, families, colleagues, and themselves. By making this suffering visible, the authors wish to honor it and to learn from it. The audience includes nurses in all phases of training and practice - from students to educators to clinicians - in the wide array of settings and specialties in which nurses care for patients. The book offers nurses' colleagues in other professions - social workers, psychologists, chaplains, ethicists, and physicians - a rare window onto what it means to practice nursing. Drs. Ferrell and Coyle are also the editors of *Textbook of Palliative Nursing*, 2nd ed (Oxford, 2006). Independently, they have worked more than 50 years in oncology nursing, caring for patients and working to improve the quality of care that patients receive.

Pediatric palliative care is a field of significant growth as health care systems recognize the benefits of palliative care in areas such as neonatal intensive care, pediatric ICU, and chronic pediatric illnesses. *Pediatric Palliative Care*, the fourth volume in the HPNA Palliative Nursing Manuals series, highlights key issues related to the field. Chapters address pediatric hospice, symptom management, pediatric pain, the neonatal intensive care unit, transitioning goals of care between the emergency department and intensive care unit, and grief and bereavement in pediatric palliative care. The content of the concise, clinically focused volumes in the HPNA Palliative Nursing Manuals series is one resource for nurses preparing for specialty certification exams and provides a quick-reference in daily practice. Plentiful tables and patient teaching points make these volumes useful resources for nurses.

In our society's aggressive pursuit of cures for cancer, we have neglected symptom control and comfort care. Less than one percent of the National Cancer Institute's budget is spent on any aspect of palliative care research or education, despite the half million people who die of cancer each year and the larger number living with cancer and its symptoms. *Improving Palliative Care for Cancer* examines the barriers—scientific, policy, and social—that keep those in need from getting good palliative care. It goes on to recommend public- and private-sector actions that would lead to the development of more effective palliative interventions; better information about currently used interventions; and greater knowledge about, and access to, palliative care for all those with cancer who would benefit from it.

This volume provides a concise yet comprehensive overview of patient safety issues and quality improvement for the pediatric hematology/oncology/stem cell transplant practice. The book reviews patient safety in complex healthcare delivery systems, delineates the various safety issues affecting pediatric hematology/oncology patients, and discusses quality improvement methods and improvement science that allow the reader to implement and sustain change in their home institution. The text also explores mechanisms to measure quality and safety outcomes, allowing the provider to implement proven processes shown to minimize harm to patients. Written by experts in the field, *Patient Safety and Quality in Pediatric Hematology/Oncology and Stem Cell Transplantation* is a valuable resource for healthcare professionals treating pediatric hematology, oncology and stem cell transplant patients.

This document is a brief summary of the Institute of Medicine report entitled

When Children Die: Improving Palliative and End-of-Life Care for Children. Better care is possible now, but current methods of organizing and financing palliative, end-of-life, and bereavement care complicate the provision and coordination of services to help children and families and sometimes require families to choose between curative or life-prolonging care and palliative services, in particular, hospice care. Inadequate data and scientific knowledge impede efforts to deliver effective care, educate professionals to provide such care, and design supportive public policies. Integrating effective palliative care from the time a child's life-threatening medical problem is diagnosed will improve care for children who survive as well as children who die-and will help the families of all these children. The report recognizes that while much can be done now to support children and families, much more needs to be learned. The analysis and recommendations reflect current knowledge and judgments, but new research and insights will undoubtedly suggest modifications and shifts in emphasis in future years. The first of its kind, this book describes pediatric palliative care in more than 23 countries. Each region in the world is covered and countries included are both resource poor and rich. Authors are multidisciplinary and regarded nationally and internationally in their field. Clinicians, advocates, policymakers, funders, and researchers will learn how programs were developed and implemented in each country. Authors describe children for whom pediatric palliative care is needed and provided for in their country. When applicable, a brief history of pediatric palliative care is included noting especially policy changes and legislative acts. For example, the chapter on Poland describes how pediatric palliative care grew from the Catholic church into a national movement spearheaded by several health care workers. The Pole national spirit that brought them through a change in political regime has also been a driving force in the pediatric palliative care movement. The chapter on South Africa, for example, illustrates how a resource poor country has been able to leverage philanthropic and government funding to make its dream of having an infrastructure of pediatric palliative care a reality. These are just a few examples of the inspiring stories that are included in this book. Readers from countries who wish to start a pediatric palliative care program, or advance an existing program, will learn valuable lessons from others who have faced similar barriers. Introduction and concluding chapters highlight the strengths and weaknesses of the modern pediatric palliative care movement. This book is a printed edition of the Special Issue "Pediatric Palliative Care" that was published in Children

The first volume in the "What Do I Do Now?: Palliative Care" series, Pediatric Palliative Care uses a case-based palliative care approach to cover common and important topics in the examination, investigation, and management of children with serious illness. Each chapter provides a discussion of the diagnosis, key points to remember, and selected references for further reading. The book addresses a wide range of topics, including the goals of care, symptom management, care for neonatal and adolescent populations, and the emotional,

social, cultural and spiritual needs of ill children and their families. Written by authors from a variety of fields such as nursing, chaplaincy, social work, and psychology, this book is suited for pediatricians, palliative care and hospice providers, nurses, and allied health practitioners. Pediatric Palliative Care is an engaging collection of thought-provoking cases which clinicians can utilize when they encounter difficult patients. The volume is also a self-assessment tool that tests the reader's ability to answer the question, "What do I do now?"

A Really Practical Handbook of Children's Palliative Care for Doctors and Nurses Anywhere in the World offers really practical solutions to common problems faced by health professionals caring for dying children and their families, whatever their culture

For patients and their loved ones, no care decisions are more profound than those made near the end of life. Unfortunately, the experience of dying in the United States is often characterized by fragmented care, inadequate treatment of distressing symptoms, frequent transitions among care settings, and enormous care responsibilities for families. According to this report, the current health care system of rendering more intensive services than are necessary and desired by patients, and the lack of coordination among programs increases risks to patients and creates avoidable burdens on them and their families. Dying in America is a study of the current state of health care for persons of all ages who are nearing the end of life. Death is not a strictly medical event. Ideally, health care for those nearing the end of life harmonizes with social, psychological, and spiritual support. All people with advanced illnesses who may be approaching the end of life are entitled to access to high-quality, compassionate, evidence-based care, consistent with their wishes. Dying in America evaluates strategies to integrate care into a person- and family-centered, team-based framework, and makes recommendations to create a system that coordinates care and supports and respects the choices of patients and their families. The findings and recommendations of this report will address the needs of patients and their families and assist policy makers, clinicians and their educational and credentialing bodies, leaders of health care delivery and financing organizations, researchers, public and private funders, religious and community leaders, advocates of better care, journalists, and the public to provide the best care possible for people nearing the end of life.

This book provides an unique resource for registered nurses working in hospice palliative care at home and for the community, outside of acute care settings and also incorporates literature related to palliative care in acute health care settings, as part of the overall services and supports required. Very few resources exist which specifically address hospice palliative care in the home setting, despite the fact that most palliative care occurs outside acute care settings and is primarily supported by unpaid family caregivers. An overview of the concerns for individuals and families, as well as specific nursing interventions, from all ages would be an excellent support for nursing students and practicing registered

nurses alike. The book structure begins with a description of the goals and objectives of hospice palliative care and the nursing role in providing excellent supportive care. Chapters include research findings and specifically research completed by the authors in the areas of pediatric palliative care, palliative care for those with dementia, and the needs of family caregivers in bereavement. Interventions developed by the editors are provided in this book, such as the "Finding Balance Intervention" for bereaved caregivers; the "Reclaiming Yourself" tool for bereaved spouses of partners with dementia; and The Keeping Hope Possible Toolkit for families of children with life threatening and life limiting illnesses. The development and application of these theory-based interventions are also highlighted. Videos and vignettes written by family caregivers about what was helpful for them, provide a patient-and family-centered approach./div The book will benefit nursing students, educators and practicing registered nurses by providing information, theory, and evidence from research.

Children's palliative care has developed rapidly as a discipline, as health care professionals recognise that the principles of adult palliative care may not always be applicable to children at the end of life. The unique needs of dying children are particularly evident across Africa, where the scale of the problem is overwhelming and the figures so enormous that they are barely comprehensible. Written by a group with wide experience of caring for dying children in Africa, this book provides practical, realistic guidance on improving access to, and delivery of, palliative care in this demanding setting. It looks at the themes common to palliative care - including communication, assessment, symptom management, psychosocial issues, ethical dilemmas, end of life care, and tips for the professional on compassion and conservation of energy - but always retains the focus on the particular needs of the health care professional in Africa. Whilst containing some theory, the emphasis is on practical action throughout. It will provide health care professionals working in Africa, and other resource-poor settings, with the confidence, knowledge, and capacity to improve care for the terminally ill child in constrained and demanding environments.

Have you ever wondered if you calculated your patient's dosage correctly? Against a backdrop of the growing scrutiny of appropriate dosages, this textbook takes a fresh, new approach to helping health professionals strengthen care to and possibly save the lives of patients living with pain. This easy-to-understand and often humorous book is the most comprehensive to-date on opioid calculations for pain management and palliative care. It carefully walks clinicians through a five-step process for performing opioid conversion calculations in the real-world situations they often see. The book has case examples, simple charts and tables, and practice problems throughout on topics such as:· difficult conversions for methadone, fentanyl, PCA, and neuraxial opioid therapy· conversions between routes and dosage formulations of the same opioids and different opioids· titrating opioid dosages up and down to include dosage change and timing· calculating doses for rescue opioid therapy Written by pain management expert Dr. Mary Lynn McPherson, the book gives helpful tips that practitioners should incorporate into their practices. It is a must for clinicians at all levels: hospice and palliative care physicians, physician's assistants, nurses, nurse practitioners, and pharmacists. Clinicians will come away with more confidence in doing the calculations, and higher service levels from the improvement in care.

This unique book is a first-of-its-kind resource that comprehensively covers each facet and challenge of providing optimal perinatal palliative care. Designed for a wide and multi-disciplinary audience, the subjects covered range from theoretical to the clinical and the practically relevant, and all chapters include case studies that provide real-world scenarios as

additional teaching tools for the reader. *Perinatal Palliative Care: A Clinical Guide* is divided into four sections. Part One provides the foundation, covering an overview of the field, key theories that guide the practice of perinatal palliative care, and includes a discussion of perinatal ethics and parental experiences and needs upon receiving a life-limiting fetal diagnosis. Part Two delves further into practical clinical care, guiding readers through issues of obstetrical management, genetic counseling, neonatal pain management, non-pain symptom management, spiritual care, and perinatal bereavement care. Part Three discusses models of perinatal palliative care, closely examining evidence for different types of PPC programs: from hospital-based programs, to community-based care, and examines issues of interdisciplinary PPC care coordination, birth planning, and team support. Finally, Part Four concludes the book with a close look at special considerations in the field. In this section, racial, ethnic, and cultural perspectives and implications for PPC are discussed, along with lessons in how to provide PPC for a wide-range of clinical and other healthcare workers. The book closes with a look to the future of the field of perinatal palliative care. Thorough and practical, *Perinatal Palliative Care: A Clinical Guide* is an ideal resource for any healthcare practitioner working with these vulnerable patient populations, from palliative care specialists, to obstetricians, midwives, neonatologists, hospice providers, nurses, doulas, social workers, chaplains, therapists, ethicists, and child life specialists.

The first resource of its kind, this authoritative handbook holistically addresses the multidimensional aspects of perinatal and neonatal palliative care. Written by an interprofessional team of renowned specialists, it is both a text and an evidencebased reference for all members of the palliative care team. This book helps individual team members forge interdisciplinary approaches to care, assess current programs, improve the quality of care, and tailor new models of care. Encompassing the perspectives of numerous multidisciplinary healthcare providers, the book underscores the unique aspects of perinatal and neonatal palliative care, with a focus on improving quality of life, as well as comfort at the end of life. It describes healthcare for neonates and pregnant mothers, care and support of the family, planning and decision-making, and effective support for grief and bereavement, addressing all palliative and neonatal care settings. Other chapters focus on the prenatal period after diagnosis of the expected baby's life-threatening condition. These include such topics as care of the mother, delivering devastating news, and advance care planning. Each chapter contains photos, figures, and/or tables and case studies with clinical implications and critical thinking questions. Also included is an extensive listing of relevant palliative care organizations. Paintings and poetry provide an artistic backdrop to the authors' inspiring words.

Key Features: Addresses a growing need for specific provider resources in neonatal palliative care
Covers the clinical and emotional aspects of palliative care for babies and their families
Abundant resources for effective and compassionate family-centered care
Case studies with critical thinking questions
Accompanying video clips of healthcare and family interactions
Supplemental image bank included

Comprehensive in scope, exhaustive in detail, and definitive in authority, this third edition has been thoroughly updated to cover new practices, current epidemiological data, and the evolving models that support the delivery of palliative medicine to children. This book is an essential resource for anyone who works with children worldwide.

50 Studies Every Palliative Doctor Should Know presents key studies that have shaped the practice of palliative medicine. Selected using a rigorous methodology, the studies cover topics including: palliative care, symptom assessment and management, psychosocial aspects of care and communication, and end-of-life care. For each study, a concise summary is presented with an emphasis on the results and limitations of the study, and its implications for practice. An illustrative clinical case concludes each review, followed by brief information on other relevant studies. This book is a must-read for health care professionals and anyone who

wants to learn more about the data behind clinical practice.

Hospice and Palliative Medicine and Supportive Care Flashcards is a comprehensive, evidence-based book of flashcards for clinicians caring for patients who require hospice and palliative care and supportive care. Written in a clinical scenario/vignette, question and answer format by experts with first-hand experience in the field, the flashcards are highly readable and serve as a source of fast answers to clinical questions in the field. A total of 300 flashcards are organized into chapters by symptom/disease and provide readers with up-to-date information that follow the core curriculum of American Board of Hospice and Palliative Medicine for ease of use and rapid review for exams. This book will equip care professionals with key concepts related to the assessment and management of palliative care, making it an ideal point-of-care quick reference material for physicians, nurse practitioners, fellows, residents, and students. Children with life-threatening and terminal illnesses--and their families-- require a unique kind of care to meet a wide variety of needs. This book, the first edition of which won the 1993 Pediatric Nursing Book of the Year Award, provides an authoritative source for the many people involved in caring for dying children. It draws together contributions from leading authorities in a comprehensive, fully up-to-date resource, with an emphasis on practical topics that can be put to immediate use. The book covers the entire range of issues related to the hospice environment and is intended for all those who participate in the hospice-care process: physicians, nurses, social workers, teachers, clergy, family therapists, parents, and community service volunteers.

This book is designed to provide a comprehensive insight into the key and most prevalent contemporary issues associated with palliation. The reader will find viewpoints that are challenging and sometimes discerning, but at the same time motivating and thought-provoking in the care of persons requiring palliation. This book is divided into three sections. Section 1 examines contemporary practice; Section 2 looks at the challenges in practice; Section 3 discusses models of care. This book is an excellent resource for students, practising clinicians and academics. By reading the book, reflecting on the issues, challenges and opportunities ahead, we hope it will create within the reader a passion to take on, explore and further develop their palliative care practice.

The editors undertook this project to promote the International Conference on Death, Grief, and Bereavement in La Crosse, Wisconsin, USA. Throughout its history, the conference has attracted internationally known speakers. This book illustrates the quality of their presentations. Section One, "Professional Applications in End of Life Care," begins with Currier, Hammer, and Neimeyer's examination of the importance of the social network, including both religion and family, not just the individual, in working with those at the end of their lives. The authors analyse the impact of social support and its health implications. In Chapter 2, Parkes looks at the influence of child development on adult life and bereavement. Rather than simply showing how insecure child development affects loss as adults, he examines how insecure attachments in childhood can lead to extreme attachments to God, homes, territories, political leaders, and symbols and discusses interventions for these extreme attachments. Papadatou

(Chapter 3) develops a model for professionals and caregivers who work with the dying. She suggests that those who give care to the dying also have multiple needs and also face suffering, examines the private world of professionals and what is healthy and what is unavoidable, and describes both functional and dysfunctional coping patterns used by professionals. Kobler (Chapter 4) uses case studies to explain how to develop and maintain relationships with children and their families in paediatric palliative care. She offers strategies for using rituals and ways to initiate and maintain relationships with children and their families. Thompson (Chapter 5) focuses on the effects of working in situations involving high levels of emotion and the stress that may result. He makes a strong case that such stress can do harm to individuals, groups, and whole organisations and offers a model for a more holistic approach that incorporates social and organisational strategies and practical ways to prevent and manage stress. Eves-Baine and colleagues (Chapter 6) examine the application of paediatric and adult-based principles to the newborn period. They discuss how to create the best situations for families when life-sustaining medical therapy has been withdrawn, how to support the family, and the ethical challenges that perinatal palliative care presents. The authors offer models for care through the journey of palliative and bereavement care. Section Two, "Facing End of Life and Its Care," begins with Gilbert's chapter presenting a strong argument that caregivers need to honour the multiple tracks that come with dying while maintaining a focus on the wishes of the dying person. He offers ways for the team to better meet the needs of the dying person. Koppleman (Chapter 8) follows the journey of a friend who faced death. It is a powerful story, told from the point of view of the dying in a scholarly fashion. Smith and Potter (Chapter 9) suggest that palliative care for the dying can be defined as offering "comfort care," both for those who are dying and for their loved ones. The authors present a model of the psycho-spiritual side of palliative care as a way of offering comfort to all those involved. Adams (Chapter 10) examines different methods of working with patients and families. It looks at the ways in which such work can be complicated by factors of geographic distance, differences in family reactions, differences in treatment plan concepts, and in meaning making. All of these factors may become stumbling blocks and may prevent the delivery of positive support. Pizzini (Chapter 11) looks at the experience of dying in prison from the perspective of inmates who are terminally ill, prison medical staff, and prison security staff. She discusses how to maintain dignity of the dying and a "good death" while in prison. McCord (Chapter 12) discusses attempts by hospice patients and others diagnosed with terminal illnesses to die either by their own hand or with physician assistance. She presents common risk factors, strategies to assess the degree of risk and possible plans for suicide and suicide postvention in the context of hospice. Section Three, "Cultural Considerations in End-of-Life Care" begins with The End of Life: Two Perspectives in which Robert G. Stevenson looks at two perspectives on the end of life that are not often

examined in terms of their impact on the individual and his/her attitude toward this time. The two perspectives are that of adolescents, and that are shown in a military ceremony used in the 18th and 19th centuries, the Feu de Joie or Fire of Joy. In Chapter Fourteen, Janet McCord discusses suicide attempts by hospice patients and others diagnosed with terminal illnesses to die either by their own hand or with physician assistance. Connor's description of the need for hospice and palliative care around the world and the challenges of developing palliative care globally, and offers models that can be used around the world. Cox and Cox (Chapter 15) suggest ways to offer end-of-life care to Roman Catholics who do not fit the traditional model of hospice care and examine special needs, theology, and rituals. Cox and Sullivan (Chapter 16) offer suggestions on end-of-life care for American Indians, explaining cultural differences among American Indians and suggesting ways to improve care to a group that is generally neglected in hospice care. Smith (Chapter 17) looks at the cultural differences and understandings of Fundamentalist Christian views of a "good death" and the afterlife, ways to negotiate faith understandings that complicate end-of-life care, and ways to comfort individuals who may be marginalised because they do not share the theological views of the dying individual or key family members.

The Textbook of Interdisciplinary Pediatric Palliative Care, by Dr. Joanne Wolfe, et al., aims to inform interdisciplinary teams about palliative care of children with life-threatening illness. It addresses critical domains such as language and communication, symptoms and quality of life, and the spectrum of life-threatening illnesses in great depth. This comprehensive product takes a first-of-its-kind team approach to the unique needs of critically ill children. It shows how a collaborative, interdisciplinary care strategy benefits patients and their families. If you deal with the complex care of critically ill children, this reference provides a uniquely integrated perspective on complete and effective Apply interdisciplinary perspectives to provide the most comprehensive care. Care for patients and their families with an integrated approach designed to address physical, psychological, social, and spiritual needs. Focus on the self-care of clinicians in order to be more expert in direct patient care. Understand the importance of linking community palliative care with hospital-based palliative care. Access the full text online with regular updates along with a host of valuable resources such as education modules, research articles, patient handouts, and audio/visual materials. Implement consistent terminology for use by the entire palliative care team. Reflects the collaborative approach necessary to provide optimal care for children and their families

The death of a child is an event that has a ripple effect in society. Not only are the patients, family, friends and community effected, but also the health care providers that have become involved in the care of the patient- family unit. The World Health Organization describes pediatric palliative care as the "active total care of the child's body, mind, and spirit" (WHO, 2004), with the goal of providing for the best quality of life for patients and their families that is consistent with their

values and regardless of where the care of the patient is taking place. This level of palliative care is not only being provided in the hospital, but also in outpatient settings and in the patients' homes, where care is managed by pediatric primary care providers and home-hospice and homecare agencies in collaboration with families. While research in this area is expanding, the vast majority has examined this experience from the patient and/or family perspectives. The purpose of this study was to examine the attitudes of pediatric primary care providers (PPCPs) toward hospice and pediatric palliative care.

Advanced Practice Palliative Nursing is the first text devoted to advanced practice nursing care of the seriously ill and dying. This comprehensive work addresses all aspects of palliative care including physical, psychological, social, and spiritual needs. Chapters include: symptoms common in serious illness, pediatric palliative care, spiritual and existential issues, issues around the role and function of the advanced practice nurse (APN), reimbursement, and nursing leadership on palliative care teams. Each chapter contains case examples and a strong evidence base to support the highest quality of care. The text is written by leaders in the field and includes authors who have pioneered the role of the advanced practice nurse in palliative care. This volume offers advanced practice content and practical resources for clinical practice across all settings of care and encompassing all ages, from pediatrics to geriatrics.

Hauer offers hope and practical coping strategies in equal measure.

As an essential and emerging practice, Pediatric palliative care seeks to prevent and relieve suffering for children with life-threatening conditions. Palliative care teams are composed of providers of various disciplines, including social workers, who collaborate to address the medical, social-emotional, and spiritual needs of the child, and their families. Social workers are especially accustomed to interdisciplinary care and may counsel, provide resources, facilitate communication, and promote person- and family-centered practices that are the basis of effective pediatric palliative care. This book presents practice strategies, experiential knowledge, and research related to practicing in collaborative teams, ICU settings, and hospice. It also presents research that is informed by the perceptions and perspectives of bereaved parents, parents who have suffered a stillbirth, and parent caregivers of children with life-limiting illness. This book highlights the unique role social workers play, within care teams and in relationship with children who have life-limiting illness, and their families. This book was originally published as a special issue of the Journal of Social Work in End-of-Life & Palliative Care.

A concise and practical guide to caring for children with life-limiting conditions, Paediatric Palliative Care covers the common symptoms and challenging issues healthcare professionals are likely to encounter, and includes a detailed drug formulary for quick reference.

With contributions from an international group of expert educators, clinicians, and parents, this book takes a truly interdisciplinary approach to pediatric palliative care, presenting best practices, clear instruction, and the latest information and research for anyone involved in pediatric palliative and end-of-life care.

This textbook is the first to focus on comprehensive interdisciplinary care approaches aimed at enhancing the wellbeing of children with cancer and their families throughout the illness experience. Among the topics addressed are the epidemiology of pediatric cancer distress, including physical, emotional, social, and spiritual dimensions; the role of the interdisciplinary team; communication and advance care planning; symptom prevention and management; care at the end of life; family bereavement care; and approaches to ease clinician distress. The contributing authors are true experts and provide guidance based on the highest available level of evidence in the field. The book has not only an interdisciplinary but also an international perspective; it will appeal globally to all clinicians caring for children with cancer, including physicians, nurses, psychosocial clinicians, and chaplains, among others.

Supporting the Child and the Family in Paediatric Palliative Care provides a comprehensive overview of good practice in caring for terminally-ill children, young people and their families. Drawing from extensive personal experiences of working in paediatric palliative care, the author provides guidance on issues including symptom management and pain relief; cultural, religious and spiritual aspects of care; and the role of education for life-limited children. Addressing the importance of individual needs, the book looks at emotional, social and cognitive support at different stages of the illness, how parents and professionals can respond to children's own questions about death, and the impact of life-limiting illness on the whole family - including grandparents and siblings. The material offers helpful suggestions on how to support families in making informed choices during distressing periods, such as where their child will die and how to prepare for the funeral. This book is a practical and invaluable tool for nurses, paediatricians, hospice care staff, bereavement counsellors and all those caring for life-limited children.

Pediatric Palliative Care: A Model for Exemplary Practice lays out a road map for health-care providers interested in optimizing care for seriously ill children and their families. Grounded in clinical practice and the study of positive rather than problematic encounters between providers and parents, the book presents an evidence-based model of exemplary interaction. The chapters offer a clear understanding of the complex, holistic process of interaction between providers and parents, as well as the personal and professional knowledge and skills needed to interact in optimal ways. This is a one-of-a-kind guidebook for health-care providers interested in (re)discovering how to maximize positive outcomes for both families and providers. It is also a valuable source of inspiration for educators, supervisors, and hospital administrators who want to facilitate personal and professional development and create supportive environments for students, providers, seriously ill children, and their families.

[Copyright: 2ed829d7f7970df856b9074738b25570](https://doi.org/10.1002/9781118888888)