

CONCLUSIONS: The PEDCONF is a feasible Portuguese language instrument to be used on “difficult conversations” with patients and families, achieving the desired goals amongst the staff. To ascertain its “real world” value, further studies with families are underway.

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LIFE SUPPORT LIMITATION PRACTICES IN A PEDIATRIC INTENSIVE CARE UNIT

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AIMS & OBJECTIVES: To determine the prevalence of life support limitation (LSV) in patients who die and who were hospitalized for at least 24 hours in the Pediatric Intensive Care Unit (PICU) and describe how this type of treatment is performed.

METHODS: A retrospective cohort study was conducted in a tertiary PICU of a university hospital in Brazil. All patients aged 1 month to 18 years who died were selected. Exclusion criteria were brain death and death within the first 24 hours after admission.

RESULTS: 53 patients were eligible for the study. The prevalence of LSV description was 45.3%. Of the 24 patients who had LSV in medical evolution, only one was not ordered not to resuscitate. Vital Support Withdrawal (RSV) was present in half of the patients who had a description of LSV. As variables of length of stay in the PICU, age, presence of parents at the time of death and severity of the patient on arrival, calculated by the Pediatric Mortality Index 2 score were higher in patients with LSV description. Compared to other historical currencies, there has been a clear evolution in the increase in the prevalence of LSV and, especially, a change in the way this limitation is realized, with a significant participation of parents in the decision and an increase in RSV.

CONCLUSIONS: As LSV was associated with older and more severe patients, having an important family role in the decision. In the historical comparison, there was an increase in LSV and RSV.

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END OF LIFE CARE IN BRAZILIAN PICUS: THE MULTIDISCIPLINARY TEAM'S PERSPECTIVES AND PRACTICES

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AIMS & OBJECTIVES: Many PICU practices involving end of life (EoL) care may be dependent on socio-cultural contexts. We aimed to examine EoL care in Brazil, as perceived by the PICU professionals.

METHODS: A survey tested beforehand, containing Likert style answers and few open questions, was sent via email to professionals in 3 PICUs in Brazil's center-south hospitals (A.Private, B.Public and a C.University Oncology) as a pilot study. Institutional ethics committees, Gov. research registry and individual consent were obtained. During the 3 months (09-11/2019), 3 reminders were sent.

RESULTS: Overall 136 surveys were returned (response rate: 23% total; Physicians: A.31%, B.25%, and C.60%), Overall 35% Physicians, 31% Nurses, 20% Nurses technicians and 14% Physiotherapists responded. Just 34% have frequently/always witnessed EOL with preparation and documentation done; 58% feel unprepared in discussing EOL, 40% never had any training on this area. Despite family agreement, 27% would agree or unsure about withdrawal of treatment. For 51% of physicians, ventilation removal is unacceptable; 88% of Physicians would hold or adjust ventilatory parameters on a terminal patient, only 12% would wean it, none would extubate; in fact, 26% of physicians and 42% of other professionals would wait for cardiac arrest rather than withdraw; 15% have witnessed palliative extubation

CONCLUSIONS: Most Brazilian PICU professionals surveyed in this partial sample feel ill-prepared to discuss EOL. Even in children with a terminal condition, withholding therapy is preferred; palliative extubation is rare. There is significant discordance between EOL practices in developed countries and Brazil.

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THE BIOETHICAL DILEMMAS AND THE VALUES OF HEALTH PERSONNEL IN A PICUS

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AIMS & OBJECTIVES: Identify the bioethical dilemmas that arise in clinical practice in a PICUs in patients with cancer, the clinical factors and the values of health personnel.

METHODS: The study design was performed using a qualitative approach These physicians identified ethical dilemmas in the medical evaluation of children with cancer before entering the intensive care unit with a semi-structured questionnaire. All information was processed and analyzed in the Atlas ti.

RESULTS: identified in three patients, four ethical dilemmas: doctor patient relationship and therapeutic utility, limitation