The Role of the Anesthesiologist in the Care of the Dying Child

Nancy L. Glass, MD, MBA, FAAP

Professor of Anesthesiology and Pediatrics, Baylor College of Medicine

President, Society for Pediatric Anesthesia, 2012-2014

Texas Children's Hospital®

BCM
Baylor College of Medicine

Disclosures

- No conflicting financial relationships
- Associate Medical Director, Houston Hospice

Goals

At the end of this presentation, participants will be able to:

- Name key developmental issues for dying children, from birth to young adulthood
- Develop a plan for managing the most common end of life symptoms
- Mobilize resources for assisting with psychosocial and family issues

Search “Anesthesiologists and the Dying Child”

- Two references, one an anesthetic mortality study
- The other, from 2001….
- Experiential:
  - Pediatric ICU attending 3 yrs
  - Pediatric Anesthesiologist 27 yrs in the OR
  - Pediatric Hospice Doctor 3 yrs

The Dying Child: What do parents want?

- How can we help?
  - Patient and parents
  - Other caregivers
- Decision-making for the terminally ill
  - Are DNR patients really coming to the OR?
  - Are hospice patients really coming to the OR?

Focus on GOALS of CARE

- What are we hoping to accomplish with this procedure?
- How will this help the child?
- What are parents' wishes if the procedure doesn't turn out as planned? If there's an intraoperative event?

The patient with DNR order in the OR

- Elective vs urgent case
- Review goals of care: discuss specifics of DNR order with respect to anesthesia care
- Plan an anesthetic to return patient to baseline as quickly as possible
- Prepare for different outcome

Hospice Patients in the OR

- Palliative tumor resection for time / symptom relief
- Biopsy for confirmation
- Chest tube for metastatic effusion / shortness of breath
- Line placement for parenteral (PAIN) meds
- Placement of subarachnoid pump for pain meds
- Shunt placement for symptomatic relief of increased ICP
- G-tube placement

Special anesthetic considerations

- Premedication?
- Parental presence?
- Anesthetic management?
  - Specific agents?
  - To tube or not to tube?
  - Maintain spontaneous ventilation if at all possible
- Analgesia?
- PACU care?

April

- 19 month old Trisomy 18 in hospice care (No DNR order)
- Incidental finding of liver tumor, likely hepatoblastoma
- MRI? Central line? Chemotherapy? Tumor resection?
- Oh, BTW, ureteral reimplantation and strabismus repair?

Ethics Committee Consult

- When medical team and patients are at odds
- When members of care team cannot agree
- If any team member feels “uncomfortable” with the trajectory of care

April’s course

- Ethics Committee recommended against aggressive care
- Parents relieved

Jose

- Newborn with hydranencephaly, at home in hospice care with a DNR order
- Head enlarging rapidly, parents decided to pursue VP shunt to ease care at home
- Preoperative discussion
- Intraoperative course—intermittent apnea in the OR after extubation—NOW WHAT?

Jose

- OR / PACU solution
- Patient discharged the next morning
- Care coordinated with hospice team

Dying children in the OR

- The world, upside down
- Focus on parent / patient GOALS OF CARE
- Remember that this trip into the OR *may be the last time* the parents see their child alive / conscious.
- Create the environment you would want for your own family in these circumstances

Helpful Resources

- Ethics Committee
- Patient's primary physician or specialist
- Social worker / psychologist
- Patient Advocate
- Child Life

Premedication—YES !

Parental presence—YES !

And CHILD LIFE too!

Analgesia—YES !

Regional analgesia if possible/practical

Short-acting agents, use adjuncts too

PACU—Awake and comfortable !

Reunite patient and parents quickly

Summary: Anesthesiologists and the Dying Child

- Recognize the impact of the child's developmental stage as the illness progresses
- Consider patient and family-directed goals for the procedure
- Get help if medical team in disagreement with one another or with family
- Design a short-acting anesthetic to return patient as quickly as possible to baseline
- Treat pain and other symptoms aggressively
- Create a calm and compassionate environment of care