

but the majority of both provider groups believed the child's physical management was difficult ([Andresen, Seecharan, and Toce, 2004](#); [Wolfe, Grier, Klar, et al, 2000](#)).

Barriers to the adequate provision of pediatric palliative care include developmental issues specific to infants and children; symptoms, their causes, how they are related, and effective treatment strategies; lack of education; and reimbursement issues ([Harris, 2004](#)). Physicians report reliance on trial and error as they learn to care for children at the end of life and the need for specialty consults with palliative care service providers ([Hilden, Emanuel, Fairclough, et al, 2001](#)).

Apply the Evidence: Nursing Implications

There is **moderate-quality evidence** with a **strong recommendation** ([Guyatt, Oxman, Vist, et al, 2008](#)) for better pain management at the end of life. Although the philosophy of palliative care encompasses pain and symptom management for infants and children who may not outlive their disease, the provision of that care to ease suffering and provide comfort to those who will die continues to lag. Studies show that children experience significant pain and other distressing symptoms at the end of life that are not well managed. Discrepancies in perceptions of infants' and children's pain and suffering continue to exist between providers and parents. Barriers to the provision of pediatric palliative care exist. Improvements are needed in the management of pain and symptoms at the end of life for infants and children.

Quality and Safety Competencies: Evidence-Based Practice*

Knowledge

Differentiate clinical opinion from research and evidence-based summaries.

Describe common symptoms experienced at the end of life.

Skills