# Pediatric Pain and Symptom Management at the End of Life

## **Ask the Question**

### **PICOT Ouestion**

In children, what is the pain and symptom experience at the end of life?

#### Search for the Evidence

# **Search Strategies**

Published studies from using the subject terms *child*, *palliative care*, *pain*, and *symptoms* were identified and examined. Retrospective descriptive studies dominated the findings describing infants' and children's end-of-life experiences through the use of medical record reviews and provider and parental surveys.

#### **Databases Used**

PubMed, CINAHL

## Critically Analyze the Evidence

Children experienced an average of 11 symptoms during their last week of life (Drake, Frost, and Collins, 2003). Pain, dyspnea, and fatigue were the most frequently documented symptoms experienced by most children at the end of life (Bradshaw, Hinds, Lensing, et al, 2005; Carter, Howenstein, Gilmer, et al, 2004; Drake, Frost, and Collins, 2003; Hongo, Watanabe, Okada, et al, 2003). Children and their parents report high distress with pain and symptoms at the end of life. Parents reported pain and suffering as one of the most important factors in deciding to withhold or withdraw life support from their child in the pediatric intensive care unit (Meert, Thurston, and Sarnaik, 2000).

Documentation was scarce related to symptom management. Morphine was the most commonly prescribed pain medication (Drake, Frost, and Collins, 2003; Hongo, Watanabe, Okada, et al, 2003). Parents reported their children as experiencing high levels of pain near the end of life (Contro, Larson, Scofield, et al, 2002). Physicians were more likely than nurses or parents to report that a child's pain and symptoms were well managed at the end of life,