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Article:

Fraser, L, Fleming, S orcid.org/0000-0002-7655-4806 and Parslow, R
orcid.org/0000-0002-3945-5294 (2016) RF2-A Predictors of Place of Death in Children Who Died After Discharge from Paediatric Intensive Care Units in England and Wales. *Journal of Pain and Symptom Management*, 52 (6). e29-e29. ISSN 0885-3924

<https://doi.org/10.1016/j.jpainsymman.2016.10.088>

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Predictors of Place of Death in Children who died after discharge from Paediatric Intensive Care Units in England and Wales

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Aim

This study aimed to identify characteristics of children who died in the community rather than hospital after discharge from PICU

Methods

All children admitted to a PICU in England or Wales between 1st Jan 2004 and 1st March 2011 were identified in the PICANeT dataset. Death certificate data was available on all children who had died up to the end of 2014.

Place of death was categorised as hospital or community (hospice, home or other).

Results

The cohort consisted of 74032 individuals. 5311 deaths occurred in PICU (excluded from analyses) and 3036 deaths occurred outside PICU. 60.2% of these deaths occurred in hospital, 26.5% at home, 12.5% in hospice and 0.8% elsewhere.

In the multivariable logistic model, children discharged to palliative care were 6.5 times more likely to die in the community (OR 6.51 95%CI (4.47-9.50)). Children who died before 28 days post discharge from PICU were significantly less likely to die outside the hospital. Children in all older age groups were significantly more likely to die outside hospital than the under 1 age group.

Children from a South Asian background (OR 0.44 95%CI (0.34-0.57) and those living in the two most deprived categories were significantly less likely to die outside the hospital.

Conclusions

A large proportion of children dying after discharge from PICU continue to die in hospital. More involvement of palliative care at the point of discharge has the potential to offer more choice around place of care and place of death for these children and families.