An Exploratory Review
In The Difference Between Neonatal And Paediatric End-of-Life Care

6th Hong Kong International Nursing Forum

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Agenda

1. Background
2. Objectives of Study
3. Methodology
4. Findings & Cases Sharing
5. Discussions
6. Conclusion
Background
From Bereavement Care Service to Palliative Care Service - Highlights

- Emphasis on implementing PPC in daily operations
- Developed PPC Checklist & Care Plan
- Transition of a PPC patient to adult service
- Better continuity of care from Hospital to Community through HA ICCS Project
- One Stop Inpatient Multi-disciplinary Service

1997

NICU Bereavement Care Team Established

2009

Formulated a framework of bereavement care

2010

Extended to PICU

2011

Initiated Paediatric Palliative Care (PPC) for out-patient with ESRF

2012

Collaborated with Children’s Cancer Foundation for better home palliative care support

2013

Developed a tool for Risk of Bereavement Screening

2014

Developed PPC Checklist & Care Plan

2015

Transition of a PPC patient to adult service

Focus: “Quality EOL-Care & Bereavement Care” to “Quality of Life”
Bereavement Care Service Background

- NICU Bereavement Team「舒懷小組」established in 1997
- Pioneered by Dr. HB Chan
- Focus on End-of-life (EOL) care & Bereavement care
- NICU collaborated with PICU since 2009 during a cross departmental bereavement care project
- Aim at helping those critically ill or dying children’s parents/family to go through the inevitable death of their children and adjust to normal life as well as comfort care for the children suffering from life-threatening condition
- Family-centered with culture respected & multi-disciplinary team approach
- **Model of Care: Primary Doctor & Primary Nurse**
Primary Doctor & Primary Nurse

• Every admitted child has a primary doctor & a primary nurse
• Primary Nurse is patient’s advocate, nursing care provider etc.
• Care plan co-designed with parents
• Channel for communication and building rapport
• More understand the needs of family members
• Involve family members to participate in child care
Objectives of Study

1. To explore the nursing care provided to the deceased children during their end stage of life in the critical care settings - NICU & PICU

2. To find out the similar and different practices based on EOL-Care approach between neonatal death & children’s death
Methodology

1. An exploratory study of those paediatric patients died in NICU & PICU in 2013

2. Identify deceased cases through CDARS (Clinical Data Analysis and Reporting System)

3. Data collection & cases review via clinical/medical records & bereavement care follow-up records

4. Interview primary doctors and nurses by face/phone, collected feedback from a semi-structure questionnaires

5. Categorized the raw data, analyzed data characteristics, compared the similarities and differences between NICU & PICU cases with EOL-Care Approach
Data Collection, Analysis & Comparison

End-of-Life Care Approach

Before Death

At Death

After Death
Findings & Cases Sharing
## NICU - Seven infants died in 2013

<table>
<thead>
<tr>
<th>No</th>
<th>Maturity</th>
<th>Sex</th>
<th>Diagnosis</th>
<th>Date / Age of Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Term</td>
<td>F</td>
<td>Pulmonary hypoplasia with PPHN</td>
<td>30/05/2013 Day 0</td>
</tr>
<tr>
<td>2</td>
<td>Full term</td>
<td>M</td>
<td>E. Coli meningitis encephalitis with severe brain damage</td>
<td>17/07/2013 Day 43</td>
</tr>
<tr>
<td>3</td>
<td>Full term</td>
<td>M</td>
<td>Hypoxic-ischemic encephalopathy</td>
<td>19/07/2013 3 month old</td>
</tr>
<tr>
<td>4</td>
<td>24 1/7 weeks</td>
<td>F</td>
<td>Extreme Prematurity</td>
<td>12/08/2013 Day 0</td>
</tr>
<tr>
<td>5</td>
<td>26 weeks</td>
<td>F</td>
<td>Prematurity E. Coli septicaemia</td>
<td>08/11/2013 Day 1</td>
</tr>
<tr>
<td>6</td>
<td>24 weeks</td>
<td>M</td>
<td>Extreme Prematurity</td>
<td>21/12/2013 Day 2</td>
</tr>
<tr>
<td>7</td>
<td>Term</td>
<td>M</td>
<td>Trisomy 18 Multiple Congenital abnormalities</td>
<td>29/12/2013 Day 0</td>
</tr>
</tbody>
</table>
PICU-Five children died in 2013

<table>
<thead>
<tr>
<th>No</th>
<th>Age</th>
<th>Sex</th>
<th>Diagnosis</th>
<th>Date of death</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>7 yr</td>
<td>F</td>
<td>CHARGE, Sepsis</td>
<td>02/02/2013</td>
</tr>
<tr>
<td>2</td>
<td>1½ yr</td>
<td>F</td>
<td>Cyanotic congenital heart disease Hypercyanotic spells</td>
<td>02/02/2013</td>
</tr>
<tr>
<td>3</td>
<td>11 yr</td>
<td>F</td>
<td>Mitochondrial cytopathy (MELAS) Mental retardation</td>
<td>23/03/2013</td>
</tr>
<tr>
<td>4</td>
<td>3 yr</td>
<td>F</td>
<td>Acute renal failure Disseminated intravascular coagulopathy (DIC)</td>
<td>26/09/2013</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Severe mental retardation Hypoxic Ischaemic Encephalopathy (HIE)</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>13 yr</td>
<td>M</td>
<td>Acute renal failure, Ascites, Bradycardia Chromosomal aberration</td>
<td>24/11/2013</td>
</tr>
</tbody>
</table>
Died within a time-frame ...

<table>
<thead>
<tr>
<th></th>
<th>Total Deceased</th>
<th>Died within 48 hrs after admission</th>
<th>Died more than 48 hrs after admission</th>
</tr>
</thead>
<tbody>
<tr>
<td>NICU</td>
<td>7</td>
<td>5 (71%)</td>
<td>2 (29%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3 - Extreme Prematurity</td>
<td>1 - On Day 43</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 - Full Term with congenital disease</td>
<td>1 - 3 months</td>
</tr>
<tr>
<td>PICU</td>
<td>5</td>
<td>3 (60%)</td>
<td>2 (40%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- All with congenital &amp; chronic diseases</td>
<td>Died after a longer period of stay in hospital, suffering from chronic diseases</td>
</tr>
</tbody>
</table>
Cases Sharing
NICU Case - Baby AD

• Trisomy 18
• Multiple Congenital abnormalities
• Known before birth
• Age: 36 hours
Antenatal Counseling

• At risk case
• Antenatal known Trisomy 18 (Aminocentesis)
• Aware of diagnosis and multiple problems of baby
• Accept the aim of Tender Loving Care (Comfort Care)

Parent's participation in decision making on treatment and care plan
Family-centered Care

- Primary nurse
- Encourage family visit (flexible visitation)
- Explain baby’s condition
- Advocate for baby and parents
- Tender loving care
Establishing Parental Roles

Precious Moments

• Family visit
• Introduce baby to elder brother
• Parents performed
  - holding
  - non-nutritive sucking
  - syringe feed with breast milk
  - Bath and last office done with parents
Building Rapport

- Before baby born (Antenatal Counseling)
- Showing concern and listening
- Information sharing
- Priming parents about baby’s deterioration and irreversible condition, the possibility of outcome
- Prepare for bereavement
Better Memory For The Family

Angel Bed

Tiny Baby Clothes
Farewell Ceremony

*Culture Respect*

- Christian ceremony held in a hospital chapel (room)
- Accompanied with parents, grandparents, churchmates and primary nurses
Memorial Items
e.g. Footprint, handprint, photos, memorial pamphlets etc.
Parents’ Feeling

The parents’ perception: the son only lived for two days but comfort and pain free.

Parents showed appreciation to the primary nurse. Thanks the nurse prepared & sent the precious memorial items (Gifts) for them during night shift and immediately after duty.
Cases Sharing
PICU Case - Child CO
Child CO - PICU

• Background:
  13/M, Acute renal failure, Ascites, Bradycardia, Chromosomal aberration, Ventilator support with tracheostomy, wheelchair bound to bed bound, frequent admissions in last two years.

Readmitted for a large bed sore, stayed in hospital for a period of time. Condition gradually deteriorated but parents denial and anger.
Quality of Life

Special School

Hong Kong Disneyland Resort

Tokyo Disneyland

Special School
Rapport Built With Appreciation

Appreciation to the Primary Nurse and the team.
Referred Children’s Cancer Foundation

Reason:
For better Home Care and Community Support

e.g. Rehabilitation Bus - Facilitate the transportation for Child CO (with ventilator care) from home to hospital (bi-directional) for medical follow up, and outdoor activities

Outcomes:
Promoted Patient’s comfort, Released parents’ pressure a lot!
Reduce Ascites via Abdominal Drain Before Removal of the Drain

Concern On Body Image
After Death - Mourning

Father stayed alone outside the mortuary for several nights
Funeral Arrangement & Attendance

Taoist Ritual Funeral

Parents arranged a funeral based on their religious belief - Taoism

Cultural specific

Significant attendance
- Relatives
- Special school teachers & principal
- Hospital doctors, nurses & healthcare assistants

Photos sharing
- CO’s Quality of life review
Pendant Made Of Ashes
Child CO – Sharing Points

- Life-limiting disease with Quality of Life
- Previous hospitalization – Rapport built with appreciations to the primary nurse & the team
- Referred Children’s Cancer Foundation 9 months ago for home palliative care support - enjoyed the one-stop transportation of the rehabilitation bus
- Reduce ascites via abdominal drain before removal of the drain
- After Death - Mourning
- Funeral arrangement & attendance
- A pendant made of ashes
Results of Comparison
- NICU & PICU
## Before Death

<table>
<thead>
<tr>
<th>Item</th>
<th>NICU</th>
<th>PICU</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rapport building</td>
<td>• Mutual rapport was built</td>
<td>• All life-limiting diseases with history of admission except one travelled from Mainland China.</td>
</tr>
<tr>
<td></td>
<td>• Limited time for cases died within 48 hrs but Antenatal Counseling helped a lot</td>
<td>• Mutual rapport existed already</td>
</tr>
<tr>
<td>Breaking bad news</td>
<td>Needed special considerations</td>
<td>• When condition gradually deteriorated</td>
</tr>
<tr>
<td></td>
<td>• Antenatal counseling</td>
<td>• 3/5 just after a CPR</td>
</tr>
<tr>
<td></td>
<td>• When mother has just given birth</td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ Explained to father first &amp; got consensus to bring dead baby body to Postnatal Ward for mother</td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ Mother lying on a stretcher, transported from Postnatal Ward to NICU for visiting her baby</td>
<td></td>
</tr>
</tbody>
</table>

Results of Comparison (2013 cases)
### Before Death (Cont’d)

<table>
<thead>
<tr>
<th>Item</th>
<th>NICU</th>
<th>PICU</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents participation in treatment/care plan</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Active treatment &amp; support treatment</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Comfort care agreement (DNACPR)</td>
<td>✓</td>
<td>3/7 agreed comfort care, 1 with Elective Extubation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2/5 just executed CPR once, then agreed comfort care finally</td>
</tr>
<tr>
<td>Assist to establish / resume the parental role with sense of control</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Flexible visitation</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

**Results of Comparison (2013 cases)**
## Before / At Death

<table>
<thead>
<tr>
<th>Item</th>
<th>NICU</th>
<th>PICU</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peaceful environment &amp; privacy</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

### Memorial items collection

- Very significant for the parents (Memorial booklet: footprint, name card, name band, lock of hair, baby & family photos)
- Photos taken immediately when the face was free of devices
- Only one refused the offer of memorial booklet except photos
- Could be collected in daily life if baby lived a longer period

- Different from NICU there was history of child growth
- Photos taken if agreed
- One case with ashes made into a pendant to carry around by parents
- One saved a lock of hair for memorial

**Results of Comparison (2013 cases)**
# At Death

<table>
<thead>
<tr>
<th>Item</th>
<th>NICU</th>
<th>PICU</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last office</td>
<td>• 2/7 with parents participated</td>
<td>• All parents participated</td>
</tr>
<tr>
<td></td>
<td>• Provided baby clothes, hats &amp; dolls to the baby by ward</td>
<td>• Family brought child's clothes for change</td>
</tr>
<tr>
<td>Angel bed (for age ≤ 3)</td>
<td>✅ 7/7 used</td>
<td>✅ 2/5 size fit &amp; used</td>
</tr>
</tbody>
</table>

**Results of Comparison (2013 cases)**
# After Death

<table>
<thead>
<tr>
<th>Item</th>
<th>NICU</th>
<th>PICU</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bereavement package (Bereavement care information: pamphlets &amp; booklets)</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Farewell ceremony (Goodbye)</td>
<td>• Can arrange a small room/chapel in hospital</td>
<td>• Can arrange a small room/chapel in hospital</td>
</tr>
<tr>
<td></td>
<td>• 1/7 used the room/chapel</td>
<td>• 3/5 used the room/chapel</td>
</tr>
<tr>
<td></td>
<td>• 1/7 held in ward</td>
<td>• Supported by PICU</td>
</tr>
<tr>
<td></td>
<td>• Supported by NICU</td>
<td>• Produced a memorial DVD to parents</td>
</tr>
<tr>
<td>Funeral arrangement / support</td>
<td>• 4/7 self-arranged</td>
<td>• all were self-arranged</td>
</tr>
<tr>
<td></td>
<td>• 3/7 by government</td>
<td>• all supported by PICU</td>
</tr>
<tr>
<td></td>
<td>• all supported by NICU</td>
<td></td>
</tr>
</tbody>
</table>

Results of Comparison (2013 cases)
### After Death (Cont’d)

<table>
<thead>
<tr>
<th>Item</th>
<th>NICU</th>
<th>PICU</th>
</tr>
</thead>
<tbody>
<tr>
<td>Follow-up after death</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>• Interviewed within 2 days</td>
<td>Same as NICU</td>
</tr>
<tr>
<td></td>
<td>• Case conference immediately after interview</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Referral if necessary</td>
<td></td>
</tr>
<tr>
<td>Bereavement care support / follow-up</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Frequency of bereavement care follow-up</strong></td>
<td>• Average: 1 week - 3 months</td>
<td>• Average: 2 - 9 months</td>
</tr>
<tr>
<td></td>
<td>• Average:</td>
<td>(≥6 mths x 2)</td>
</tr>
<tr>
<td></td>
<td>▪ face x 2</td>
<td>▪ Average:</td>
</tr>
<tr>
<td></td>
<td>▪ phone x 2</td>
<td>▪ by phone x 1-4;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ whatsapp x 4-8 (for 3 cases)</td>
</tr>
</tbody>
</table>

Results of Comparison (2013 cases)
### After Death (Cont’d)

<table>
<thead>
<tr>
<th>Item</th>
<th>NICU</th>
<th>PICU</th>
</tr>
</thead>
<tbody>
<tr>
<td>Condo/ences</td>
<td>✔ Sympathy card and/or flowers</td>
<td>✔ Flowers and/or sympathy card</td>
</tr>
<tr>
<td>Child's name</td>
<td>3/7 - Name only</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2/7 - Name + Birth certificate</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2/7 – None</td>
<td>Existed already</td>
</tr>
</tbody>
</table>

**Results of Comparison (2013 cases)**
# Overall Quality EOL-Care & Bereavement Care Provided

<table>
<thead>
<tr>
<th>Item</th>
<th>NICU</th>
<th>PICU</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family-centered care</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Multi-disciplinary approach</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>· O&amp;G 1/7 to Gynaecology clinic for post-natal check</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>· Chaplaincy 1/7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>· MSW 1/7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>· None 4/7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Doctor/Nurse</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

Results of Comparison (2013 cases)
Overall (Cont’d)
Quality EOL-Care & Bereavement Care Provided

<table>
<thead>
<tr>
<th>Item</th>
<th>NICU</th>
<th>PICU</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cultural respect</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>
| Siblings       | 3/7 with siblings  
• 3/F  
• 21/M & 10/M  
• 8/M | ✓          | 3/5 with siblings  
• 18/M  
• 9/M  
• 18/F | ✓          |
| Grandparents   | ✓          | ✓          |

Results of Comparison (2013 cases)
Summary – Differences
(Refer to the tables of comparison items in Red)

1. Rapport building
2. The ways of breaking bad news
3. Memorial items collection
4. Last office
5. Funeral arrangement / support
6. Frequency of bereavement care follow-up
7. Child’s name
Agenda

1. Introduction
2. Objectives of Study
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Discussion 1

Good Look, Goodbye & Good Luck
In
End of Life Care
Child CO’s Parental Choice

- Concern the outlook of the son always (Good Look)
- Mourning outside the mortuary, played the favorite music for the son every night before the funeral (Goodbye)
- Held a funeral ceremony in the ritual of Taoism (Goodbye & Good Luck)
Discussion 1 (Cont’d)

What are the meanings of funeral to the parents and the family?

Funeral means doing something important for the beloved.

... a mean to say goodbye and good luck
## Parents' Choice of Funeral Arrangement - 2013

<table>
<thead>
<tr>
<th>Case No.</th>
<th>Self-Arranged</th>
<th>Hospital Room</th>
<th>By Government</th>
</tr>
</thead>
<tbody>
<tr>
<td>NICU-1</td>
<td>X</td>
<td>X</td>
<td>✓</td>
</tr>
<tr>
<td>NICU-2</td>
<td>X</td>
<td>At ward</td>
<td>✓</td>
</tr>
<tr>
<td>NICU-3</td>
<td>✓</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>NICU-4</td>
<td>✓</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>NICU-5</td>
<td>✓</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>NICU-6</td>
<td>X</td>
<td>X</td>
<td>✓</td>
</tr>
<tr>
<td>NICU-7</td>
<td>✓</td>
<td>✓</td>
<td>X</td>
</tr>
<tr>
<td><strong>Total-NICU</strong></td>
<td>4/7</td>
<td>2/7</td>
<td>3/7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Case No.</th>
<th>Self-Arranged</th>
<th>Hospital Room</th>
<th>By Government</th>
</tr>
</thead>
<tbody>
<tr>
<td>PICU-1</td>
<td>✓</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>PICU-2</td>
<td>✓</td>
<td>✓</td>
<td>X</td>
</tr>
<tr>
<td>PICU-3</td>
<td>✓</td>
<td>✓</td>
<td>X</td>
</tr>
<tr>
<td>PICU-4</td>
<td>✓</td>
<td>✓</td>
<td>X</td>
</tr>
<tr>
<td>PICU-5</td>
<td>✓</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td><strong>Total-PICU</strong></td>
<td>5/5</td>
<td>3/5</td>
<td>0/5</td>
</tr>
</tbody>
</table>
Discussion 1 (Cont’d)

What are the impacts to parents who selected **government to arrange burial** for their baby?

As a professional nurse, do we know how to explain to the bereaved parents the difference between **self-arranged and government arranged**?
Disenfranchised Grief in Neonatal Death
Handling of Ashes

Arranged by Government

Sha Ling Cemetery

Limited access for the public

No individual identity
Only the year of burial
Handling of Ashes (Cont’d)

Self-arranged by Parents

- Niches
- Gardens of Remembrance
- Designated areas in Hong Kong Waters
Good Look, Goodbye & Good Luck

In

End of Life Care

Nurse as a facilitator
Discussion 2

Bereavement Care Support
When should start the bereavement care?

How long should be followed in the bereavement care?
# Frequency of Bereavement Care Follow-up

<table>
<thead>
<tr>
<th></th>
<th>NICU</th>
<th>PICU</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Average: <strong>1 week - 3 months</strong></td>
<td>Average: <strong>2 - 9 months</strong> (≥6 mths x 2)</td>
</tr>
<tr>
<td></td>
<td>• Average:</td>
<td>• Average:</td>
</tr>
<tr>
<td></td>
<td>▪ face x 2</td>
<td>▪ face x 3-8;</td>
</tr>
<tr>
<td></td>
<td>▪ phone x 2</td>
<td>▪ by phone x 1-4;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ whatsapp x 4-8 (for 3 cases)</td>
</tr>
</tbody>
</table>
Causes of the Gap

• Client’s willingness & readiness
• Staff’s competence
• Time constraint
• Others...
# Nurses’ Trainings in End-of-Life / Bereavement Care

<table>
<thead>
<tr>
<th>Unit</th>
<th>No. of Staff (excl WM &amp; NC)</th>
<th>No. of Participants in Survey</th>
<th>End-of-Life / Bereavement Care Training</th>
<th>% (against no. of participants)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NICU</td>
<td>53</td>
<td>27</td>
<td>10</td>
<td>37%</td>
</tr>
<tr>
<td>PICU</td>
<td>16</td>
<td>12</td>
<td>5</td>
<td>42%</td>
</tr>
</tbody>
</table>

Internal Survey : Jan 2014
High Occupancy Rate (NICU & PICU)

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>NICU</td>
<td>117.3</td>
<td>108.5</td>
<td>110.0</td>
</tr>
<tr>
<td>PICU</td>
<td>126.4</td>
<td>216.5</td>
<td>173.3</td>
</tr>
</tbody>
</table>
With Love We Care, With Excellence We Serve
All the bereaved parents felt supported and showed appreciations to the team.
Conclusion

• Know the differences, better understand the EOL-Care approach in NICU & PICU
• Facilitate the parents to achieve Good Look, Goodbye & Good Luck for their child
• Empower staff’s competence in bereavement care through trainings
Paediatric Palliative Care Nursing Development

Novice → Good Nursing Practice → Nursing Training & Education → Nursing Research → Expert

1997 → 2015 → Future

Lifelong Learning

Nursing Professional Growth
Acknowledgement

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Thank you!