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## Pediatric palliative care medicine

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Pediatric palliative care is often misunderstood and often enters in to a child and families lives too late. The overall goal of pediatric palliative care is to improve the quality of life for a child with an underlying life-threatening illness or problem. It focuses on prevention and relief of suffering, regardless of the stage of disease, and comprehensively addresses the physical, psychosocial, or spiritual needs of the child and family. The World Health Organization (WHO) describes pediatric palliative care as “the active overall care of the child's body, mind, and spirit, and involves providing support to the family. It begins when illness is diagnosed and continues regardless of whether or not a child receives treatment directed at the disease”. It is hoped that families of infants and children with a diagnosis where cure may not be possible are introduced to the palliative care team at the time of diagnosis, yet often is this the case. Palliative care for children ideally should be introduced from the beginning of diagnosis or treatment as it helps to ensure an ongoing focus on quality of life and relief of symptoms, so the child may continue to enjoy life. A child's well-being

should always be the primary guide to all for care for each individual child. The role of the parents and providers is to watch and listen intently, and then to reflect honestly on what is in the best interest of that particular child. This plan should include a reflection on the benefits and possible adverse effects of past intervention as well as the expected outcomes of current and future treatments. In order to avoid any misunderstandings, it should always be made clear to the families that the entire care team (treating physicians, palliative care, etc) is not trying to limit treatments that may have a reasonable benefit. The overriding goal is always to protect the child from interventions with little or no benefit or that may harm or prolong suffering, and to provide care that enhances the child's comfort. The interdisciplinary team (IDT) typically includes a physician, advanced nurse practitioner, pediatric registered nurse, chaplain, social worker, and child life specialist as well as administrative staff to assist with insurance, billing and equipment so necessary to the child's care.

### Biography

Lorraine Bonaldi is Assistant Professor of Nursing at Orvis School of Nursing, the University of Nevada. She is a Nurse Practitioner Specialist in Carson City, Nevada. She graduated with honors in 2010, having more than 8 years of diverse experiences, especially in Nurse Practitioner.

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