additional interventions (8). Examples of additional interventions included post death letters and post death telephone calls.

Results. The review demonstrated that psycho-educational interventions (including two web-based interventions) were most effective. Support group interventions and 1:1 support interventions had mixed results. Effective additional interventions included family focused grief therapy and an intervention that taught breathing and relaxation exercises. Positive family member outcomes included a decrease in symptoms of anxiety, depression and post-traumatic stress, decreased levels of grief and increased coping.

Conclusions and Implications for Practice, Policy, and Research. The results of this systematic review demonstrated that there are grief interventions that are effective and can be used to support adult family members during the first year of bereavement. Based on the results of this systematic review specific bereavement interventions can be safely offered to bereaved family members. Additional research is needed with diverse populations.

Cannabis Use Among Patients Prescribed Opioids in a Palliative Care Clinic (S875)

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Objectives

1. State the approximate percentage of patients receiving opioids in a palliative care clinic who also use cannabis.
2. Describe the most common symptoms for which patients use cannabis in our clinic population.

Original Research Background. Cannabis use is increasing in the United States. Palliative care patients utilize it to manage various symptoms, but there is little data about its use in this population.

Research Objectives. To assess cannabis use among palliative care clinic patients being prescribed opioids.

Methods. We conducted a retrospective chart review (October 2017, January 2018 and April 2018) using a convenience sample of patients being prescribed opioid therapy in a palliative care clinic at a rural, tertiary care, academic system.

Results. During this time period, 174 patients received prescriptions for opioids (98% for cancer-related pain, 4% dyspnea). Seventy-eight patients (45%) were using cannabis, and of these, 57 (73%) had the indication documented. Among those using cannabis, only 3 (4%) indicated using cannabis recreationally. Documented reasons for cannabis use included: pain (55, 96%), insomnia (12, 21%), nausea

(10, 18%), appetite (10, 18%), anxiety (5, 9%), depression (3, 5%), and seizures (1, 2%). Twenty patients (35%) used therapeutic cannabis for more than one indication. Routes of administration for the 38 patients for whom this was documented included: smoking (12, 32%), vaping (15, 40%), tincture (7, 18%), edible (6, 16%), and topical (6, 16%). Data was lacking on the formulations (CBD:THC ratios) of cannabis utilized and frequency of use.

Conclusions. Cannabis use is common among patients being prescribed opioids by a palliative care clinic. Indications and routes of administration are numerous. Our data lacks information on frequency and effectiveness of use for a given symptom. Use of cannabis and other complementary and alternative treatments should be assessed in palliative care patients.

Implications for Research, Policy, or Practice. Future research should investigate: better understanding of cannabinoid component formulations utilized for symptom relief, patients' perceived efficacy and side effects of cannabis as compared to FDA-approved medications for symptom management, safety profile of cannabis in combination with opioids, and whether cannabis use affects usage of opioids for cancer-related pain.

How are Pediatric Tracheostomy Decisions Discussed? An Analysis of Pediatric Tracheostomy Decision Processes (S876)

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Objectives

1. Describe pediatric tracheostomy decision discussions through the lens of the 10 Cardinal Issues from the Cardinal Issues Perspective (CIP) on decision making.
2. Interpret pediatric tracheostomy decision discussions through the lens of the 10 Cardinal Issues from the Cardinal Issues Perspective (CIP) on decision making.

Original Research Background. Parents of critically ill children who are ventilator dependent are often asked to consider the placement of a tracheostomy. This decision has substantial implications over the