range=36-88) with 51.5% being female. The majority of the RNs were female (84.6%) with a mean age of 48.9 (SD=7.0, range=28-61) and 13.3 years of experience in oncology nursing. In 37% of the PT-RN dyads, there was discord in GoC at the last interview prior to death. There was a statistically significant difference (p=.000) as the PTs reported goals more survival-focused (M=47.4, SD=31.3) than the RNs (M=29.9, SD=21.4).

Conclusion and Implications for Practice, Policy, and Research. These data show some discord between PT and RN at end-of-life and highlight the need for eliciting patient GoC throughout the illness trajectory. With the continuity of the PT-RN dyad in the outpatient setting, RNs are in the unique position to discuss GoC to ensure that PTs receive care congruent with their own preferences.

#Palliativecare and #Hospice: A Comprehensive Instagram Analysis (S849)

LaKeesha Lockett, DO, The University of Texas Health Science Center, San Antonio, TX. Connie Cheng, MS, The University of Texas Health Science Center, San Antonio, TX. Laura Reilly-Sanchez Health Careers High School, San Antonio, TX. Sandra Sanchez-Reilly, MD FAAHPM, UT Health Science Center and South Texas Veterans Health care System, San Antonio, TX. Jeanette Ross, MD AGSF FAAHPM, The University of Texas Health Science Center, San Antonio, TX.

Objectives
1. Assess Instagram posts related to #hospice and #palliative care.
2. Identify trends in #Hospice and #Palliativecare Instagram postings.
3. Compare trends between #hospice and #palliative care.

Background. Image-sharing social media platforms such as Instagram have grown in popularity and are rapidly becoming a media for personal, business and health-related information sharing. Instagram has over 1 billion active monthly users, with 64% of users ranging from 18 to 34 years old. The content of Instagram images of palliative care (PC) and hospice have not been investigated.

Objective. To assess Instagram posts related to #hospice and #palliative care, illustrating general population knowledge and opinions of hospice and palliative care and comparing trends.

Methods. Instagram-public data was retrieved for 30 days (images, video, metadata) for the two hashtags containing PC and hospice. Images were screened; duplicates removed and excluded non-English content. A customized coding scheme to determine major content themes and images was developed. Themes were characterized by user (hospice/PC/personal); post type (picture, video); description (selfie, infographic), content (advertisement, fundraiser, education, animals); purpose (personal, work, business, motivational and healthcare-related). Content was evaluated to explore trends comparing hospice vs. PC.

Results. #hospice (n=2916) and #palliativecare (n=1075), 389 posts were included after screening; 292 #Hospice and 97 #palliativecare images selected for analysis. Most images were pictures of others and most images were posted by individual users. Common content themes included fundraising (26.99%; 12.5% PC vs. 31.85% hospice; p=0.002), advertisement 24.68%, p=NS), family/friends (14.65%; 28.13% PC vs. 10.27% hospice; p<0.001), education (11.05%; p=NS), and animals (8.23%; 2.08% PC vs. 10.27% hospice; p=0.038). If the user had a hospice/PC background, they will be more likely to post educational materials (p=0.0388).

Conclusions. Instagram #hospice and #palliativecare are available and widely used. #hospice is used more often in general and when identifying common categories such as fundraising, posting about the story of loved one or pets. Hospice and PC organizations have started to use posts as a means of education. Future studies should analyzed how Instagram can be utilized as a means for educating the population, worldwide promotion and empowering patients and caregivers.

Management of Fatigue at the End of Life: A Systematic Review (S850)

Susan Lowey, PhD RN CHPN FPCN, State University of New York College at Brockport, Brockport, NY.

Objectives
1. Identify the most common and effective treatment modalities for fatigue management at the end of life.
2. Describe implications from this review of current evidence on directions for future research focused on symptom management of fatigue.

Background and Objectives. Fatigue is a common and distressing symptom associated with patients with progressive terminal illnesses who are nearing the end of life. The cause of fatigue is multifaceted and its presentation is exclusively subjective, which can both contribute to difficulty with treatment approaches. The purpose of this systematic review was to examine and describe the state of evidence surrounding the most current and effective treatments for fatigue in patients nearing the end of life.

Study Identification. Medical databases were searched using keywords including: *fatigue, fatigue management, terminal illness, end-of-life care,* and *palliative care*. Articles published between 2000 and 2018

focused on the management or treatment for fatigue in end-of-life, hospice or palliative care were included. Review articles or those that did not meet minimum quality score were excluded. Twenty-seven articles were included in the analysis.

Data Extraction and Synthesis. Study purpose, sample, design and results were extracted from each article. Using the matrix method, commonalities were further analyzed both within and across the sample.

Results. 85% of the articles were quantitative and focused on describing presentation of the symptom and/or treatment. Ten of the papers focused on symptom clusters with the diagnosis of cancer to be the most common illness antecedent associated with fatigue. Both pharmacological and non-pharmacological approaches were identified but few randomized control trials focusing exclusively on fatigue management were found.

Conclusion and Implications for Practice, Policy, and Research. Research aimed at addressing best practices for fatigue management at the end of life are lacking, particularly those involving randomized trials. Few papers focusing exclusively on fatigue were found, and this symptom is most widely included in papers that examine symptom clusters, most often in cancer patients. Studies focused on examining and comparing fatigue treatment in cancer and non-cancer illnesses should be considered.

Pediatric Cardiothoracic Surgeons and Palliative Care: A National Survey Study (S851)

Rachna May, MD, University of Oklahoma Health Sciences Center, Oklahoma City, OK. Emily Balkin, MD, University of California, San Francisco, San Francisco, CA. Jess Thompson, MD, University of Oklahoma, Oklahoma City, OK. Elizabeth Blume, MD, Boston Children's Hospital, Boston, MA. Satish Rajagopal, MD, University of California, San Francisco, San Francisco, CA.

Objectives
1. Outline pediatric cardiothoracic surgeons' understanding and use of pediatric palliative care.
2. Describe the barriers perceived by pediatric cardiothoracic surgeons to palliative care consultation.

Original Research Background. Among children with heart disease who die in the hospital, the majority occur within the first year of life in an intensive care setting. Discrepancies in understanding of prognosis and perceptions of suffering between parents and physicians caring for children with heart disease have been identified. While pediatric cardiology and palliative care (PC) provider attitudes towards PC have been described, no studies have assessed the perspectives of pediatric cardiothoracic surgeons (CTS).

Research Objectives.
- Evaluate pediatric CTS understanding and use of PC.
- Describe barriers perceived by pediatric CTS to PC consultation.

Methods. A survey was distributed electronically to pediatric CTS in the United States. Subjects were excluded if they did not have a pediatric component to their practice. The survey consisted of 22 primarily closed-ended questions with multiple choice answers.

Results. Of the 220 CTS who were mailed the survey, 36 opened the survey and 5 did not meet inclusion criteria (n=31). Median years of practice was 23.5 and 87.1% were male. Almost all (90%) reported that they had experience consulting PC. While 68% felt PC consultation was initiated at the appropriate time, 29% felt it occurred too late. When asked the appropriate timing for PC consultation in patients with hypoplastic left heart syndrome, 45% selected "at time of prenatal diagnosis" and 30% selected "when surgical and transcatheter options have been exhausted." Common barriers to PC involvement included the perception of "giving up" (40%) and concern for undermining parental hope (36%).

Conclusion. While a majority of pediatric CTS are familiar with PC, there is variation in perception of appropriate timing of consultation and significant barriers to consultation still exist.

Implications for Research, Policy, or Practice. This is a preliminary study to better understand the attitudes of pediatric CTS regarding PC. Results will help inform future research and educational efforts for physicians caring for children with advanced heart disease.

Patterns of Anti-Cancer Therapy Use in the Last 14 Days of Life in a Community Cancer Institute (S852)

Caitlyn McNaughton, MA MHS PA, Lancaster General Health/Penn Medicine, Lancaster, PA. Selah Lynch, MS, University of Pennsylvania, Philadelphia, PA. Kristina Newport, MD FAAHPM, Penn State Health and College of Medicine, Hershey, PA. Sarah Svetec, BA, Haverford College, Haverford, PA. Riley Wong, BAS, University of Pennsylvania, Philadelphia, NY. Rachel Holliday, BS, Lancaster General Health/Penn Medicine, Lancaster, PA. Shanthi Sivendran, MD, Penn Medicine at Lancaster General Health, Lancaster, PA.

Objectives
1. Define the costs of providing aggressive end of life care.