2. Compare and contrast prescribing practices for patients with different admitting diagnoses.

Original Research Background. Palliative care for children focuses on holistic care, including the alleviation of physical, psychosocial, and spiritual suffering. Medications are used in hospice patients to palliate physical symptoms of terminal illness, including pain, dyspnea, nausea, and fatigue.

Research Objectives. The purpose of this study was to characterize the most commonly prescribed medications and medication classes in a population of pediatric hospice patients.

Methods. We conducted a retrospective review of a patient information database compiled by a national hospice organization. The database contained demographic information, as well as information on drug name, dosage, formulation, and strength. We compared proportions of the most commonly prescribed pharmacological classes among the three most common admitting diagnoses: cancer, central nervous system disorders, and genetic disorders.

Results. A total of 3,017 medication orders were evaluated. Six of the 10 most commonly prescribed drugs (morphine, lorazepam, acetaminophen, hyoscyamine, prochlorperazine, and haloperidol) were included in symptom management medication kits provided to most patients at admission. Other drugs prescribed for over 20% of patients included metoclopramide, diphenhydramine, albuterol, altropine, ondansetron, diazepam, polyethylene glycol, and levetiracetam. Opioid analgesics, anxiolytics, anticholinergics, and antiemetics were prescribed to over 50% of patients at some point during admission. Other frequently prescribed medication classes included non-opioid analgesics, anticonvulsants, antiinfectives, laxatives, corticosteroids, acid reducers, antipsychotics, and vitamins/supplements.Of the 20 most commonly prescribed drug classes, patients with cancer were significantly more likely than those with CNS disorders or genetic disorders to be prescribed anticholinergics ($p=0.03$), antiemetics ($p<0.0001$), non-opioid analgesics ($p=0.003$), laxatives ($p=0.003$), corticosteroids ($p=0.0004$), antihistamines ($p=0.01$), acid reducers ($p=0.03$), and antipsychotics ($p<0.0001$).

Conclusion. Medications commonly prescribed for children receiving hospice care include those intended to treat symptoms including pain, dyspnea, nausea, seizures, and constipation.

Implications for Research, Policy, or Practice. A general understanding of medications used in hospice care may be helpful in the development of educational materials, medications guidelines and protocols, and questions for future research.

The Comparison of State POLST Forms: Scope of Life-Sustaining Treatment (S869)

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Objectives

1. Analyze the structure and categories included in state POLST form to compare to a form in a neighboring state, and be able to state two similarities and two differences between forms.
2. Explain the potential implications of excluding a "Goals of Care" section from POLST forms, both from the perspective of the provider and the patient.

Original Research Background. Physician Orders for Life-Sustaining Treatment (POLST) is a portable medical order that delineates patients' and/or surrogates' care preferences. Currently, all states have POLST programs, either endorsed or in development. However, we do not know how consistent the treatments in POLST forms are across the states.

Research Objectives.

1. Identify the variations in life-sustaining treatments offered in state POLST forms.
2. Discuss the potential implications of variability in state POLST forms.

Methods. State POLST forms were retrieved in May 2018 from official websites or email correspondence with state program coordinators. Data on the presence of Goals of Care, Cardiopulmonary Resuscitation (CPR), Medical Interventions, Artificial Nutrition, Antibiotics, and other treatment categories were extracted and analyzed using descriptive statistics.

Results. Of the 45 state POLST forms reviewed, only six included a goals-of-care section. POLST forms included two to eight treatment categories: one with two categories (CPR and medical interventions), 17 with three categories (CPR, medical interventions, and artificial nutrition), 11 with four categories (CPR, medical interventions, artificial nutrition, and antibiotics), and 16 with four or more categories of other treatments. The CPR category had CPR and do-not-resuscitate choices in all forms. In 41 forms, the Medical Interventions category had choices of Comfort Measures Only, Limited Interventions, and Full Treatment. Forty-four forms had the Artificial Nutrition category with three choices (None, Defined Period, and Long-Term) with or without additional choices (e.g., hydration, parenteral nutrition). Seventeen forms included the Antibiotics category with two to four choices. Other treatment categories included dialysis, transfer to hospital, and blood transfusion.

Conclusion. Although there is some consistency in POLST forms, significant variation exists in treatment categories and choices.

Implications for Research, Policy, or Practice. Varied POLST forms create differences in life-sustaining treatment options given to patients and/or surrogates based on their state of residence. Greater discussion is needed among healthcare providers, policymakers, and researchers to reconcile this variation.

Impact of Palliative Care Interventions on Health-Related Quality of Life (HRQOL): A Secondary Analysis of the Promoting Resilience in Stress Management (PRISM) Randomized Controlled Trial (RCT) (S870)

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Objectives

1. Review the concept of health-related quality of life as a study outcome.
2. Evaluate the effectiveness of an intervention using patient-reported health-related quality of life as an outcome.

Original Research Background. PRISM is a novel resilience-building intervention for adolescents and young adults (AYAs). Primary analysis of the RCT in AYAs with cancer showed PRISM improved HRQOL.

Research Objectives. Secondary analysis explored changes in HRQOL domains and differences between patient groups.

Methods. English-speaking AYAs (12-25 years) were randomized to PRISM or usual care (UC) from 1/2015 – 10/2016. Surveys were completed at enrollment and six months later, using the Pediatric Quality of Life Inventory (PedsQL) Generic Short Form (SF-15) and Cancer Module to assess HRQOL. We compared change scores (PRISM vs UC) by domain (PedsQL SF-15: physical, emotional, social, school; Cancer: pain, nausea, procedure anxiety, treatment anxiety, worry, cognition, perceived appearance, communication). Participants were stratified by age (12-17 years vs 18-25 years) and advanced cancer status (yes/no).

Results. 74 patients (36 PRISM, 38 UC) completed 6-month assessments. 72% were 12-17 years old. 23% had advanced cancer at enrollment. PRISM improved patient-reported communication (UC: median [interquartile range, IQR] 0 [-17, 8]; PRISM: 8 [0, 25]). Younger patients benefited more, especially in PedsQL SF-15 school (12-17: UC 0 [-8, 0], PRISM 13 [0, 17]; 18-25: UC 0 [-33, 17], PRISM 0 [-25, 17]) and social domains (12-17: UC 0 [-33, 0], PRISM 0 [0, 8]; 18-25: UC 0 [-25, 4], PRISM -17 [-25, 8]), and cancer-specific perceived appearance (12-17: UC -4 [-25, 0], PRISM 8 [-8, 25]; 18-25: UC 0 [-21, 0], PRISM -8 [-25, 17]). Patients with advanced cancer benefited more in cancer-specific domains nausea (no: UC 0 [-10, 15], PRISM 10 [-10, 40]; yes: UC 6 [-15, 25], PRISM 35 [25, 50]) and pain (no: UC 13 [-13, 25], PRISM 6 [-13, 25]; yes: UC -13 [-25, 0], PRISM 6 [-13, 25]).

Conclusion. With PRISM, younger AYAs coped better with age-appropriate challenges and AYAs with advanced cancer improved physical symptom HRQOL.

Implications for Research, Policy, or Practice. Efficacious psychosocial intervention for AYAs.

Recruitment Outcomes Among African-American and Rural Populations with Heart Failure to an Early Palliative Care Clinical Trial (S871)

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