

# Medical complexity and care intensity on a pediatric palliative care hospital ward

- A descriptive analysis (April 2016 - November 2020)

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Center for Pediatric Palliative Care, Munich (Germany)

## Pediatric palliative care ward

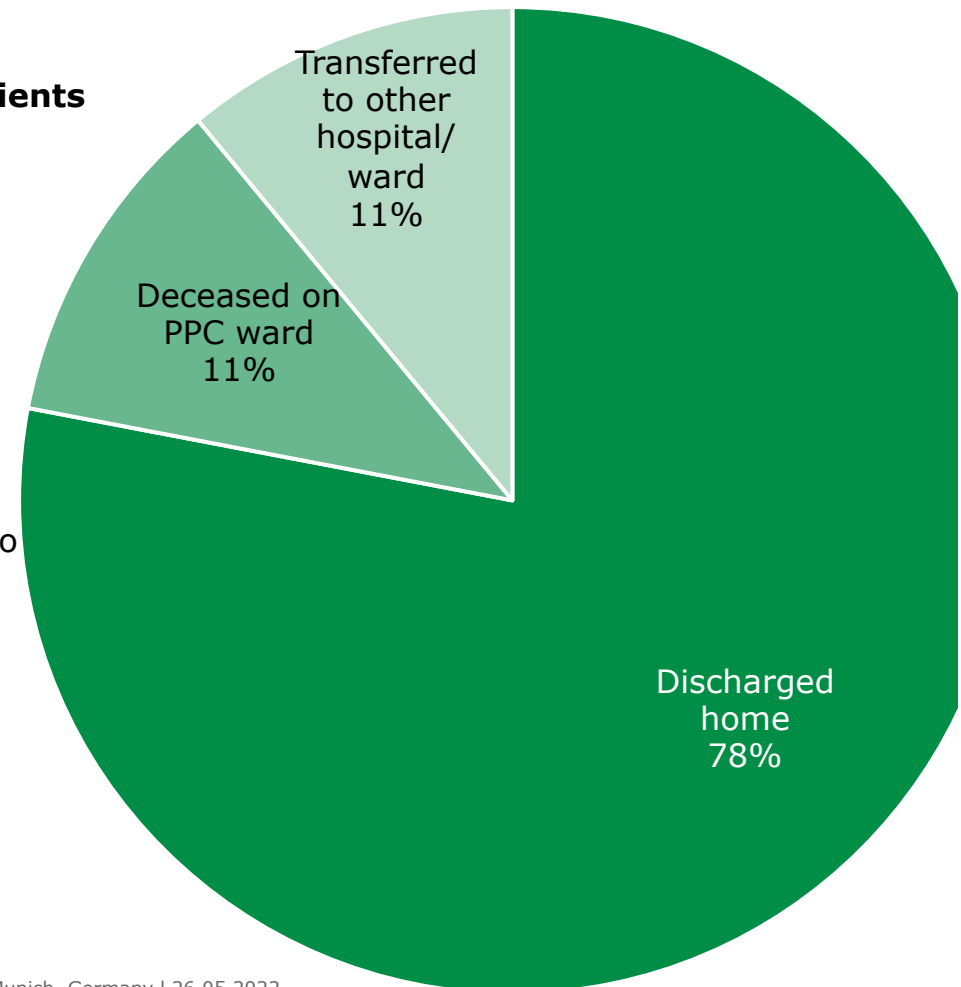
Center for PPC, Munich (Germany)

April 2016 – November 2022

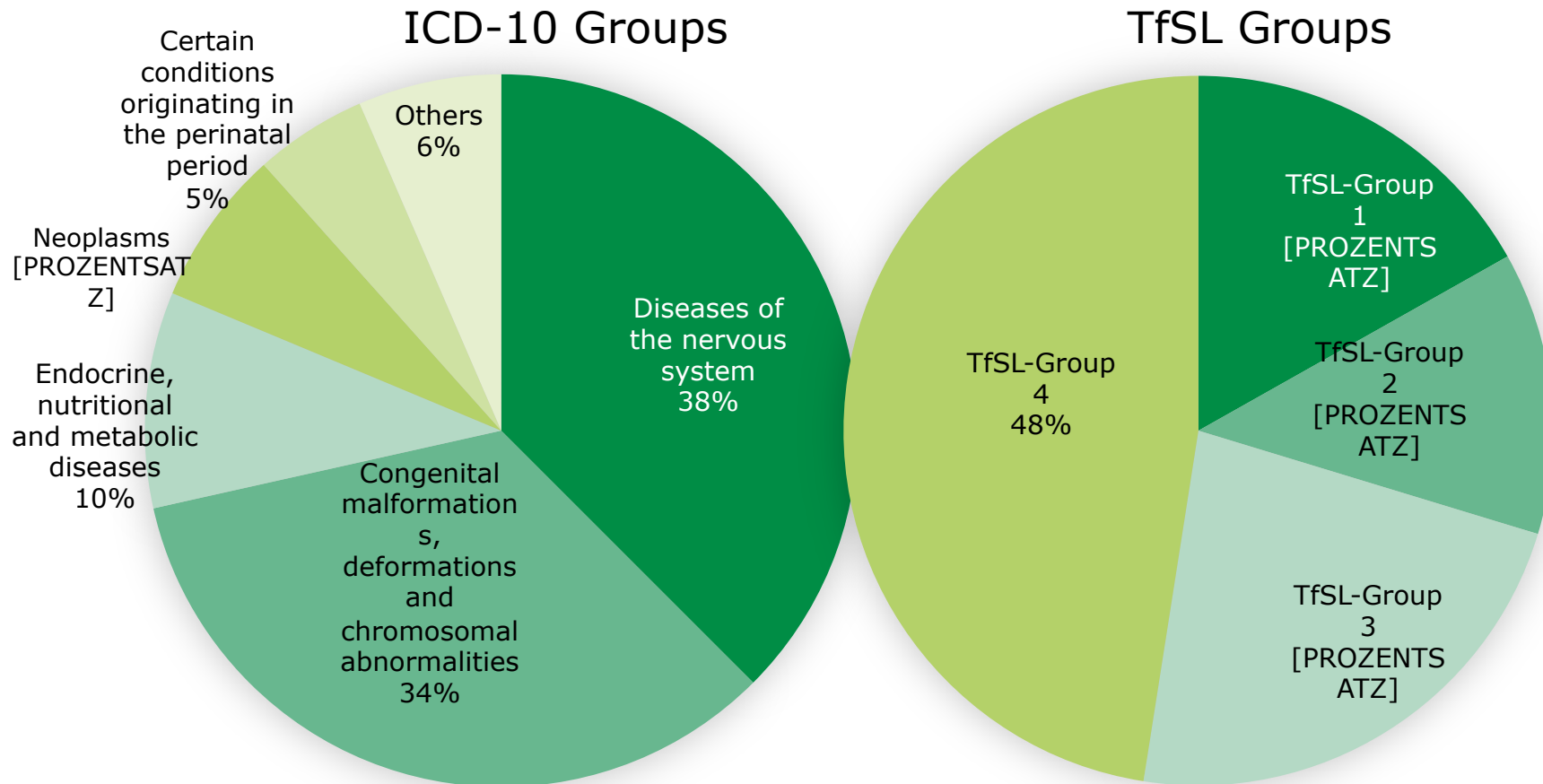
- **487 consecutive cases of 201 individual patients**

- **Age** 0-35,5 years (Median 4,8 years)
- **Length of stay** 1-186 days (Median 11 days)
- **Multiple admissions** 40% (2-20 times)
- **Full resuscitation status** 41% of cases
- **Discharged home** 78% of cases
- **Deceased on PPC ward** 11% of cases (27% of individual patients)

Age Discharge

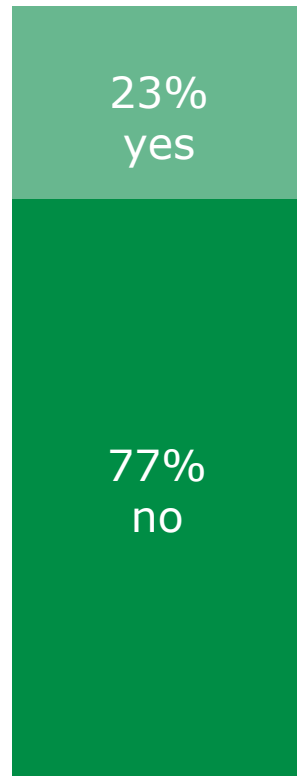


# Underlying disease by ICD-10 Groups and TfSL Groups



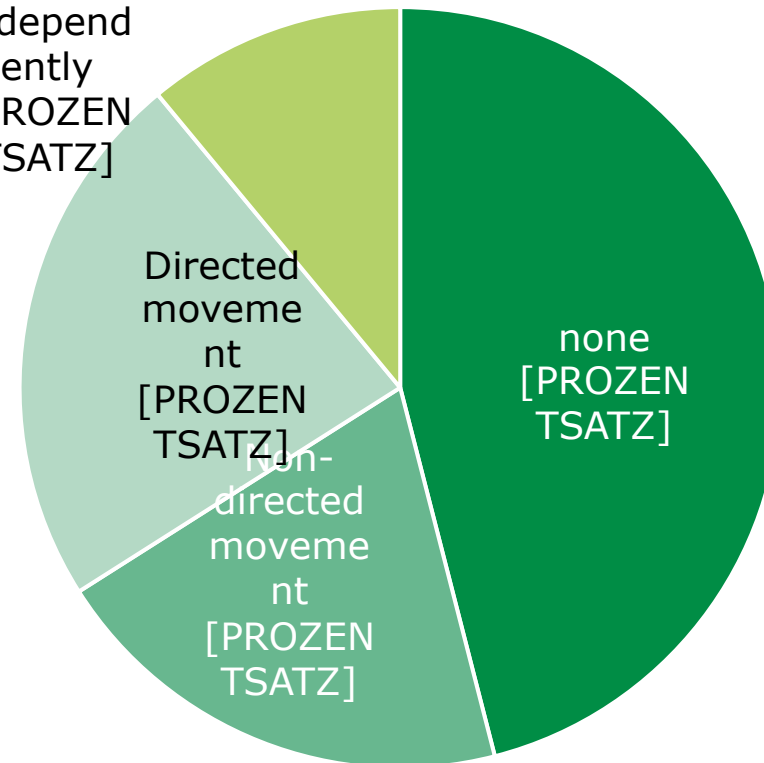
## Communication and movement ability

Active use of verbal language  
(Patients >1 year)

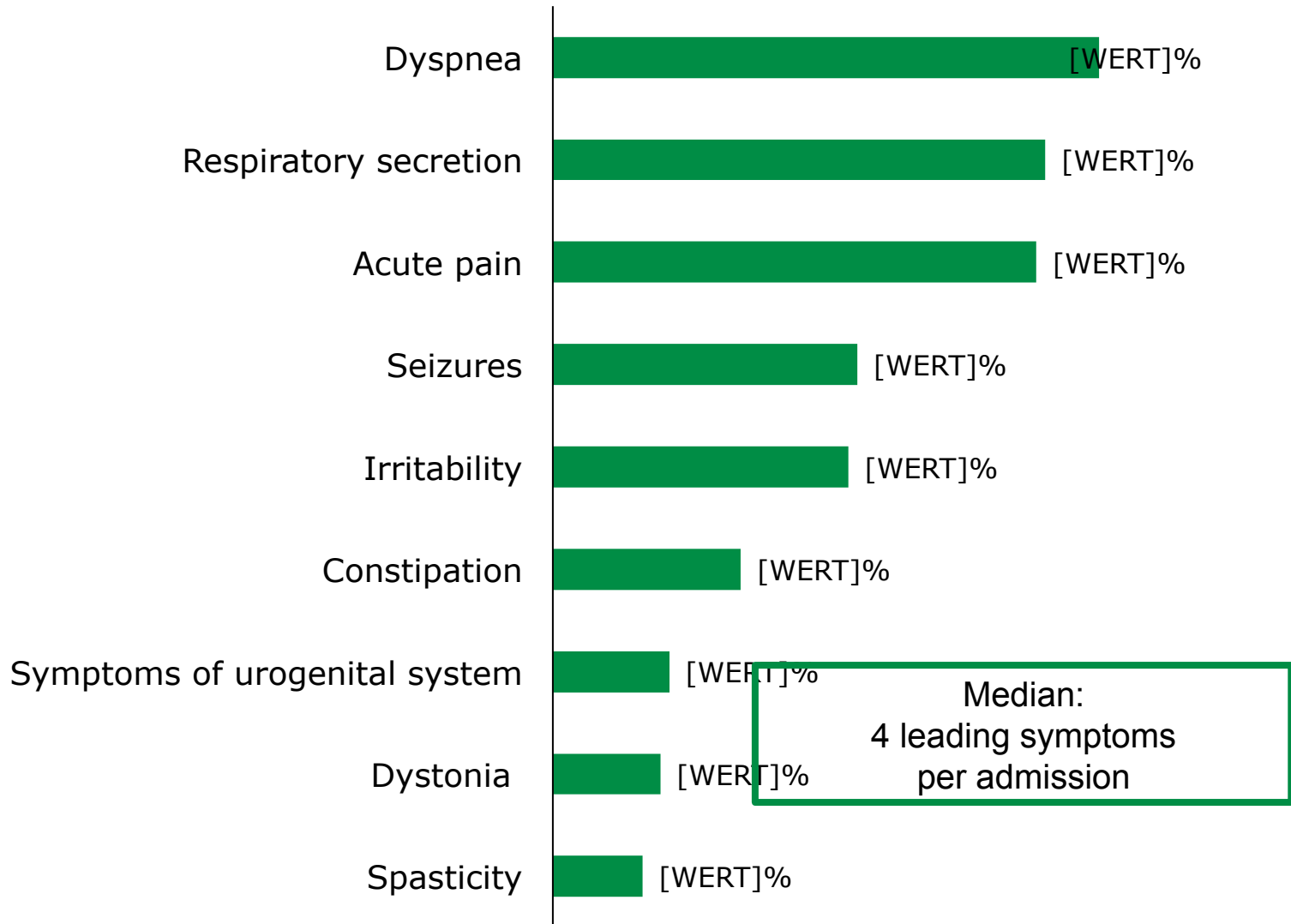


Movement ability

Ability to move independently  
[PROZENTSATZ]



## Acute clinical symptoms

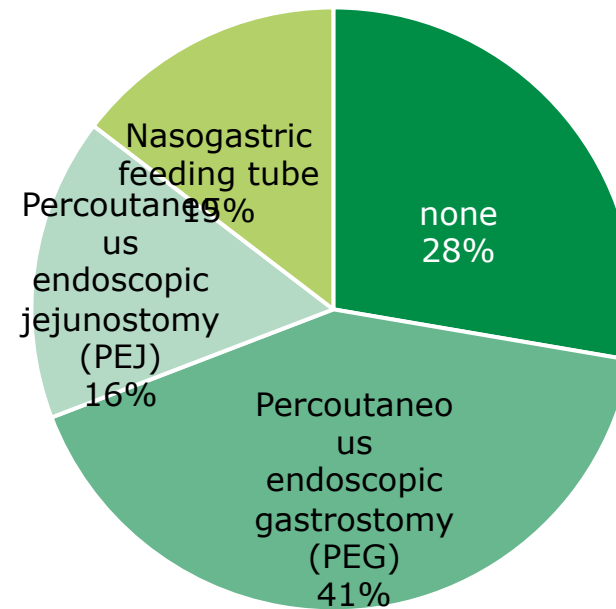


Medical devices

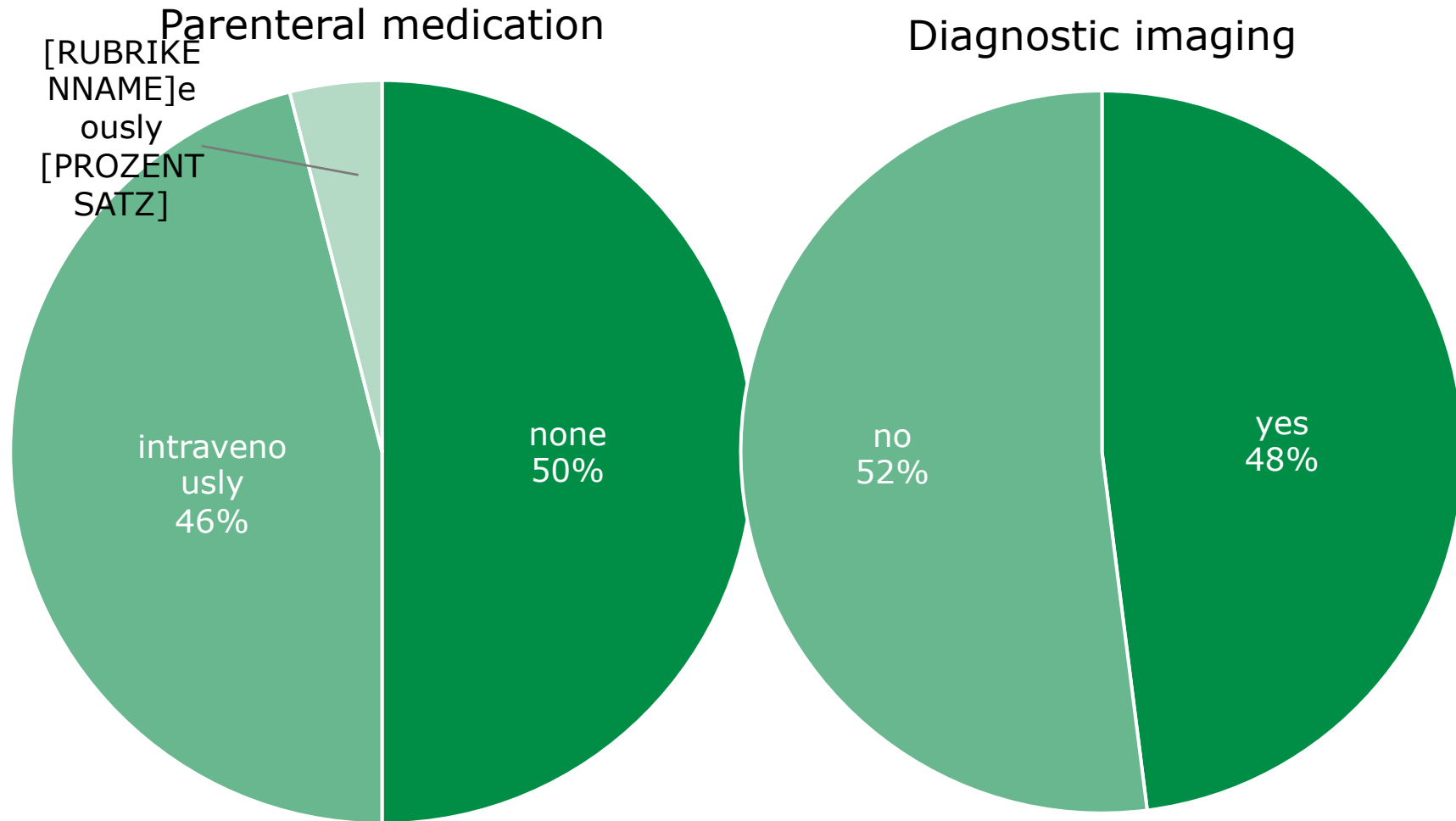
Respiratory assist devices  
29% of cases



Artificial nutrition  
72% of cases



**Medical therapy**



## Conclusion

- PPC patients show a **great heterogeneity**, a **high symptom burden** and a **huge medical complexity**.
- Admissions were **rarely for end-of-life-care**, and **mostly for symptom management/crisis intervention** resulting in **home discharge**.
- Specialized PPC inpatient wards need to offer care at the **intermediate care level** in order to respond to **the needs of the patients and families**.

**Thank you**

**for your attention!**

For further information, please contact Sophie Stoesslein

E-Mail: [sophie.stoesslein@med.uni-muenchen.de](mailto:sophie.stoesslein@med.uni-muenchen.de)

