



Palliative Care In General Paediatric Ward

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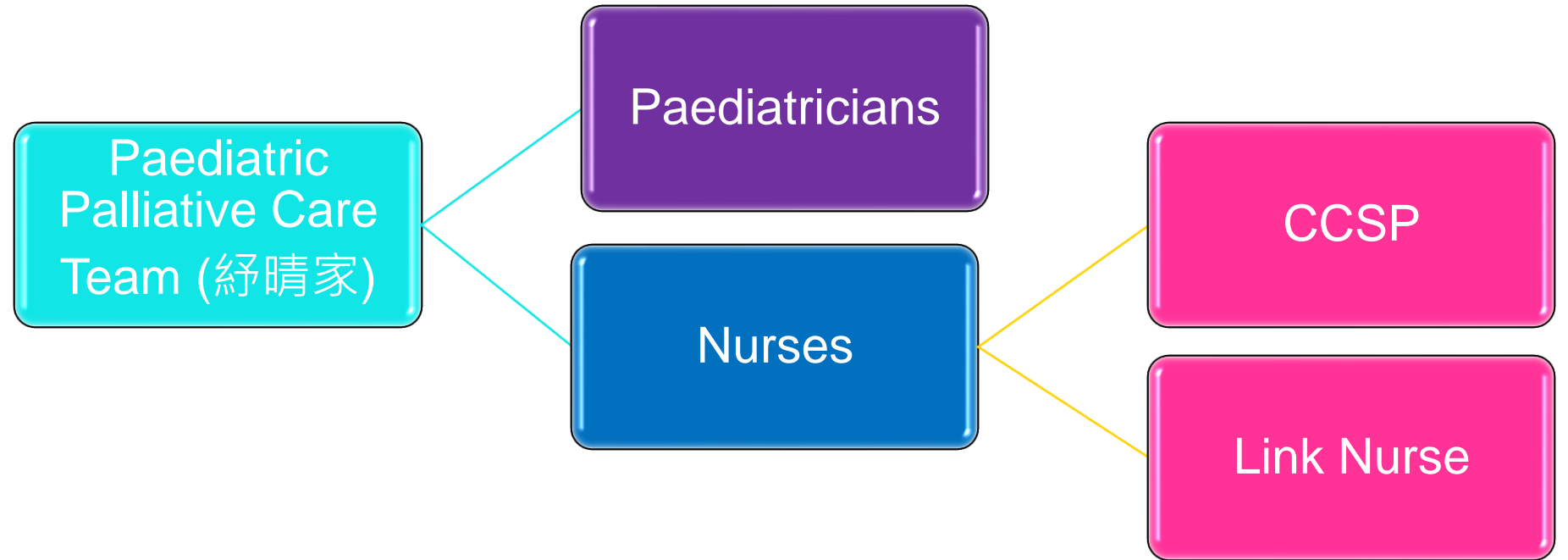
Paediatric Palliative Care Team



紓晴家



Team Members







紓緩治療謬誤

謬誤：紓緩治療是放棄所有治療，以及不能再轉回腫瘤科等治療

澄清：醫護人員會與病人商討治療選擇。病人如有需要，可以轉回所需專科如腫瘤科治療。

謬誤：紓緩治療等同安樂死

澄清：安樂死在港不合法，在紓緩治療中，醫護人員不會刻意加速或延遲病人死亡。

謬誤：紓緩治療代表留院直至死亡

澄清：病人留院是因症狀嚴重，或有複雜心理問題。很多病人在家休養，透過門診及家訪跟進。

謬誤：接受紓緩治療代表很快死亡

澄清：何時接受紓緩治療視乎病人需要。近年國際上鼓勵紓緩治療早期介入，當病人被診斷患不可治癒癌症後12周內，便可開始提供治療服務。

資料來源：香港紓緩醫學學會主席吳常青

劇誤導 紓緩治療當等死 醫生糾正：積極支援 病人毋須簽紙

17,839

讚 107

分享



AA



Caritas Medical Centre
Department of Paediatrics & Adolescent Medicine



兒童紓緩治療齊認識問答 (活動前)

請在適當的空格內加上 ✓

職位: 醫生 護士 病房助理 其他 _____

	問題	是	否
1.	在香港，預設照顧計劃 (Advance Care Planning) 是不可隨時更改的		
2.	兒童紓緩治療服務對象只是瀕臨死亡或癌症的兒童		
3.	當兒童的疾病沒法根治時，紓緩治療才應該介入		
4.	在香港，家長可為兒童作出預設醫療指示(Advance Directive)，制定的預設醫療指示是有法律約束力		
5.	使用嗎啡很容易引致上癮及呼吸受抑制		
6.	在香港，兒童不能選擇在家離世		
7.	適當處方嗎啡，能夠延長接受紓緩治療兒童的生命		
8.	不作「心肺復甦術」是等於「安樂死」		
9.	在香港，為未成年病人制定的預設照顧計劃(Advance Care Planning)是有法律約束力		
10.	兒童紓緩治療服務與善終服務是相同的		





Department of Paediatrics & Adolescent Medicine
明愛醫院兒童及青少年科

Paediatric Palliative Care Team
紓晴家

Missions 我們的使命

- ◊ 照顧生命受限制或罹患疾病的兒童及其家人
- ◊ 提升兒童、家人以及醫護人員之間的溝通
- ◊ 協助您作出最能反映您孩子和您家人的價值觀和偏好的決定
- ◊ 與您的醫護團隊緊密合作，提供方案緩解疼痛和其他令人痛苦的症狀，減輕因疾病所引發的身體、心理、社交以至靈性上的痛苦
- ◊ 與醫院和社區的其他服務部門保持聯繫，為您的孩子和家人提供最合適的護理
- ◊ 培訓和支持醫護人員對兒童舒緩治療服務的了解

- ★ Care children with life-threatening/ life-limiting conditions and their families
- ★ Work alongside with child existing health care provider by advising on pain and symptoms control, psychosocial/ spiritual issues
- ★ Enhance communication between child, family members, and their healthcare providers
- ★ Assist the child and family to make decisions that best reflect the child's and family's values and preferences
- ★ Liaise with other services in hospital and community to provide best possible care for the child and family
- ★ Educate and support health care staff in Paediatric Palliative Care

Who We Are

The Paediatric Palliative Care Team (PPCT) is a team of health care professionals including physicians and nurses. We work closely with other professional staff in the hospital, like clinical psychologist, chaplains, hospital play specialist and medical social worker. We support children with life-limiting and/or life-threatening conditions and their families.

Who We Are 我們是誰

紓晴家是由醫生護士組成的團隊。我們也與其他專業醫療例如臨床心理學家、醫院遊戲師、醫務社工與牧靈部合作無間，為面對急症的兒童及家人提供協助。

Department of Paediatrics & Adolescent Medicine
明愛醫院兒童及青少年科

Paediatric Palliative Care Team
紓晴家

What we do

Enhance communication between your child, family members, and healthcare providers

協助您作出最能反映您孩子和您家人的價值觀和偏好的決定

Work alongside with your existing health care provider by advising on pain and symptoms control, psychosocial/ spiritual issues

與您的醫護團隊緊密合作，提供方案緩解疼痛和其他令人痛苦的症狀，減輕因疾病所引發的身體、心理、社交以至靈性上的痛苦

Liaise with other services in hospital and community to provide best possible care for your child and family

與醫院和社區的其他服務部門保持聯繫，為您的孩子和家人提供最適切的護理

提升兒童、家人以及醫護人員之間的溝通



紓緩治療 ≠ 放棄治療

根據世界衛生組織的定義
兒童紓緩治療

是一種對兒童身體、心理和精神的整體積極治療，並包括為家庭提供支援。

它始於做出診斷之時，並一直延續下去，而無論兒童是否接受疾病的針對性治療。

許多人認為接受紓緩治療就是「甚麼都不做」、「等死」。其實，紓緩治療並不是「消極醫療」。紓緩治療的重要是提升兒童及其家庭的生活質素緩解疼痛和其他令人痛苦的症狀。

WHO Definition of Palliative Care for Children

The active total care of the child's body, mind and spirit, and also involves giving 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.

Not giving up. Focus on enhancement of quality of life. Manage pain and distressing symptoms.

Who needs Paediatric Palliative Care ?

1. Life-threatening conditions for which curative treatment may be feasible but can fail: e.g. cancer, irreversible organ failures of heart, liver, kidney.
2. Conditions where premature death is inevitable: e.g. cystic fibrosis, Duchenne muscular dystrophy, spinal muscular atrophy
3. Progressive conditions without curative treatment options: e.g. mucopolysaccharidosis.
4. Irreversible but non-progressive conditions causing severe disability, leading to susceptibility to health complications and likelihood of premature death: e.g. severe cerebral palsy, multiple disabilities such as following brain or spinal cord injury

哪些兒童需要紓緩治療服務？

第一類：有生命威脅的疾病，治療可能是有效的，但也可能失敗。如：癌症、心、肝、腎臟不可逆轉的器官衰竭。

第二類：過早死亡不可避免的疾病。如：杜興氏肌營養不良症、脊髓肌肉萎縮症。

第三類：逐漸惡化且無法治癒的疾病。如：粘多醣症。

第四類：造成嚴重殘障，不可逆轉但也不持續惡化的疾病。如：嚴重的腦性麻痺、腦或脊髓損傷後的多重殘障。

PALLIATIVE CARE

Caritas Medical Centre
Department of Paediatric and Adolescent Medicine &
Developmental Disabilities Unit

Paediatric Palliative Care Series



Paediatric Palliative Care Team
紓嘸家

Date	Time	Topic	Speaker	Venue
5/11/2018	13:30 - 14:00	Introduction to Paediatric Palliative Care	Ms Tiffany Lam, RN	Wai Shun 9B Activity Room
	14:00 - 14:30	DNACPR & ACP	Dr Stephen Chan	
12/11/2018	13:30 - 14:30	Respiratory symptoms management	Dr Stephen Chan	
19/11/2018	13:30 - 14:30	Neurological symptoms management	Dr Christine Lau	
26/11/2018	13:30 - 14:30	Pain management	Dr Stephen Chan	

CNE
pending





End of Life Care



VS



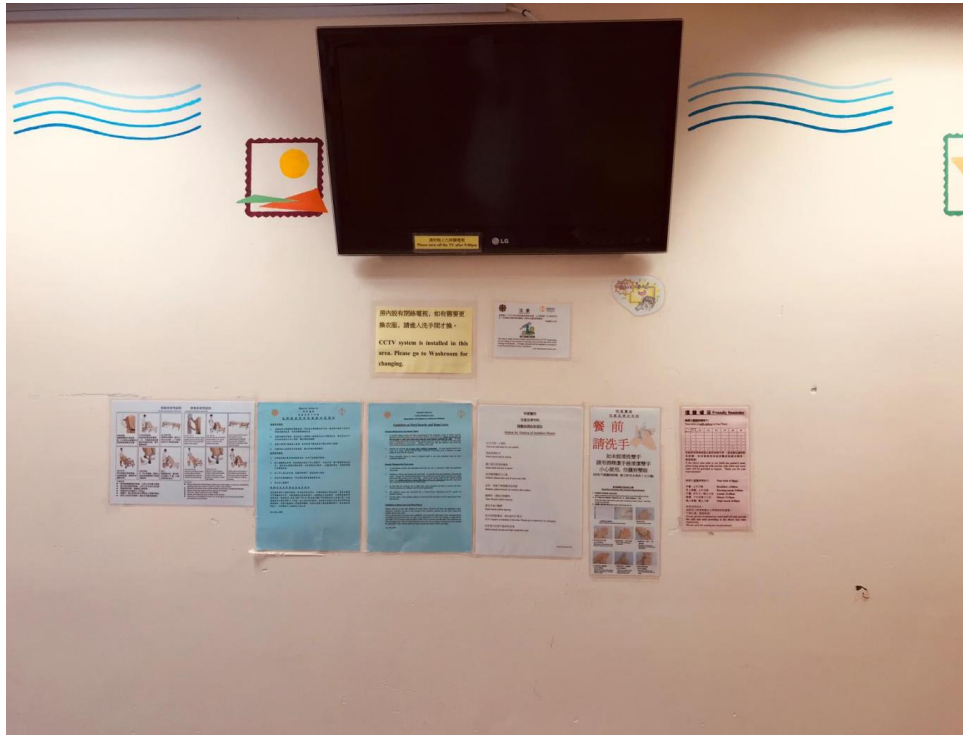


emily's house[®]
a special place for kids
a project of Philip Aziz Centre







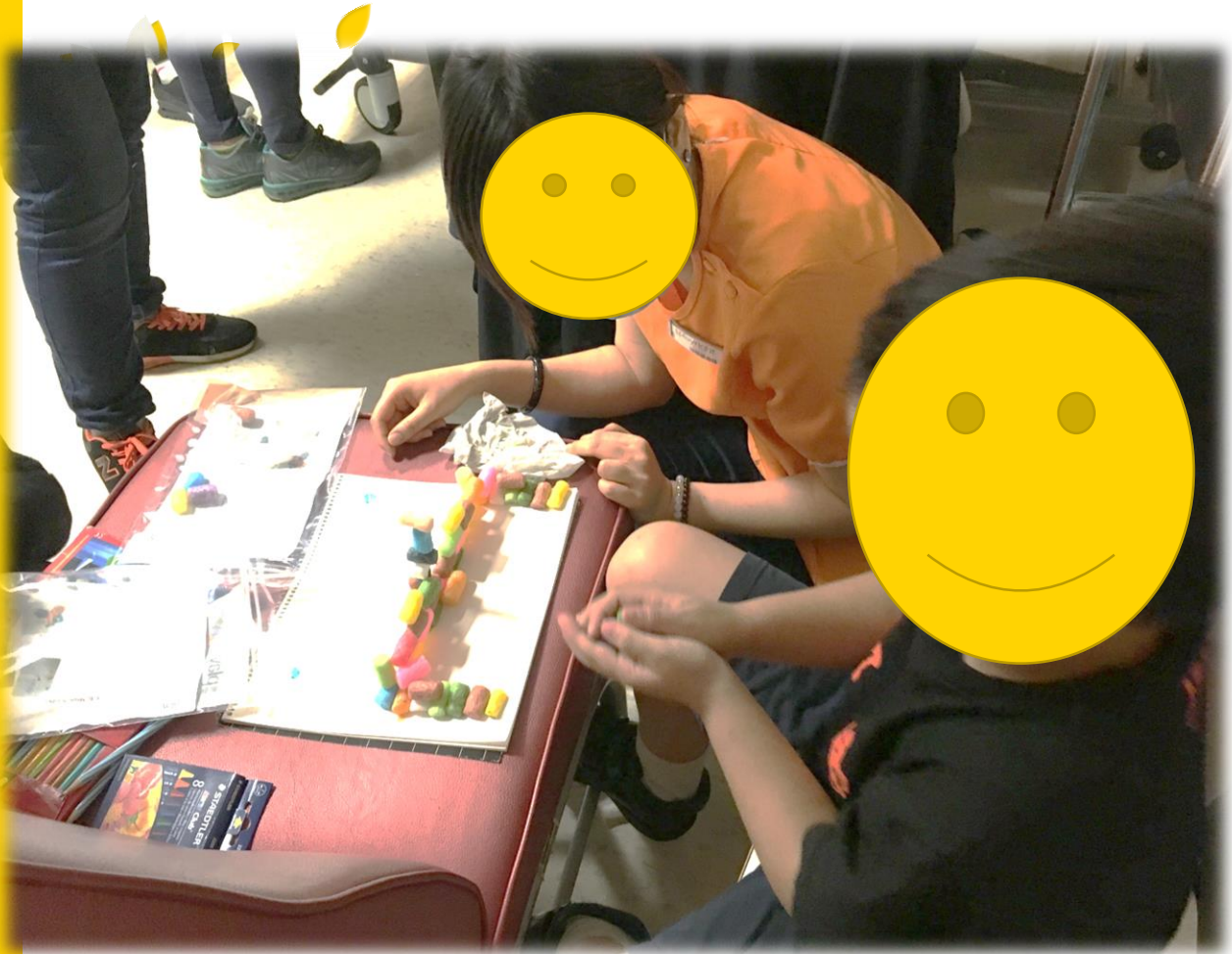




Case Sharing



- 6 year old boy, Brain Tumor
- Terminal case, supportive treatment
- DNACPR
- Re-admit for fever and increase tone



Legacy Building



遊戲師引導哥哥製作手工給弟弟，以表達對弟弟的思念和祝福



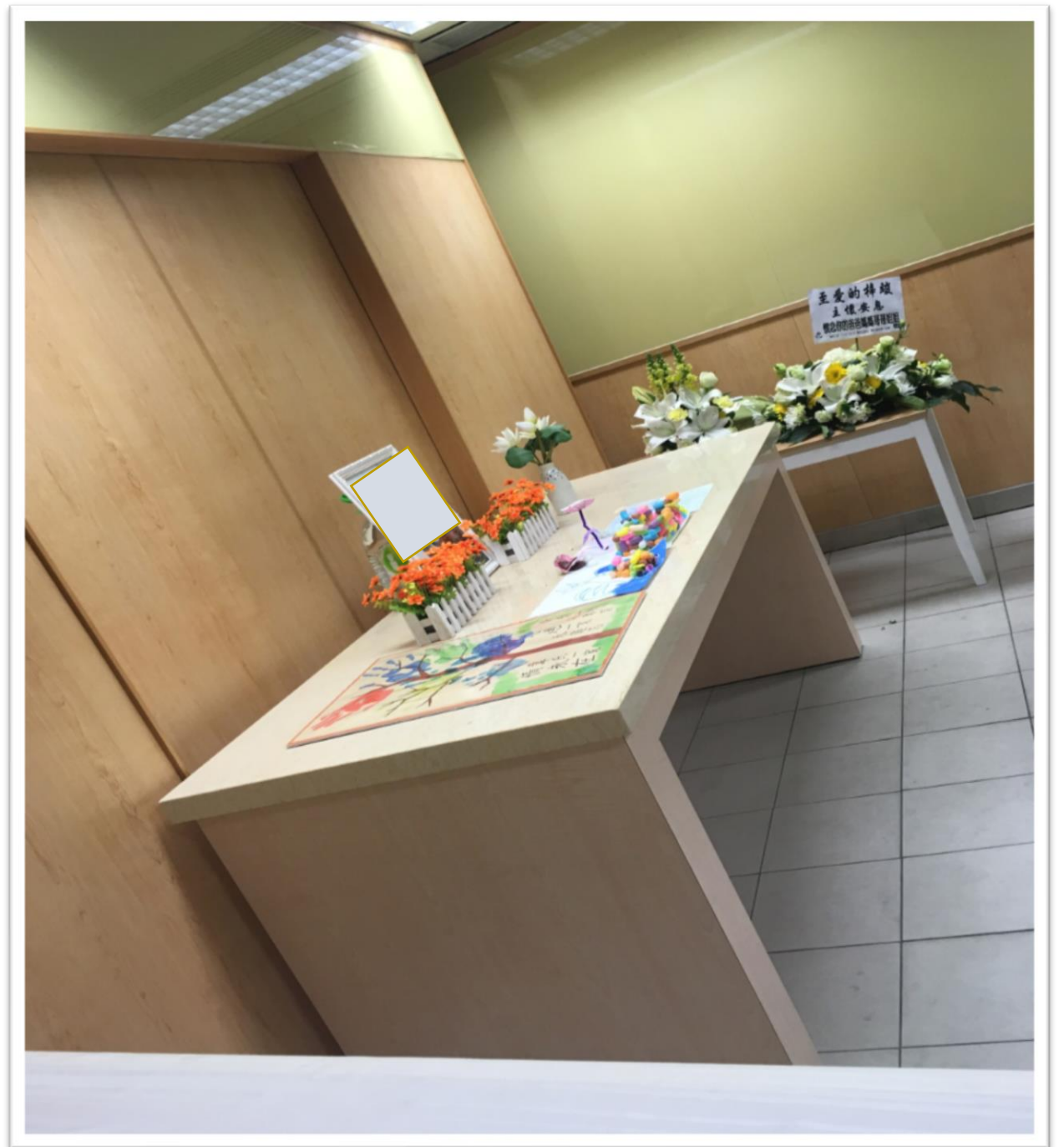
家庭成員的手掌印，創作手掌印畫，再配合紅十字老師的題字







作品擺放在安息禮中



明愛醫院小禮堂: 寧佑軒





明愛醫院小禮堂：寧佑軒







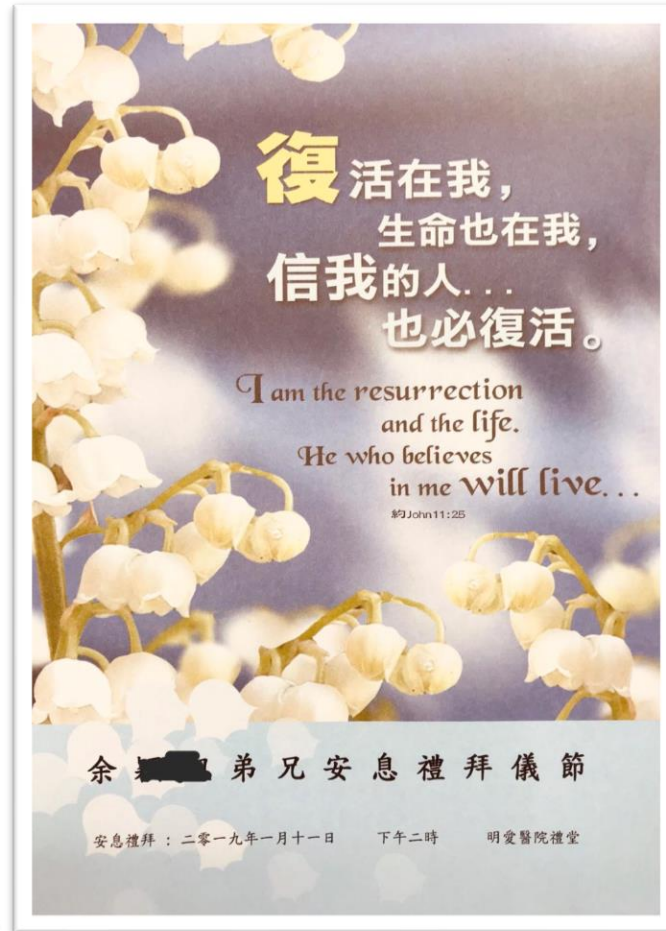
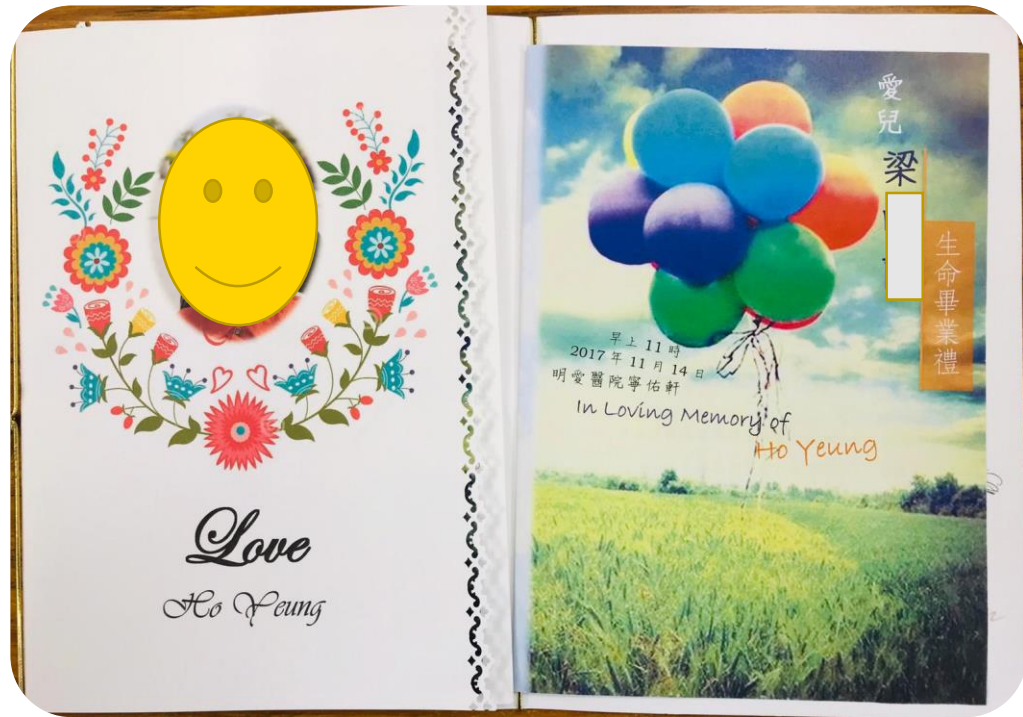
即使死了仍要活著

信從我的

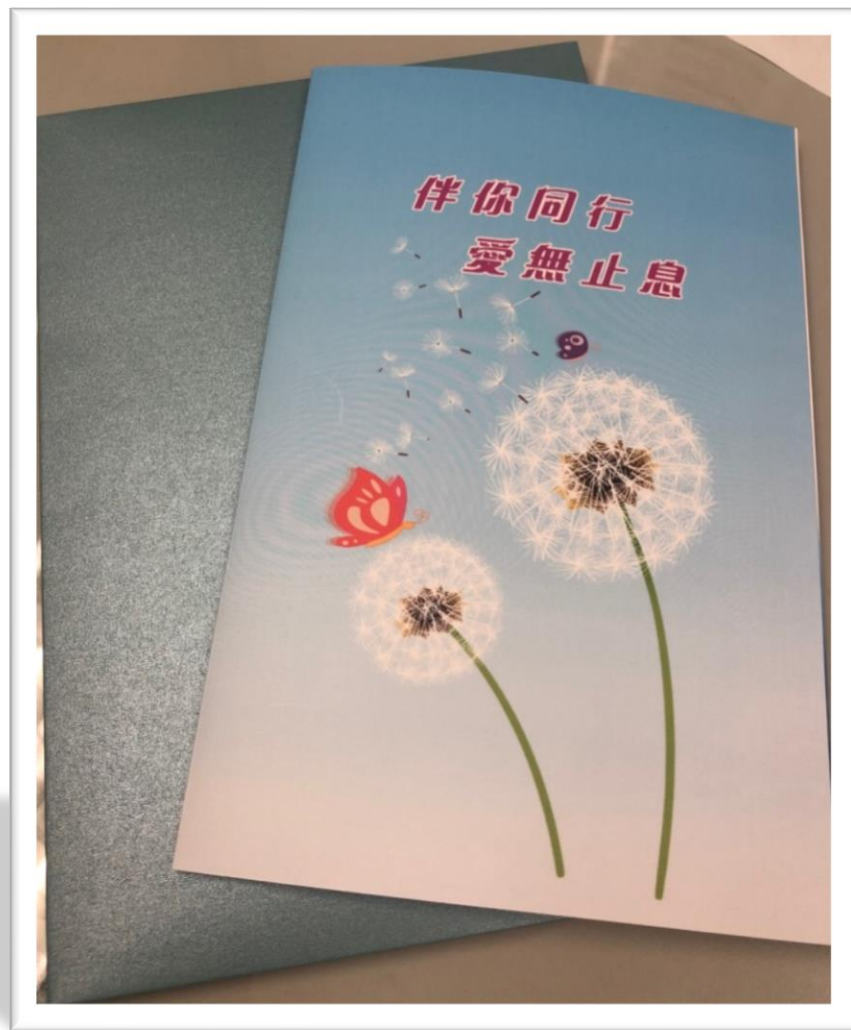
我就是復活
就是生命

LOVE

Bereavement Support



Bereavement Support



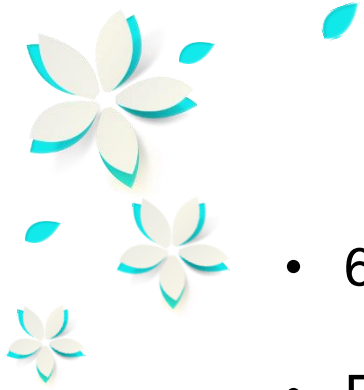


Ventilator-dependent Children

- 8 Ventilator Assisted Care Patients
- All on invasive ventilation



Story of our Little Fa



Background

- 6 year old , girl
- Prematurity (gestation: 33+3 weeks) with multiple congenital abnormalities
- Upper airway obstruction since birth with emergency tracheostomy done requiring long term mechanical ventilation
- Severe neurological disability and development delay
- Feeding intolerance and poor oromotor effort, with laparoscopic fundoplication & gastrostomy done
- Musculoskeletal deformity: (1) Contracted elbows and wrists, (2) Extended and fixed knees while ankles are neutral (3) Bilateral hip dislocation, (4) Syndromal lordoscoliosis





Family Background





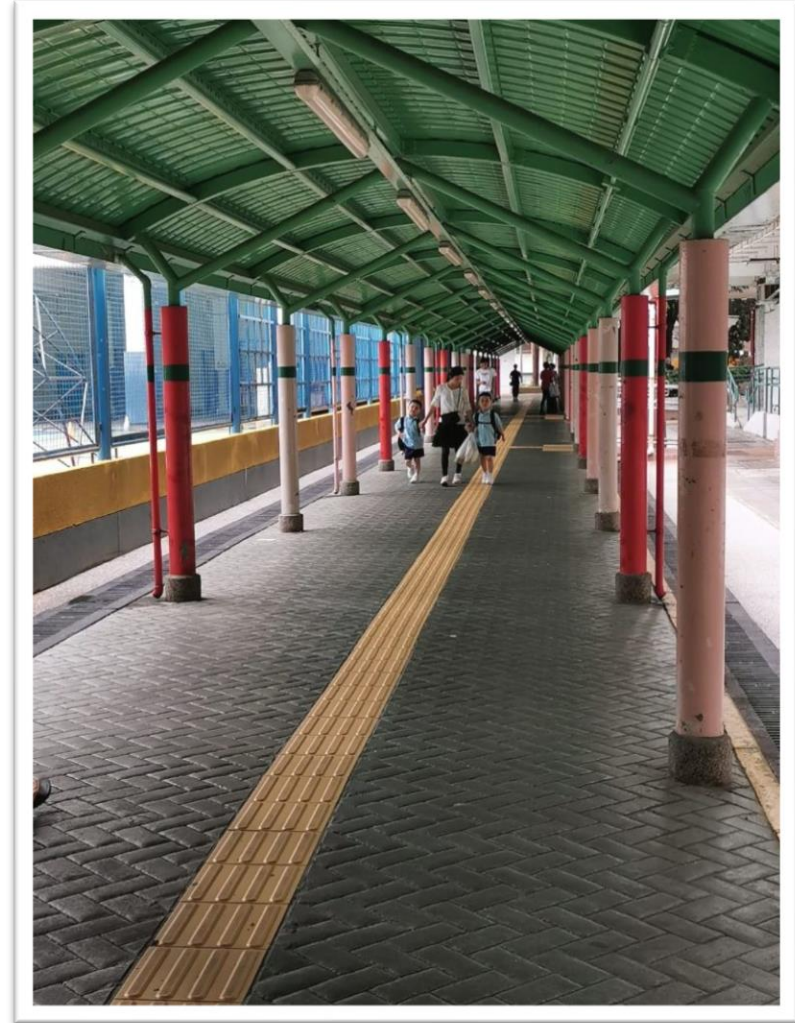
Make a Wish



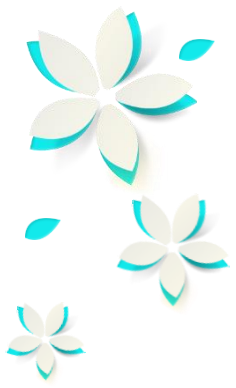


Home Visit



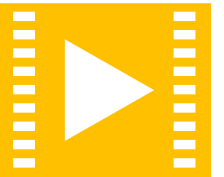












First Step to Sweet Home





Thank You