

Integrating palliative care in intensive care burn units: a systematic review

Citation

Sandra Martins Pereira, Andre Filipe Ribeiro, Barbara Gomes. Integrating palliative care in intensive care burn units: a systematic review. PROSPERO 2018 CRD42018111676 Available from:
https://www.crd.york.ac.uk/prospero/display_record.php?ID=CRD42018111676

Review question

What is the existing evidence regarding the integration of palliative care in burn intensive care units with respect to the integration concept?

What is the existing evidence regarding the models and designs of palliative care integration in burn intensive care units?

What are the benefits and outcomes of this integration?

Searches

Sources: PubMed/NLM, Web of Science, MEDLINE/Ovid, EMBASE/Ovid, CINAHL/EBSCO.

Search dates: from inception to October 2018.

Restrictions: only articles written in English, Spanish, German or Portuguese will be included.

The PubMed search strategy and results can be found by following the link below.

Types of study to be included

All study designs, except systematic reviews.

Condition or domain being studied

The number of patients referred to specialized burn care for assessment and/or treatment has increased recently. There is still a large proportion of patients admitted to burn intensive care units who die due to the complications associated to their acute condition. The domain being studied refers to palliative care in intensive care burn units.

Participants/population

Critically ill burn patients.

Intervention(s), exposure(s)

Integration of palliative care.

Comparator(s)/control

No comparators or control.

Context

Intensive burn care units.

Main outcome(s)

Integration models and outcomes.

Additional outcome(s)

Concepts of integration; organizational designs; benefits of integration; patient-reported measurements.

Data extraction (selection and coding)

AFR and SMP will select the articles and extract data independently. Discrepancies will be resolved via team discussion (including BG and RN) until reaching consensus.

Risk of bias (quality) assessment

AFR and SMP will select the articles and extract data independently. Discrepancies will be resolved via team discussion (including BG and RN) until reaching consensus. At this stage, we predict to use the AMSTAR tool to assess the quality of included studies. The tool will be applied by AFR and SMP independently. Any discrepancies will be resolved via broader team discussion until reaching consensus.

Strategy for data synthesis [1 change]

Narrative synthesis. Aggregate data will be used and a narrative (descriptive) synthesis is planned. The software tool that is planned to be used is: EndNote. Considering that we will perform a narrative synthesis, no statistical tests will be performed. Two researchers will be involved in data synthesis (AFR and SMP); discrepancies will be resolved via broader discussion with the other members of the research team (BG and RN) until reaching consensus.

Analysis of subgroups or subsets

Separate analyses will be done for the different types of participants (e.g., age differences), the different types of intervention (e.g., the different integration models and designs), and the different types of studies (e.g., qualitative versus quantitative).

Contact details for further information

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Organisational affiliation of the review

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Type and method of review

Intervention, Narrative synthesis, Systematic review

Anticipated or actual start date

31 July 2018

Anticipated completion date

31 December 2018

Funding sources/sponsors

None

Conflicts of interest

Language

English

Country

Portugal

Stage of review

Review Ongoing

Subject index terms status

Subject indexing assigned by CRD

Subject index terms

Burn Units; Burns; Critical Care; Critical Illness; Delivery of Health Care, Integrated; Humans; Intensive Care Units; Palliative Care

Date of registration in PROSPERO

09 November 2018

Date of first submission

04 October 2018

Stage of review at time of this submission

Stage	Started	Completed
Preliminary searches	Yes	No
Piloting of the study selection process	Yes	No
Formal screening of search results against eligibility criteria	Yes	No
Data extraction	Yes	No
Risk of bias (quality) assessment	No	No
Data analysis	No	No

The record owner confirms that the information they have supplied for this submission is accurate and complete and they understand that deliberate provision of inaccurate information or omission of data may be construed as scientific misconduct.

The record owner confirms that they will update the status of the review when it is completed and will add publication details in due course.

Versions

09 November 2018