

## End-of-Life Care in Burn Intensive Care Units: A Systematically Conducted Scoping Review

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**Background:** Burns are a serious illness with significant consequences for patients, families, healthcare teams and systems. End-of-life care and decision-making in burn intensive care units (BurnICUs) are challenging, although rarely studied.

**Aim:** To review and synthesize the evidence on end-of-life in BurnICUs about the characteristics of end-of-life in BurnICUs, symptom control provided to burned patients facing dying and death in this context, and the concepts, models and designs of the care provided.

**Methods:** Systematic scoping review, following Arksey and O'Malley's framework. PRISMA was used as reporting guideline. Searches were performed in three databases; no time restriction, up to July 2020.

**Results:** 12.926 documents identified; 11 selected for analysis and synthesis. Three key themes emerged: (i) characteristics of the end-of-life in BurnICUs, including end-of-life decisions, decision-making processes, causes and trajectories of death; (ii) symptom control at the end-of-life in BurnICUs; (iii) concepts, models, and designs of the care provided to burned patients at the end-of-life, mainly care approaches, provision of care and palliative care (PC).

**Discussion/ conclusions:** End-of-life care is a major step in the care provided to critically burned patients. Dying and death in BurnICUs are often preceded by end-of-life decisions, namely forgoing treatment and do-not-attempt to resuscitate. Different dying trajectories were described, suggesting the possibility to develop further studies to identify triggers for PC referral. Symptom control was not described in detail. PC was rarely involved in end-of-life care for these patients. This highlights the need for early and high-quality palliative and end-of-life care in the trajectories of critically ill burned patients, leading to an improved perception of end-of-life in burn BurnICUs. Further research is needed to study the best way to provide optimal end-of-life care and foster integrated PC in BurnICUs.

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