

## Integrating palliative care in intensive care units: a systematic review of systematic reviews

### Citation

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### Review question

What is the existing evidence regarding the integration of palliative care in intensive care units?

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

Which kind of intensive care units may benefit from the integration of palliative care?

### Searches

Sources: PubMed/NLM; Web of Science; MEDLINE/Ovid.

Search dates: from inception to March 2019.

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

Example of search strategy: palliative care AND intensive care AND systematic review

### Types of study to be included

Systematic literature reviews.

### Condition or domain being studied

Healthcare evolution allowed an increasing number of patients admitted in intensive care units. A large portion of these patients die due to the complications associated to their acute condition. Some investigations study the end of life in intensive care units, trying to understand possibilities of improving the care provided. The domain being studied refers to palliative care in intensive care units.

### Participants/population

Critically ill patients in intensive care units.

### Intervention(s), exposure(s)

Integration of palliative care.

### Comparator(s)/control

No comparators or control.

## Context

Intensive care units.

## Main outcome(s) [1 change]

We will include both qualitative and quantitative studies. We want to identify if there is a patron for the integration model used in the selected studies. Also to clarify which specific units can benefit from this process and which outcomes are achieved (physical, psychological, social or spiritual, for patients or caregivers).

## Additional outcome(s)

Concepts of integration; Organization models; Benefits of integration; patient-reported measurements.

## Data extraction (selection and coding) [1 change]

Data extraction in PubMed, MEDLINE and Web of Science. AFR and SMP will select the systematic reviews that suit the objectives of our review. This data extraction will be done by both investigators independently, using PRISMA flow chart. 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 the 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

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. diagnostic differences), the different types of intervention (e.g., the different integration models and designs), and the different organization models (e.g., the type of intensive care).

## Contact details for further information

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## Organisational affiliation of the review

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## Review team members and their organisational affiliations

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### Type and method of review

Review of reviews, Systematic review

### Anticipated or actual start date

18 February 2019

### Anticipated completion date

29 March 2019

### Funding sources/sponsors

There are no sources or sponsors related to this investigation

### Conflicts of interest

### Language

English

### Country

Portugal

### Stage of review

Review Ongoing

### Subject index terms status

Subject indexing assigned by CRD

### Subject index terms

Critical Care; Humans; Intensive Care Units; Palliative Care

### Date of registration in PROSPERO

11 April 2019

### Date of first submission

11 February 2019

### Stage of review at time of this submission

The review has not started

Stage	Started	Completed
Preliminary searches	No	No
Piloting of the study selection process	No	No
Formal screening of search results against eligibility criteria	No	No
Data extraction	No	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

11 April 2019