NURSING APPROACH IN PEDIATRIC PALLIATIVE CARE FOR PAIN RELIEF

ABORDAGEM DE ENFERMAGEM NOS CUIDADOS PALIATIVOS PEDIÁTRICOS NO ALÍVIO DA DOR

ENFOQUE DE ENFERMERÍA EN CUIDADOS PALIATIVOS PEDIÁTRICOS

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ABSTRACT

Introduction: Pediatric palliative care (PPC) aims to improve the quality of life of children and adolescents with serious, life-limiting, or life-threatening illnesses, as well as their families. The pediatric approach requires special attention to the child's physical, emotional, and psychosocial development, as well as family support during and after the illness and bereavement process.

Objectives: To analyze nursing care in pediatric palliative care for pain relief; to identify the main approaches adopted by the nursing team for pain relief; to highlight the family as a protagonist in the care process; and to present the pharmacological and non-pharmacological strategies used in pain management in palliative patients, discussing their benefits, limitations, and best practices for optimizing treatment.

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Methods: This is an integrative literature review that collects data from bibliographic sources and analyzes them to deduce possible similarities or differences. An integrative literature review is a research method that combines the results of primary studies. The literature review is part of evidence-based practice (EBP), an approach that uses scientific evidence to support clinical practice.

Results: The need for pediatric palliative care (PPC) is recognized. Children with complex chronic illnesses, cancer, or life-limiting conditions benefit from PPC to improve quality of life and reduce suffering. The studies highlight the importance of a multidisciplinary approach, including symptom control and emotional and spiritual support. Symptom control—pain, dyspnea, fatigue, and nausea—are the most prevalent symptoms in children receiving palliative care. Pharmacological and non-pharmacological approaches (such as music therapy and acupuncture) are effective. The study highlights the importance of the family as a protagonist in the care process and presents the pharmacological and non-pharmacological strategies used in pain management in palliative patients.

Conclusion: Pediatric palliative care is essential to ensure dignity, comfort, and quality of life for children with serious illnesses. The implementation of public policies and professional training are essential to expanding access to this care.

Keywords: Palliative Care. Pediatrics. Assistance. Nursing.

RESUMO

Introdução: Os cuidados paliativos pediátricos (CPP) visam melhorar a qualidade de vida de crianças e adolescentes com doenças graves, limitantes ou ameaçadoras da vida, assim como de suas famílias. A abordagem pediátrica exige atenção especial ao desenvolvimento físico, emocional e psicossocial da criança, além do suporte à família durante e após o processo de doença e luto.

Objetivos: analisar a assistência de enfermagem nos cuidados paliativos pediátricos no alívio da dor; identificar as principais condutas adotadas pela equipe de enfermagem para o alívio da dor; evidenciar a Família Como Protagonista no Processo de Cuidado e apresentar as estratégias farmacológicas e não farmacológicas utilizadas no manejo da dor em pacientes paliativos, discutindo seus benefícios, limitações e as melhores práticas para otimização do tratamento.

Métodos: Trata-se de um estudo do tipo revisão integrativa da literatura que permite coletar dados a partir de fontes bibliográficas e analisá-los a fim de deduzir possíveis semelhanças ou divergências de elementos. A revisão integrativa da literatura é um método de pesquisa que consiste em reunir resultados de estudos primários. A revisão de literatura está inserida na prática baseada em evidências (PBE), abordagem que utiliza evidências científicas como suporte para a prática clínica.

Resultados: A necessidade dos cuidados paliativos pediátricos (CPP), em crianças com doenças crônicas complexas, câncer ou condições limitantes de vida se beneficiam de CPP para melhorar qualidade de vida e reduzir sofrimento. Os estudos destacam a importância da abordagem multiprofissional, incluindo controle de sintomas, suporte emocional e espiritual. O controle de sintomas como a dor, dispneia, fadiga e náuseas são os sintomas mais prevalentes em crianças em cuidados paliativos. As abordagens farmacológicas e não farmacológicas (como musicoterapia e acupuntura) são eficazes. A Família como protagonista no processo de cuidado e apresentar as estratégias farmacológicas e não farmacológica utilizadas no manejo da dor em pacientes paliativos

Conclusão: Os cuidados paliativos pediátricos são essenciais para garantir dignidade, conforto e qualidade de vida a crianças com doenças graves. A implementação de políticas públicas e a capacitação de profissionais são fundamentais para ampliar o acesso a esses cuidados.

Palavras-chave: Cuidados Paliativos. Pediatria. Assistência. Enfermagem.

RESUMEN

Introducción: Los cuidados paliativos pediátricos (CPP) tienen como objetivo mejorar la calidad de vida de los niños y adolescentes con enfermedades graves, limitantes o potencialmente mortales, así como de sus familias. El abordaje pediátrico requiere especial atención al desarrollo físico, emocional y psicosocial del niño, además de apoyar a la familia durante y después de la enfermedad y el proceso de duelo.

Objetivos: analizar la atención de enfermería en cuidados paliativos pediátricos para el alivio del dolor; Identificar los principales procedimientos adoptados por el equipo de enfermería para el alivio del dolor; Destacar a la Familia como Protagonista en el Proceso de Atención y presentar las estrategias farmacológicas y no farmacológicas utilizadas en el manejo del dolor en pacientes paliativos, discutiendo sus beneficios, limitaciones y mejores prácticas para optimizar el tratamiento.

Métodos: Se trata de un estudio de revisión bibliográfica integradora que permite recopilar datos de fuentes bibliográficas y analizarlos para deducir posibles similitudes o diferencias entre elementos. Una revisión integradora de la literatura es un método de investigación que consiste en recopilar resultados de estudios primarios. La revisión de la literatura es parte de la práctica basada en evidencia (PBE), un enfoque que utiliza evidencia científica para respaldar la práctica clínica.

Resultados: La necesidad de cuidados paliativos pediátricos (CPP) en niños con enfermedades crónicas complejas, cáncer o condiciones limitantes de la vida se beneficia de los CPP para mejorar la calidad de vida y reducir el sufrimiento. Los estudios destacan la importancia de un enfoque multidisciplinario, que incluya el control de los síntomas y el apoyo emocional y espiritual. Control de los síntomas: el dolor, la disnea, la fatiga y las náuseas son los síntomas más prevalentes en los niños que reciben cuidados paliativos. Los enfoques farmacológicos y no farmacológicos (como la musicoterapia y la acupuntura) son eficaces. La Familia como protagonista en el proceso de atención y presentar las estrategias farmacológicas y no farmacológicas utilizadas en el manejo del dolor en pacientes paliativos.

Conclusión: Los cuidados paliativos pediátricos son esenciales para garantizar la dignidad, el confort y la calidad de vida de los niños con enfermedades graves. La implementación de políticas públicas y la formación de profesionales son esenciales para ampliar el acceso a esta atención.

Palabras clave: Cuidados Paliativos. Pediatría. Asistencia. Enfermería.

1 INTRODUCTION

According to the World Health Organization (WHO, 2002), Palliative Care is defined as "an approach that promotes the quality of life of patients and their families in situations that threaten the continuity of life, through the prevention and relief of suffering. To this end, it requires early identification, evaluation and quality treatment for pain and other distressing situations of a physical, psychosocial and/or spiritual nature" (Contro., 2002).

Palliative care has been gaining more and more prominence in modern medicine due to its patient-centered approach and the relief of suffering. This area of care aims to provide a better quality of life for patients facing diseases with no possibility of cure, addressing their needs holistically. Adequate pain management is one of the pillars of this care, being recognized as an essential factor to minimize suffering and improve the well-being of patients (Moraes., et al 2024).

Palliative Care has historically been confused with the term Hospice. This word dates back to the early Christian era when these institutions were part of the spread of Christianity throughout Europe. Hospices were shelters (inns) intended to receive and care for pilgrims and travelers, whose oldest account dates back to the fifth century, where Fabiola, a disciple of St. Jerome, took care of travelers coming from Asia, Africa and eastern countries, in the Hospice of the Port of Rome (Manual of Palliative Care ANCP).

Care is part of the essence of the human being, especially with regard to a welcoming, sensitive and loving relationship. With the advent of humanization processes, care has come to be considered a new paradigm, being represented by the symbol of the hand that caresses, protects and supports. In this way, it fosters a global engagement with those most dispossessed, through the desire to devote oneself with empathy and promote healing (Rankings., 2023).

The birth of palliative care (PC) emerges as a humanitarian philosophy of caring for terminally ill patients in 1997, the Brazilian Association of Palliative Care (ABCP) was created, composed of a group of professionals interested in the subject, relieving the pain of the terminal patient and suffering, this care provides for the action of a multidisciplinary team, care must be, above all, ethical and humanized and respectful, with pain relief as a principle and bringing comfort to the patient and ensuring quality of life (Silva et al., 2024).

When it comes to Palliative Care, it is evident that this is not a recent theme because during the periods of the crusades in the Middle Ages, religious institutions already had an environment of "hospices" that were intended to take care of sick, dying travelers and those in need of basic conditions for survival. As a result, they were people who found themselves in fragile situations, whether physically or emotionally, who ended up dying in these shelters, where the treatment was not necessarily the cure of diseases, but the alleviation of suffering (Nascimento., 2022).

Palliative care (PCs) was designed to provide comfort, well-being and support to terminally ill patients and their families. This specialty came from the hospice movement, whose philosophy is to care for people who are going through the final phase of life, the incurable progress of some pathology or natural aging process (Couce et al., 2022).

Palliative care for patients is undoubtedly indispensable for improving the quality of life of patients and their families. Palliative actions with therapeutic measures to minimize the patient's pain and suffering are highlighted (Verastegui et al., 2022).

The World Health Organization defines palliative care as care that seeks to improve the quality of life of sick people and their families, who face problems resulting from an incurable and/or serious disease and with a reduced prognosis, through the prevention and relief of suffering, using early identification and rigorous treatment of problems that are not only physical, namely pain, but also psychological, social and spiritual pain (Parola et al., 2022).

The main objective of palliative care is to ensure the best possible quality of life (QoL) for patients and their families. Its essential components are the relief of signs and symptoms and psychological, spiritual, emotional, and social support throughout the follow-up of the patient and their family members (Couce et al., 2022).

Pain management in palliative patients is a complex challenge, involving accurate pain assessment, appropriate selection of therapies, and individualization of treatment. The presence of multiple symptoms, comorbidities, and disease progression can make it difficult to control pain and compromise patients' quality of life. This article aims to discuss the main challenges encountered in pain management in palliative care and present strategies to optimize treatment (Silva et al., 2024).

The study aims to present a review of the literature on pain management in palliative patients, to analyze nursing care in pediatric palliative care in pain relief; identify the main conducts adopted by the nursing team for pain relief; to highlight the Family as a Protagonist in the Care Process and to present the pharmacological and non-pharmacological strategies used in pain management in palliative patients, discussing their benefits, limitations and best practices for optimizing treatment.

2 METHODOLOGY

This is an integrative literature review study that allows data to be collected from bibliographic sources and analyzed in order to deduce possible similarities or divergences of elements. Integrative literature review is a research method that consists of gathering results from primary studies. The literature review is embedded in practice-based

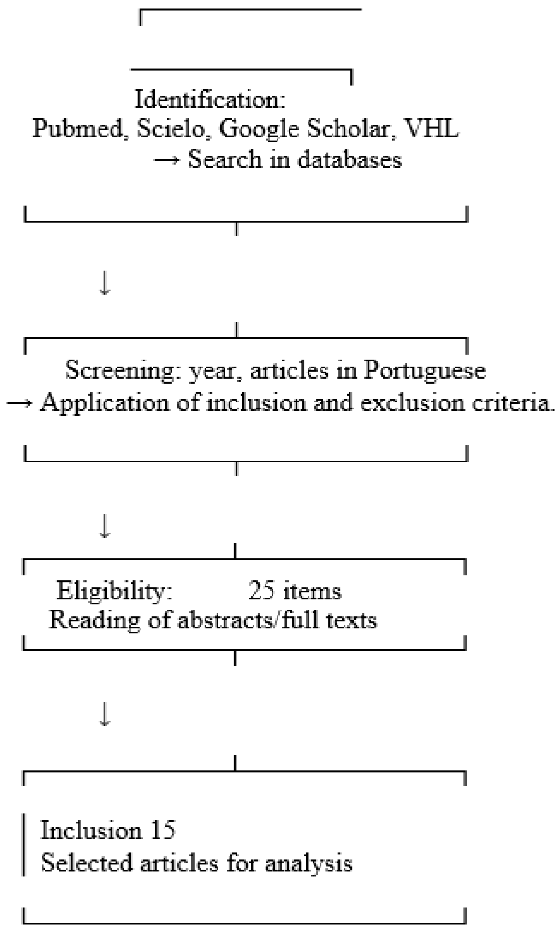
(EBP), an approach that uses scientific evidence as a support for clinical practice.

The study was carried out from six stages, which are connected and follow a certain sequence: elaboration of the research question, literature search, data collection, critical analysis of the included studies, discussion of the results and presentation of the integrative review. The research question was formulated based on the PICo strategy, which consists of: P: Population - Nurse, I: Interest - Nursing care, Context: - Palliative care. Therefore, the delimited research question is: How are nurses' care activities performed with patients in palliative care? To choose the articles, a search was made in the following databases: PubMed, Medical Literature Analysis and Retrieval System on-line (Medline), Latin American and Caribbean Literature in Health Sciences (Lilacs) and Bdenf via VHL, Google Scholar using the combination of controlled, structured and organized descriptors to facilitate access to the knowledge contained in the Health Sciences Descriptors (DECS).

The following descriptors were used, in English, Portuguese and Spanish, as follows: Palliative care AND Medication AND Non-medication, together with the Boolean operator OR. We selected 15 articles that referred to the proposed theme, published in Portuguese, English and Spanish, within the time frame of the last five years, given the need to cover the largest amount of evidence, and articles from non-systematic reviews, duplicates in the selected databases or that did not refer to the theme were excluded. The studies were evaluated considering the classification system proposed by Souza (2010), in addition, the material resulting from the data analysis was organized and arranged in a table. (Nascimento et al., 2024).

Figure 1

Database flowTable



Source prepared by the author, 2025.

3 RESULTS AND DISCUSSION

Fifteen articles were selected for the study, which were organized in a table containing, authors and year, titles, database, methodology and results.

Table 1

Synthesis of the articles chosen for the research according to author/year of study, title, database, methodology, and results - Teresina (PI), Brazil, 2025.

AUTHOR NO	SECURITIES	DATABASE	METHODOLOGY	FINDINGS

Rankings. , 2013.	Palliative care in hospital care: the experience of a multiprofessional team	Google Scholar	Qualitative	The participants reported the need to strengthen communication, teamwork and a space to discuss terminality. Thus, hospital care must meet the needs of patients in palliative care and family, articulating and promoting actions that ensure the relief of suffering and a dignified survival.
Rankings. , 2016.	Palliative care and spirituality: an integrative literature review	Pubmed	Descriptive	The study verified the relevance of the spiritual dimension during the care of patients assisted through palliative care and the need for the development of new studies to disseminate knowledge on the subject.
Rankings. , 2016.	Palliative care	Google Scholar	Descriptive	In this still prospective context, it is important to note that there are no constitutional laws on Palliative Care in Brazil. However, several advances in this regard have occurred in the last decade. The Federal Council of Medicine (CFM), the body that regulates and supervises medical practice, has published different resolutions directly related to the topic and that will certainly promote important reflections and advances in this area.
Martín ., 2018.	The role of the nurse at the end of a critically ill patient's life	Pubmed	Descriptive	To ensure access to high-quality palliative care for this vulnerable population, structured programs and protocols need to be developed in tertiary hospitals that treat highly complex obstetric and neonatal pathologies. Basic training is required for all professionals involved.

Gutiérrez ., 2021.	Comprehensive approach for children with cerebral palsy.	Pubmed	Descriptive.	The roles described place the nurse as a key element in the humanization of death in the ICU and, therefore, nurses can and should lead the change, playing an active role in the creation of strategies that really promote the integration of a care approach palliative care in the ICU.
Couce ., et al 2022.	Perinatal palliative care	Pubmed	Descriptive	The care extends to the newborn's family. It is offered by an interdisciplinary team to improve quality of life from the time of diagnosis (possibly in utero) to death and bereavement (days, months, or years later). To ensure access to high-quality palliative care for this vulnerable population, structured programs and protocols need to be better developed in tertiary hospitals that treat highly complex obstetric and neonatal pathologies. Basic training is required for all professionals involved.
Verástegui, 2022.	Lessons learned and challenges in the integration of palliative care in oncology. Experience at the National Institute of Cancerology.	Pubmed	Descriptive	There is increasing evidence of the importance of palliative care (PC) in alleviating suffering in patients with incurable chronic diseases. In cancer, early incorporation along with disease-modifying treatments (TME) promotes patient-centered care, improves survival, symptom control, quality of life, and patient and family satisfaction. However, there is no single model for integrating PC into oncology and there are still barriers and questions to achieving this goal.
Malfaz., 2022.	The Paediatric Palliative Care Unit was transformed into a Home Care Unit during the COVID-19 pandemic. Is this transformation here to stay?	Pubmed	Descriptive.	It addresses pediatric palliative care in Home Care Units during COVID – 19.

Rankings ., 2023	Severe irritability in critically ill preterm infant: a case of *delirium* in the neonatal intensive care unit	SCIELO	Descriptive.	We report the case of a premature newborn with necrotizing enterocolitis, who underwent three surgical approaches. The newborn presented intense irritability, having received high doses of fentanyl, dexmedetomidine, clonidine, ketamine, phenytoin and methadone, without control of symptoms. Subsequently, the diagnostic hypothesis of delirium was made and treatment with quetiapine was initiated, with complete reversal of symptoms. This is the first case reported in Brazil and the first to describe the suspension of quetiapine.
Rankings. , 2023	Clinical-epidemiological profile of children in palliative care at a hospital	Scielo	Quantitative	The difficulty in understanding palliative care, or even therapeutic obstinacy, has impacted the quality of life of children and adolescents around the world.
Sousa., 2024.	"Then I understood the importance of palliative care": family's caregivers' experiences.	VHL	Qualitative, descriptive.	The categories found were: family caregivers' understanding of palliative care and contributions of the CPP team in the care provided to family members. The results pointed to the importance of a more continuous follow-up by the CPP team, the need to work on the theme of palliative care in health education interventions and the training of other care professionals on the subject, in order to offer greater support and unified care.
Lima ., 2024	Palliative care: performed by nurses in pediatric oncology: reflections in the light of Jean Watson's theory	VHL	Theoretical-reflective.	Nurses are able to provide humanized care, permeated by a welcoming attitude, which involves playfulness and is able to understand that each child and their family experience the disease and the events associated with it in a unique way. The use of these elements also contributes to care through a dynamic process, permeated by affection, attention, respect and effective communication, capable of promoting well-being and quality of life, regardless of the prognosis of the disease.

Rankings. , 2024	Meaning perinatal palliative care for the multidisciplinary team	SCIELO	Qualitative	Professionals mean palliative care in perinatology in a similar way and perceive the difficulties of communication with the family and decision-making. They agree that it is necessary to provide greater support to the family and provide comfort measures, whether for the non-viable fetus or for the baby eligible for palliative care.
Rankings ., 2025.	Factors Associated with the Referral of Patients with Advanced Cancer Using a Palliative Care Referral Protocol	Scielo	Descriptive	Numerous barriers hinder timely referral to palliative care (PC), resulting in poor symptom management and decreased quality of life. Standardization of referral criteria is essential to improve access to PC, emphasizing the urgency of early referral to patient support. Brazilian experts created the Palliative Care Referral Protocol (PECP), a tool to categorize cancer patients based on clinical urgency, prioritizing care within 90, 45 and 15 days, according to with gravity.
Rankings ., 2025.	Training in palliative care: a sample of the Itinerant Workshops of Rio de Janeiro, Brazil.	SCIELO	Descriptive	The article points out the need to stimulate continuing education in palliative care. It aims to present the results of the exploratory-descriptive research "Itinerant Workshops in Palliative Care", based on Paulo Freire, conducted in health units, involving professionals and managers. An online questionnaire was used for data collection, accounting for 62 participants. Among the findings, a deficiency in professional training in care was highlighted Palliative.

Source: Organized by the author, 2025

In order to present a review of the literature on pain management in palliative patients, the results obtained in the studies in an analytical synthesis showed five categories according to thematic similarity: Palliative Care in Pediatrics; Pain Management in Palliative Patients; Interventionist Approaches to Pediatric Nursing; The Family as a Protagonist in the Care Process and the Pharmacological and Non-Pharmacological Strategies Used in Pain Management in Palliative Patients

3.1 PALLIATIVE CARE IN PEDIATRICS

Globally, it is estimated that more than 21 million children require palliative care per year, with a significant portion of them living in low- and middle-income countries, where access to this care process is still limited (UNICEF, 2022).

In Brazil, despite the advances, pediatric palliative care services are still in the expansion and consolidation phase, being concentrated mostly in urban centers and large hospitals. The Brazilian Society of Pediatrics (SBP) and the National Academy of Pallial Care (ANCP) have played important roles in promoting the training of professionals, elaborating guidelines, and raising awareness in society about the importance of this modality of care (Couce et al., 2022).

Pediatric palliative care (CPP) is a multidisciplinary approach that aims to improve the quality of life of children with life-threatening illnesses and their families, through the relief of physical symptoms, psychosocial and spiritual support (Moraes., et al 2024).

When it comes to pediatric palliative care, the essence includes: Attention to the child's development (language adapted to the age), active inclusion of the family in the decision-making process, continuity of care (hospital, home or hospices) (Martín., 2018).

Epidemiology and Target Population: It is estimated that, globally, 21 million children require PPC annually, with the main conditions being: Childhood cancer (e.g., neuroblastoma, leukemias). Degenerative neurological diseases (e.g., spinal muscular atrophy). Congenital malformations (e.g., complex heart diseases). The Multi-Discipline Approach - CPP requires a specialized team: The Doctors (pain control, symptoms). Nurses (direct care). Psychologists (child/family support). Social Workers (access to resources) (Moraes., et al 2024).

The discussion about death and prognosis, the insipidity of training in SSC in the training of health professionals, the fragmentation of services in low-income countries, and the evidence of these impacts demonstrate that the improvement of SSC is associated with a reduction in unnecessary hospitalizations, and an improvement in the quality of life of the patient (Rankings., 2016).

Pediatric palliative care (PPC) is a multidisciplinary approach that aims to improve the quality of life of children and adolescents with life-threatening illnesses, as well as their families. Children have specific needs related to physical, emotional and psychosocial development, requiring a differentiated approach (Rankings., 2016).

Thus, pediatric palliative care represents a fundamental aspect of health care aimed at children and adolescents with serious, progressive or life-threatening diseases. Unlike the traditional curative approach, this approach prioritizes quality of life, relief of suffering, and comprehensive support, contemplating not only the child, but also their family. According to the World Health Organization (WHO), pediatric palliative care is defined as "active and total assistance to the child's body, mind and spirit, which also involves support for the family". This approach should be started as early as possible, ideally at the time of diagnosis, and is compatible with therapies that aim to prolong life, such as chemotherapy or intensive treatments (Moraes., et al 2024).

Pediatric palliative care (CPP) aims to improve the quality of life of children and adolescents with serious, life-limiting or life-threatening diseases, as well as their families. The pediatric approach requires special attention to the physical, emotional, and psychosocial development of the child, in addition to supporting the family during and after the process of illness and grief. (Rankings., 2025).

The Multidisciplinary Approach to palliative care: Involves doctors, nurses, psychologists, social workers, physiotherapists and other professionals. Or

Symptom Control: Management of pain, dyspnea, nausea, fatigue, and other prevalent symptoms. Psychosocial Support: Emotional support for the child and family, including siblings. Shared Decision-Making: Respect for the autonomy of the family and the child (when possible). (Rankings., 2013). Continued Care includes support in grief and post-death follow-up (Sousoa., 2024).

As for the challenges in implementation, the late diagnosis of life-limiting diseases arises. Difficulty in predicting prognosis in some pediatric conditions, cultural and emotional barriers in the acceptance of pediatric palliative care (Rankings., 2024). Barriers include lack of training of professionals, difficulties in discussing prognosis, and limited access to specialized services (Rankings., 2016).

The need for pediatric palliative care (CPP), in children with complex chronic diseases, cancer or life-limiting conditions benefit from CPP to improve quality of life and reduce suffering. Studies highlight the importance of the multidisciplinary approach, including symptom control, emotional and spiritual support (Limas., 2024).

Symptom control - pain, dyspnea, fatigue and nausea are the most prevalent symptoms in children in palliative care. Pharmacological and non-pharmacological approaches (such as music therapy and acupuncture) are effective in promoting children's well-being (Rankings., 2016).

Family support – Families of children in CPP report lower stress when there is clear communication and ongoing psychological support. The inclusion of parents in care planning is essential (Rankings., 2013).

The Impact of PPC – Children who receive PPC have a lower number of unnecessary hospitalizations and greater family satisfaction, as well as aim to improve the quality of life of children and adolescents with serious, limiting or life-threatening diseases, as well as their families, in addition to family support during and after the process of illness and grief (Couce et al., 2022).

Shared Decision Making: Respect for the autonomy of the family and the child (when possible). Continued Care: Includes support in grief and post-mortem follow-up. Challenges in Implementation. Late diagnosis of life-limiting diseases. The difficulty in predicting prognosis in some pediatric conditions (Martin., 2018).

The main objectives of palliative care in pediatrics in nursing include:

relief from pain and other uncomfortable symptoms such as nausea, fatigue, and dyspnea. Promotion of quality of life for children and their families, at all stages of the disease. Integration of psychological, emotional, social and spiritual aspects to the treatment. Offering continuous support to the family, including in grief and facilitating communication and shared decision-making between the health team and caregivers (Couce et al., 2022).

According to the guidelines of the International Children's Palliative Care Network (ICPCN) and the WHO, pediatric palliative care is based on principles such as: Child and family centrality: care is planned and executed considering the desires, needs and values of the patient and his family. Multiprofessional and interdisciplinary approach involving all professionals of the multidisciplinary team, promoting continuous and coordinated care, in different contexts (hospital, outpatient and home). Respect for cultural and religious diversity, promoting practices sensitive to the child's context.

Palliative care does not mean "giving up" on treatment, but represents a compassionate form of care, which recognizes the limits of curative therapy and seeks to offer comfort, dignity and presence until the end of life – and beyond, through support to the grieving family. Terminality in childhood is a particularly delicate process, as it involves multiple dimensions of child development, the affective relationship with caregivers, and family hopes. Thus, the presence of a trained palliative team can significantly transform this journey, making it more humane, understanding, and less painful (Lima., 2024).

Pediatric palliative care is based on a set of fundamentals that aim to ensure dignity, comfort, and comprehensive support for children and their families in the face of a life-threatening health condition (Rankings., 2023).

Unlike curative treatment, which seeks to eradicate the disease, palliative care recognizes the limitation of cure and proposes a person-centered model of care, in the relief of suffering and in respect for individuality. These fundamentals are supported by four main pillars: 1. Relief from suffering: psychological, emotional, spiritual, and social. 2. Improvement of quality of life: from diagnosis to the end of life and the family grieving process. 3. Child- and family-centered care: respecting the desires, values, and beliefs of all involved. 4. Interdisciplinary care: promoting the integration of different areas of knowledge for a more complete care.

As for the Ethical Principles in Palliative Practice, the practice of pediatric palliative care involves fundamental principles that guide clinical decisions and relationships with the child and his family. Among the most relevant are: Autonomy, although full autonomy is limited in children, the principle of autonomy is respected as far as possible, taking into account the child's capacity for understanding and expression. Active listening to their wishes is encouraged, especially in adolescents (Couce., 2022).

3.2 PAIN MANAGEMENT IN PALLIATIVE PATIENTS

Pain in pediatrics is a significant clinical challenge due to the particularities in evaluation and treatment, especially in nonverbal patients or those with communication difficulties. Underreporting and undertreatment of pain in children are still frequent, despite advances in scientific knowledge (Rankings., 2013).

Pain perception in children involves neuroanatomical pathways similar to those in adults, but with differences in modulation and expression. Premature babies, for example, have greater sensitivity to pain due to the immaturity of the central nervous system (Rankings., 2025).

The Assessment of Pain in Different Age Groups Validated Scales: Newborns and Infants: NIPS (Neonatal Infant Pain Scale) or CRIES. Preschoolers: Faces Pain Scale-Revised (FPS-R). Schoolchildren and adolescents: Visual Analogue Scale (VAS) or Numeric Rating Scale (Lima., 2024).

Therapeutic Nursing Approaches include Pharmacological Approaches such as non-opioid Analgesics: Paracetamol and ibuprofen (first line). Opioids: Morphine and fentanyl for moderate to severe pain. Local anesthetics: Lidocaine in invasive procedures. Non-pharmacological are: Breastfeeding, oral sucrose (for newborns). Distraction, virtual reality (for older children). Adequate management of pediatric pain requires a multidisciplinary approach, considering biopsychosocial aspects. Continuing education of professionals and caregivers is essential to improve clinical outcomes (Rankings., 2023).

Pain: Concepts and Classifications

Pain is an unpleasant sensory and emotional experience associated with an actual or potential tissue injury, or described in terms of such an injury (International Association For

The Study Of Pain, 2020). This definition underscores the subjective and multifaceted nature of pain, which goes beyond the mere physical aspect (Rankings., 2023).

The Pain Classification according to Rankings., 2024 can be classified in several ways, the most common being: Acute Pain: Characterized by being of short duration and being directly related to a specific injury. It usually ceases with healing of the lesion.

Chronic Pain: Persists for a prolonged period (usually more than three months), even after the initial injury resolves, or in the absence of an identifiable cause and has a great impact on the individual's quality of life.

According to Verastegui et al., 2022, Nociceptive pain: Results from the activation of nociceptors by noxious stimuli (thermal, mechanical, or chemical). It can be somatic (skin, muscles, bones) or visceral (internal organs). Neuropathic Pain: Caused by injury or disease of the somatosensory nervous system. Examples include trigeminal neuralgia and postherpetic pain. Nociplastic Pain: Refers to pain that arises from altered nociception, despite there being no clear evidence of actual tissue damage or threat that causes activation of peripheral nociceptors, nor evidence of disease or injury to the somatosensory nervous system that causes the pain (International Association For The Study Of Pain, 2020).

The Physiological Mechanisms of Pain

According to Rankings., 2024 Nociception is the neural process of encoding noxious stimuli., involves the transduction, transmission, modulation, and perception of pain. The Pain Pathways are: The neural pain pathways include the primary afferent nerves (Aδ and C fibers), which carry signals from the nociceptors to the dorsal horn of the spinal cord, and the ascending pathways that project these signals to the thalamus and cerebral cortex. Pain Modulation, the central nervous system has complex pain modulation mechanisms, both inhibitory and facilitatory, which can influence the intensity of pain perception.

Pain assessment

According to Rankings.,2025 pain assessment is a complex process that requires the use of multidimensional tools. The Rating Scales are: The Visual Analogue Scale (VAS): A simple one-dimensional tool for quantifying pain intensity.

The Numerical Scale (EN): Similar to the VAS, but uses numbers from 0 to 10. Pain Questionnaires: Such as the McGill Pain Questionnaire (QDMcG), which assesses sensory, affective, and evaluative aspects of pain. The Impact of Pain on Quality of Life, the assessment of the impact of pain on the patient's quality of life is fundamental and can be performed through specific instruments, such as the SF-36 (Medical Outcomes Study 36-item Short-Form Health Survey) (Rankings., 2025).

3.2.1 Therapeutic approaches to pain

Pharmacological Treatment

According to Malfaz., 2022 pharmacological treatment includes the use of analgesics, non-steroidal anti-inflammatory drugs (NSAIDs), opioids, adjuvants (antidepressants, anticonvulsants), among others. The choice of medication depends on the type and intensity of pain.

Non-pharmacological treatment

According to Malfaz., 2022; Non-pharmacological treatments include physiotherapy, acupuncture, occupational therapy, physical exercises, music therapy and aromatherapy, complementary therapies, among others. These approaches aim at pain relief, improved functionality, and reduced psychosocial impact.

3.3 INTERVENTIONAL APPROACHES TO PEDIATRIC NURSING

The nurse who works in palliative care, as a caregiver, seeks, through his/her knowledge, to alleviate or cure any type of discomfort that the patient and/or family presents, such as pain. He "has an important role in the assessment of cancer pain, guidance and implementation of therapy and assistance in the evaluation of the effectiveness of the implemented therapy, supporting the individual and the family throughout the disease process".

Procedures such as nerve blocks, radiofrequency and neurostimulation may be indicated for cases of chronic pain refractory to conventional treatment (Rankings., 2025).

According to Rankings., 2016, nursing care is considered important for care practice, among these criteria delimited by: Beneficence: Refers to the moral obligation to promote the child's well-being, always seeking interventions that alleviate suffering and bring real benefits to their living conditions. Non-Maleficence: It is the duty to avoid harm. In palliative care, this translates into the refusal of disproportionate, invasive interventions that do not contribute to the patient's comfort or dignity. Justice: Implies equity in access to care and resources, respecting the specific needs of the child and avoiding inequalities, especially in contexts of social vulnerability.

Consent and Shared Decision Making.

In pediatrics, decisions must involve parents or legal guardians. However, it is essential to include the child or adolescent in the process, adapting the language to their age and maturity. Shared decision-making is a model that promotes dialogue between the health team and the family, respecting the values of all those involved. This process is especially important when considering the limitation or suspension of invasive treatments, which requires sensitivity, empathy, and clarity in communication (Verastegui et al., 2022).

Frequent Dilemmas

Among the main dilemmas faced in practice are: The refusal of parents to accept the terminality of the disease. The insistence on irrelevant and painful treatments. The challenge of communicating in culturally diverse contexts. The conflict between the team and the family about the best course of therapy. Mediation in these cases should involve hospital committees, psychological support, and ongoing dialogue (Verástegui., 2022).

Spirituality, Culture and Diversity

Spirituality is a dimension that is often central in the life of the child and the family. Palliative care should respect and integrate religious and cultural beliefs, ensuring freedom of expression and ritualization, whenever possible. In addition, it is essential to understand cultural diversity, avoiding judgments and prejudices, especially in relation to different conceptions of death, disease, and care (Rankings., 2025).

Management and symptoms and clinical management

Symptom control is one of the central pillars of pediatric palliative care. Children with chronic or life-threatening illnesses may experience a variety of psychological, psychological, and spiritual symptoms that significantly compromise their quality of life. The clinical approach in palliative care aims to relieve these symptoms in an individualized way, respecting the stages of child development and the particularities of each diagnosis (Couce et al., 2022).

Child Global Assessment

The first step in clinical management is a global and continuous assessment, which includes: Psychological assessment (pain, fatigue, nausea). Emotional evaluation (anxiety, depression, fear). Social evaluation (family relationships, support network). Spiritual evaluation (meaning of life, religious beliefs). Neuropsychomotor development (impact of the disease on developmental milestones) Instruments adapted to pediatrics, such as pain scales for different age groups (FLACC, VAS, Faces Pain Scale), are essential to ensure the adequacy of the therapeutic plan (Couce et al., 2022).

Pain Management

Pain is one of the most prevalent and feared symptoms by children in palliative care. It should be evaluated frequently and treated proactively. The staggered use of analgesics, according to the WHO Analgesic Ladder, is widely adopted: Mild pain: non-opioid analgesics (paracetamol, dipyrone). Moderate pain: weak analgesics and adjunctive agents (tramadol, antidepressants). Severe pain: strong opioids (morphine, fentanyl), with close monitoring. In addition to drugs, non-pharmacological techniques (compresses, massage, distraction, music therapy) are highly recommended as complementary strategies (Rankings., 2025).

Other Common Physical Symptoms

Dyspnea: can be relieved with low-dose morphine, oxygen therapy, and noninvasive ventilation. Nausea and vomiting: treated with ondansetron, metoclopramide, and integrative approaches. Intestinal constipation: commonly associated with the use of opioids, requiring regular use of laxatives. Fatigue and anorexia: management involves environmental adjustments, fractional feeding, and nutritional supplementation if necessary. Seizures: common in advanced neurological diseases; require treatment with appropriate anticonvulsants (Martín., 2018).

Psychological and Emotional Symptoms

The child's emotional manifestations vary according to their age, understanding of the disease and family support. Frequent symptoms include: Fear of grief or parental separation, anticipatory anxiety, irritability or social withdrawal, deep sadness, and anticipated grief. Psychotherapy, play therapy, school support and involvement in playful activities help to rescue emotional well-being. The psychological care of the family also has a direct impact on the child's emotional state (Martín, 2015).

Cautions in the Final Moments

In the end-of-life phase, care must be intensified to ensure: Psychological comfort: absolute control of pain and dyspnea. Family presence continues: respecting the child's desire to be with their caregivers. Privacy and dignity: avoiding unnecessary invasive interventions. Emotional and spiritual support: through sensitive listening and valuing family beliefs. Open communication about the possibility of death, adapted to the child's age, is considered a humanized practice (Rankings., 2025).

3.4 THE FAMILY AS A PROTAGONIST IN THE CARE PROCESS

In pediatric palliative care, the family is not just a companion or adjunct, it is

protagonist of the care process. A child's illness profoundly impacts all family members, requiring an approach that considers their emotional, social, spiritual, and practical needs. Joint action between the health team and the family, based on mutual trust and respect, is essential to promote the child's well-being, support difficult decisions and create an environment of loving care (Contro., 2004).

The Family as a Unit of Care

The pediatric palliative care model considers the family as a unit of care, and not just as support. This implies: Listening to and involving caregivers in clinical decisions. Recognize the emotional and psychological distress of parents, siblings, and other members. Support the family in the reorganization and caregiver role. Promote spaces for expression, listening and welcoming. According to the International Children's Palliative Care Network, recognizing the centrality of the family is a clinical component of palliative practice (Lima., 2024).

The Impacts of the Disease on Family Dynamics

The presence of a life-threatening condition in a child causes multiple impacts: Psychological: anxiety, depression, feeling of helplessness. Financial: loss of employment, increase in medical expenses, transportation. Relational: overload of main caregivers, social isolation. Spiritual: questions about faith, meaning of life and suffering. These changes require specific reception strategies, such as support groups, psychological support, and social assistance (Lima., 2024).

Participation in Therapeutic Decisions

The empowerment of the family in decision-making is one of the pillars of palliative care. The health team must ensure: Access to clear, honest and continuous information. Time and space for reflections and choices. Active participation in the definition of care objectives, such as choosing home care or refusing invasive therapies. Active listening to family values and expectations is fundamental, especially in moments of transition from curative to palliative care (Lima., 2024).

The Brethren and Significant Others

Often, the siblings of the sick child are forgotten in the care process, but they also experience the impact of the disease and need support: Specific guidance on what is happening, according to age. Emotional support and inclusion in farewell or mourning rituals. Preservation, whenever possible, of the routine and school ties. In addition, grandparents, alternative caregivers should also be considered in the construction of an expanded care plan (Lima., 2024).

3.4.1 Early and Postmortem Grief

Grief begins before psychic death. This anticipated grief can be experienced with guilt, fear, or hope. The team should: Recognize and validate the feelings of parents and family members. Offer ongoing emotional support. Facilitate meaningful and humanized goodbyes. After the child's death, the family should be followed up with referrals to psychology, bereavement services or support groups, when possible (Rankings., 2025). Its essential components are the relief of signs and symptoms and psychological, spiritual, emotional, and social support throughout the follow-up of the patient and their families (Martín., 2018).

Spirituality

Spirituality plays an important role in palliative care, offering comfort, hope, and well-being to patients and their families. Denying patients the right to exercise their faith can be considered an act of medical negligence, as long as it does not pose a risk to the patient. Spirituality and religiosity are fundamental aspects in the follow-up of patients with serious and limiting diseases, as well as at the end of life. These can influence the process of meaning and coping with the disease, as well as their decisions regarding the proposed treatment. Religion and spirituality are not interchangeable terms (Couce et al., 2022).

Spirituality is that which gives meaning and purpose to an individual's life. For Jung (1986), it refers to a transcendental relationship of the soul with the divinity and the change that results from it, that is, spirituality is related to an attitude, an internal action, the expansion of consciousness, which can happen, for example, through prayer, mentalization or meditation. Individuals can be in touch with their spirituality through formal religious rituals or through interaction with nature, humanity, or the arts. Religion generally refers to a system of faith organized into beliefs, practices, rituals, and language that characterizes a community in search of transcendent meaning in a particular way, usually based on belief in a divine being.

Religion represents only one of many forms of spiritual expression. A serious illness constitutes a crisis for the spirit and spiritual questions arise about the meaning of life. Ambiguous questions about human existence not answered by our rational and pragmatic capacity make sense when we develop the spiritual aspect, making the individual come into contact with superior feelings and thoughts, strengthening the personality and generating more mature mechanisms to deal with adversity (Rankings., 2016).

3.5 THE PHARMACOLOGICAL AND NON-PHARMACOLOGICAL STRATEGIES USED IN PAIN MANAGEMENT IN PALLIATIVE PATIENTS

3.5.1 Drug

Pediatric palliative care seeks to provide quality of life to children with life-threatening illnesses by relieving physical, emotional, and spiritual symptoms. The drug approach is essential in this context, aiming at the effective control of symptoms such as pain, nausea, vomiting, dyspnea, anxiety, and other discomforts. The following are the main drug treatments used, accompanied by references for further study: Non-Opioid Analgesics: Drugs such as paracetamol and non-steroidal anti-inflammatory drugs (NSAIDs) are used for mild to moderate pain.

Opioids: For moderate to severe pain, opioids such as morphine fentanyl and methadone are employed. Careful dose titration is essential to minimize side effects (Rankings et al., 2023).

Among the principles of pharmacological pain management, the following stand out: giving preference to the administration of analgesics by enteral routes and opting for the subcutaneous and intravenous routes when the oral route is not available; administer analgesics at fixed times so that the drugs can act according to their pharmacological characteristics (except for patients with isolated episodes of acute pain); use each analgesic according to pain intensity; prescribe analgesic doses according to the individual needs of patients, for better pain control and minimal adverse effects; always prescribe rescue doses and, finally, always provide effective and clear communication to family members and caregivers regarding dosages, handling of rescue doses and management of expected adverse effects (Rankings ., 2024).

The Management of Nausea and Vomiting: Antiemetics: Drugs such as ondansetron, metoclopramide, and dimenhydrinate are used to control nausea and vomiting associated with treatments or disease progression. Opioids: In addition to pain management, opioids can be effective in relieving the sensation of shortness of breath. Benzodiazepines: Medications such as midazolam can be used to reduce anxiety associated with dyspnea (Lima., 2024). In the Management of Anxiety and Insomnia, Anxiolytics and Hypnotics are used: Benzodiazepines, such as lorazepam and midazolam, are used to treat anxiety and sleep disorders (Lima., 2024).

In Seizure Control: Anticonvulsants: Drugs such as phenytoin, phenobarbital, and levetiracetam are employed in the management of seizures. Management of Gastrointestinal Symptoms: Laxatives and Prokinetics: To treat constipation, laxatives such as lactulose and prokinetics such as metoclopramide may be indicated. It is important to highlight that the choice and administration of these drugs must be individualized, considering the specific needs of each patient, the stage of the disease, and the presence of comorbidities. The multidisciplinary team must be involved in the planning and execution of the therapeutic plan, ensuring a comprehensive and humanized approach (Rankings., 2024).

According to (Moraes et al., 2024), morphine is the most used drug in patients of all ages, including neonates on mechanical ventilation (MV). Morphine is metabolized

in the liver in morphine-3-glucuronide (inactive) and morphine-6-glucuronide (active), both excreted by the kidneys. In general, the elimination half-life is longer and plasma clearance is decreased in neonates and is more pronounced in preterm infants. Morphine binding to proteins is also reduced, allowing a greater proportion of the free fraction of the drug to penetrate the brain, increasing the risk of respiratory depression. On the other hand, the elimination half-life and plasma clearance values are equal to those in the adult at two months of age, so careful titration of the agent is necessary to obtain desirable levels of analgesia without adverse effects.

According to Rankings., 2016, fentanyl is an opioid 50 to 100 times more potent than morphine, highly lipophilic, resulting in significant penetration into the central nervous system. Due to its potency, the possibility of not altering hemodynamic stability and the rapid duration of action, it has been widely used in intensive care units for painful procedures, both in continuous infusion and in a single dose. Remember that after five or more days of continuous fentanyl infusion, tolerance or withdrawal syndrome may occur.

Non-medicated

Non-pharmacological interventions can be categorized as cognitive, behavioral, physical, and emotional support with specific objectives directed to each area of activity (Rankings., 2016).

In this context, non-pharmacological interventions are an important resource in pain control in Palliative Care, and it is recommended, as a good practice, that health professionals implement non-pharmacological interventions in complementarity with pharmacological therapy. Non-pharmacological techniques do not replace pharmacological options, however, they are useful adjuvants, given that the effectiveness of the intervention is sometimes limited, and there is still a growing concern about the adverse effects of pharmacological pain control (Rankings., 2016).

Among the non-drug therapy for the control of pain and other symptoms, the following are mentioned:

relaxation techniques, physiotherapy with gentle exercises, stretching and mobilization techniques, occupational therapy, massage, music therapy, among others.

According to Martín., 2018 the very experience of caring for a child diagnosed with a life-threatening illness is already stressful in itself. Therefore, professionals need to take a more empathetic look at the situation, in addition to dealing carefully with these concerns. As a way of coping, there are several ways that parents can end up dealing with it, for example, suppressing emotion, seeking psychological support, deciding to take control of the situation and adapting to changes. Thus, in order to be able to provide guidance and support directed to parents, from the diagnosis of the disease, health professionals need to understand anxiety, grief, parents' coping strategies with the situation, and their relationship with the child who was diagnosed (Siqueira et al., 2024).

According to Rankings., 2016, non-pharmacological treatment, in the face of non-nutritive sucking, uses the administration of 25% Oral Glucose Solution (SOG) two minutes before invasive procedures, especially before arterial or venous punctures. It leads to the release of inbred opioids and blocks pain pathways, with favorable results such as the ability to reduce the duration of crying.

4 CONCLUSION

Palliative care in pediatric nursing represents an essential approach to ensure quality of life, relief of suffering and dignity to patients with serious, chronic or terminal illnesses, as well as their families. Its main characteristics are: comprehensive approach – focus on the patient, not only on the disease, considering physical, emotional, social and spiritual aspects with effective action by the multidisciplinary team.

In the management of symptoms, pharmacological use, such as opioids, adjuvants and palliative sedation when necessary. Non-pharmacological, music therapy, acupuncture, relaxation techniques and psychosocial support.

The Importance in Pediatrics - Children and adolescents require adapted approaches, such as toy therapy, virtual reality and family support. As for the proven benefits, it shows the reduction of unnecessary hospitalizations, improvement in treatment adherence and patient satisfaction.

As for support for family grief, challenges such as cultural barriers (myths about opioids, resistance to discussing finitude). Limited access in regions with little health infrastructure.

Therefore, palliative care is not only for the end of life, but a philosophy of humanized care that must be integrated early into treatment. Its objective is to promote comfort, autonomy and well-being, ensuring that patients and families live as well as possible, even in the face of limiting conditions. Caring is not just prolonging life, but honoring every moment of it.

Therefore, pediatric palliative care is essential to ensure dignity, comfort, and quality of life for children with serious illnesses. Public policies and professional education are needed to expand access to these services.

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