

INPLASY PROTOCOL

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No conflicts of interest.

A Meta analysis of Hospice care in Chinese intensive care unit

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Review question / Objective: Population: Chinese adult patients (> 18 years of age) admitted to the intensive care unit. Intervention: Hospice Care interventions. Comparator: Patients that did not receive Palliative care interventions. Outcome: The patients' quality of life, satisfaction, psychological pressure and so on. Studies: Controlled trials (randomised and non-randomised). Case reports, case series, editorials/commentaries, opinion papers, studies with no outcome data, small studies (< 30 patients), publications only as abstracts, and (non-systematic) review papers will not be included.

Condition being studied: In recent years, hospice care has developed greatly in China. In the intensive care unit, which is a special department, patients and their families have special needs. Therefore, the hospice care work for the critically ill patients is particularly important. However, due to China's special cultural background, hospice care has not been popularized in ICU. This study analyzes the effect of domestic and foreign scholars on the role of hospice care in ICU under the background of Chinese culture, and explores the necessity and significance of hospice care in Chinese ICU.

INPLASY registration number: This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 02 December 2020 and was last updated on 02 December 2020 (registration number INPLASY2020120007).

INTRODUCTION

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METHODS

Participant or population: Chinese adult patients (> 18 years of age) admitted to the intensive care unit.

Intervention: Hospice care interventions.

Comparator: Patients that did not receive Hospice care interventions.

Study designs to be included: Randomised controlled trials.

Eligibility criteria: Inclusion criteria: 1.All Chinese adult patients (> 18 years of age) admitted to the intensive care unit 2.Palliative care intervention 3.Controlled trials Exclusion criteria include the following: Case series 1.Opinion paper/commentary 2.Review article 3.Lack of quantitative data 4.Conference abstracts/grey literature 5.Full text not available.

Information sources: MEDLINE, Ovid, Cochrane, CNKI, VIP, WanFang Med Online.

Main outcome(s): The primary aim of the present study is to compare the numbers and types of PC interventions in ICU, and their impact on stakeholder (patient, family, clinician, other) outcomes.

Data management: End Note.

Quality assessment / Risk of bias analysis: Methodological quality of included randomized control trials will be assessed using Cochrane Collaboration's tool for assessing risk of bias. The following domains will be assessed for RCTs: random sequence generation, allocation concealment, blinding of sequence generation, allocation concealment, blinding of participants and personnel, blinding of outcome assessment, incomplete outcome data, selective reporting and other bias. The risk of bias in each domain will be judged as either low, moderate, high or unclear.

Strategy of data synthesis: The initial analysis will be of a descriptive nature. The hospice care interventions and outcomes will be described. Where there is homogeneity between studies in the palliative care interventions used and measured outcomes, we will compare outcomes.

Subgroup analysis: We will assess the effect of these interventions on the domains of patient/family-, clinician-, systems-, content-related outcomes, evaluating the different PC models.

Sensitivity analysis: The sensitivity analysis of the factors affecting the outcomes will be relatively systematically made.

Country(ies) involved: China.

Keywords: hospice care, intensive care unit, palliative care.

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