

Palliative Home Visit Intervention and Emergency Admission in Pediatric Cancer Children: A Randomized Controlled Trial

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Palliative Home Visit Intervention and Emergency Admission in Pediatric Cancer Children: A Randomized Controlled Trial

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Introduction: Palliative care model can be carried out at home, in the community, or in long-term home care. Home visits in palliative care have an important role in providing continuity of care and psychosocial support to both the patient and their parents/caretakers. This study is aimed to determine the impact of home visit programs on the frequency of emergency room (ER) admissions in children with cancer.

Methodology: Randomized controlled trial of 60 pediatric patients with malignancies who were given palliative care (a 3-months home visit) and those who were not was conducted. Patients were children with cancer aged 2-18 years old. Emergency room admissions from the last three months were recorded before patients were enrolled. A two-way communication between a trained health worker and patients with or without their parents were conducted as the intervention. Interventions were given in six sessions (1 session every 2 weeks). During the study period, ER admissions were recorded further. Data was analyzed using bivariate analysis, OR calculations were performed.

Results: In the intervention group, 11 children (36.7%) had fewer ER admissions, while 4 (13.3%) had more and 15 children (50%) had constant ER admissions, respectively. Meanwhile, only 2 children (7.7%) were found to have fewer ER admissions in the control group. Others in this group have varying results, 11 children (42.3%) were found to have more admissions to the ER and 13 children (50%) had constant ER admissions. In the intervention group, ER admissions were reduced by 10 visits, while in the control group, the admissions were increased by 16 visits (OR 4.77, 95% CI 1.29-17.65; p = 0.018).

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Conclusion: Palliative home visit provides care matched to patient and family needs, trained parents to be skillful in managing children, and enabling avoidance of unnecessary hospitalizations (4.7 times).