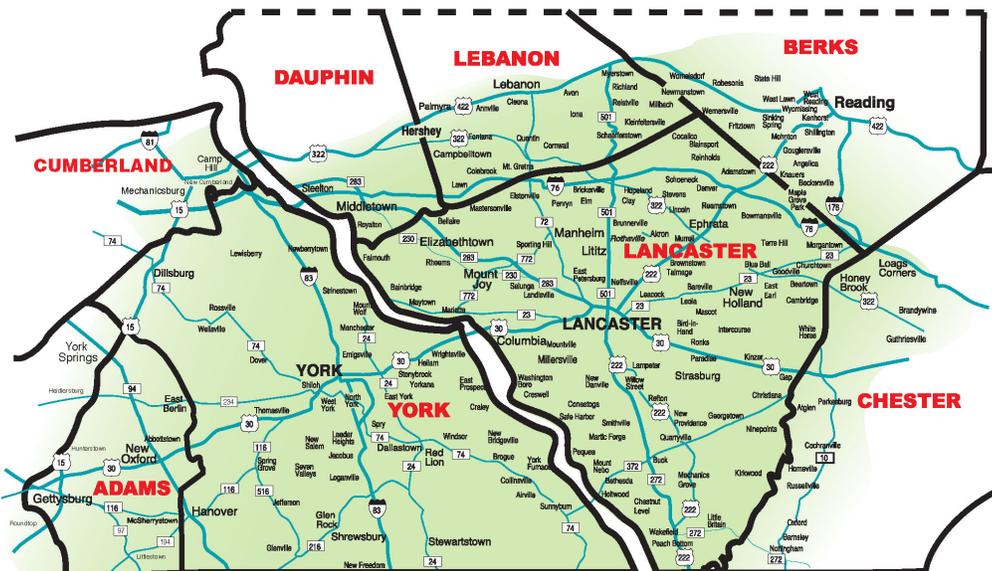


Hospice & Community Care's Sunflower Pediatric Program delivers hospice care through a specialized interdisciplinary team to meet the needs of children living with serious illness and their families.

- The Sunflower team works alongside the child, family, and the child's community—including their existing healthcare team—to develop an individualized care plan to effectively manage pain or other distressing symptoms—and provide psychosocial and spiritual support for the child and family, including parents, caregivers and siblings.
- Care can be provided within a child's home, in the hospital or long-term care facility, or at Hospice & Community Care's Bob Fryer & Family Inpatient Center.
- The Sunflower team includes an on-staff Hospice & Community Care physician, who has a specialty in hospice and palliative medicine, RN, LPN, social worker, chaplain, grief and bereavement specialist, and massage and music therapists. The physician is able to provide hospice and palliative care consultation in the home, hospital or long-term care facility. Trained Hospice & Community Care volunteers are available to provide respite care to caregivers. Please visit our website www.HospiceProfessional.org to meet the members of the Sunflower team.
- The child's primary physician and/or specialist remains actively involved in the care that the Sunflower team provides to their patient. These clinicians may be part of the Sunflower team's biweekly interdisciplinary team (IDT) meetings and/or participate in joint in-person or telehealth visits with Sunflower team members as they are able.
- The Sunflower team supports a child's and family's goals for the future and improving quality of life. Team members are respectful of patients' and families' personal, cultural and religious values, beliefs, and practices.
- The Sunflower team also supports patients and their families through all stages of bereavement, including anticipatory grief, crisis work immediately surrounding time of death, and post-death counseling for parents, siblings, and other members of the child's community.



The Sunflower team serves patients and families who live in Lancaster and York counties, as well as parts of Berks, Chester, Cumberland, Dauphin and Adams counties.

To refer a patient to the Sunflower Pediatric Program, please contact us at (877) 506-0149 or email us at sunflower@hospicecommunity.org.

What Triggers a Referral ?

If your patient is experiencing any of the following, please contact Hospice & Community Care's Sunflower Pediatric Team at (844) 422-4031 to discuss whether hospice, or hospice with concurrent care, may be appropriate.

General Advanced Illness:

Presence of a chronic, complex or life-threatening illness/condition and one or more of the following:

- Conflicts regarding use of medical nutrition/hydration in cognitively impaired, seriously ill or dying patients
- New diagnosis of life-limiting or life-threatening disease
- Three or more hospitalizations within six months
- Difficult pain or symptom management
- Patient, family or physician uncertainty regarding prognosis
- Family with limited social supports
- AND (Allow Natural Death)/DNR order or other ethical conflicts
- Complex care coordination and/or homegoing needs
- Prolonged hospitalization for more than three weeks
- Need for support of Hospice Interdisciplinary Team

Cancer:

Presence of malignant disease with any one of the following:

- Progressive metastatic cancer
- Bone marrow/stem cell transplant
- Diffuse intrinsic pontine glioma
- Stage IV neuroblastoma
- Relapsed malignant disease following stem cell/bone marrow transplant
- Any newly diagnosed malignant disease in the setting of poor functional status and frailty
- Any relapsed malignant disease
- Metastatic solid tumors

Pulmonary Criteria

Presence of compromised pulmonary status with any one of the following:

- Patients with CF with FEV1 <30%
- Patients with CF with vent dependence or those ineligible for lung transplant
- Bronchiolitis obliterans
- Patients with CF with multiple hospitalizations
- Central hypoventilation syndromes
- Patients who are chronically ventilator dependent

Genetic Criteria

Presence of any of the following:

- Trisomy 18, 13, 15
- Asphyxiating thoracic dystrophy
- Severe forms of osteogenesis imperfecta (type 3 or 4)
- Potter Syndrome
- Epidermolysis Bullosa
- Rett's Syndrome
- Other rare chromosomal anomalies with known poor neurologic prognosis

Neonatal Criteria

Presence of one of the following:

- Extreme prematurity with concomitant severe BPD, Grade IV IVH, PVL, etc.
- Severe birth asphyxia
- Hypoxic ischemic encephalopathy (moderate to severe)
- VLBW infants

Cardiac Criteria

Presence of one of the following:

- Single ventricle cardiac physiology
- Severe pulmonary hypertension
- Down syndrome with significant cardiac abnormality
- Ebstein's anomaly
- Eisenmenger's syndrome
- Cardiomyopathy: hypertrophic or severe dilated
- Pulmonary atresia (especially if associated with hypoplastic pulmonary arteries)
- Ongoing discussion of cardiac transplant
- Combination of cardiac diagnosis with underlying neurologic/chromosomal diagnosis
- Complex congenital heart disease
- ECMO candidate
- Severe myocarditis



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