

A Retrospective Review

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5 V g h f U W h

“Do-not-resuscitate” (DNR) orders constitute a vital part of End-of-Life (EOL) care for patients with terminal cancer. In this retrospective study, we reviewed the medical records of patients treated at a tertiary referral pediatric oncology unit between May 2006 and May 2017. We gathered data about days from signing the DNR to death, age at death, gender, disease and its status, place of death, and survival and performed t-test and ² test as appropriate. Of the 225 patients [127 males, 98 females; median age: 10.0 years (range, 0.4-23.4) years] enrolled, 130 (57.8%) provided DNR orders signed by their surrogates. In addition, 29.3%, 44.8%, and 25.8% of deaths occurred in the pediatric oncology ward, the intensive care unit, and at home or another hospital, respectively. We observed an annual increase in the signing rate of DNR orders. The median duration between signing a DNR order and death wM

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	7DF	8BF	HctU'
Acute lymphoblastic leukemia	21	26	47
Acute myeloid leukemia	17	21	38
Lymphomas	8	11	19
Soft solid tumor	37	53	90
Brain tumor	9	13	22
Other	3	6	9
Total	95	130	225
BchY. CPR: cardiopulmonary; DNR: do-not-resuscitate			

