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Retrospective assessment of admission profile and outcome in intensive care unit in Jimma University Specialized Hospital, Jimma, Ethiopia

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Background: Studies concerning the admission pattern, outcome and its prognostic factors in ICU have not been analyzed in detail in Jimma University Specialized Hospital. But admission to ICU is critically important in saving the lives of critically ill patients and in improving the prognosis by reducing the occurrences of complication including mortality and morbidity. The ICU of JUHS has been giving services for the past six years. However, there is no enough documentation of its performance, in terms of management outcomes and patterns of admission.

Objective: The objective of this study is to assess the admission profile in ICU and to trace avoidable causes of death in the same.

Method: Facility based cross sectional study was conducted among 252 admitted patients registered at the intensive care unit of Jimma University Specialized Hospital from the month of January 30, 2010 to January 29, 2011. Data was collected from charts, entered, cleaned, edited using EPI Info Version 3.53 for windows and analyzed by SPSS. The result was summarized using tables and narration based on the findings appropriate recommendations was identified for intervention.

Result: 252 patients were admitted to ICU from four departments. 134 (53.17%) were males and 118 (46.38%) females. The most affected age group was between 16-65 years, accounted for 210 (83.33%). The highest admissions to ICU were medical 142 (56.34%). Cardiogenic shock made up of 38 (26.76%) the highest admission from internal medicine while head injury 35 (42.7%) for surgical side. Respiratory failure 38 (39.6%) was the leading cause of death followed by cardiogenic shock 25 (2.6%) from the medical side.

Conclusion & Recommendation: Males are more affected than females. The most common cause of admission to ICU is medical. The average length of stay in ICU is 4.5 days. Cardiogenic shock and head injury are the leading cause of admission to ICU. Respiratory failure is the leading cause of death from each department. ICU patients need urgent intervention and qualified medical team with their undivided attention for the management of *emergency cases should be sustained.*

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