

Predictors of outcome in surgical ICU patients

Sana Nasim

The Aga Khan University, Pakistan

Objective: Our purpose is to evaluate and assess the morbidity and mortality of the surgical ICU patients and identify predictors and parameters that affect their outcome (i.e. mortality). Evaluate the predictive ability of APACHE II score for prognostication in our patient population.

Methods: All adult patients admitted in surgical ICU (General Surgery) were included in the study. Retrospective review of files from January 2009 to Dec 2011 was maintained by Department of Health Information and Management, retrieved by ICD-9 coding. Data was entered and analyzed on SPSS 19.

Results: A total of 157 patients were reviewed. 74% of the study population were male (n=116) and 26% (n=41) were female. The most common mode of admission was through emergency (57% n=91) and highest number of patients were in ASA IV category 30% (n=47). 26% (n=40) of them were trauma cases, out of them 18% were penetrating and rest were blunt (8%, n=13). 91(57%) of them underwent emergency surgery. Mean hospital course of 15±10 days. Overall morbidity was 63%. Surgical morbidity was seen in 20% of the patients, while non-surgical morbidity was observed in 54% of our patient population. Acinetobacter 17% (n=27) was the most common nosocomial infection followed by Pseudomonas 14% (n=22). Our in-hospital mortality was 43% (n=68) with an ICU mortality of 35% (n=55). Mean APACHE score of the patients in ICU was 23. Multi-variate analysis showed male gender, APACHE score, presence of sepsis and acute renal failure as an independent predictor of mortality in surgical ICU patients.

Conclusion: Mortality is significantly higher as compared to an international institution, with a slightly higher morbidity rates. Few significant, independent risk factors of poor outcome were identified. An attempt to provide objective probability and prognostic score estimates for critically ill hospitalized patients treated in ICUs. Prospective Studies in larger, more heterogeneous ICU patient populations are needed to confirm our observation.

Biography

Sana Nasim has completed her Residency in General Surgery from The Aga Khan University Hospital, a tertiary care hospital in Karachi, Pakistan in 2012. She is presently working as an Instructor in General Surgery. She has interest in Surgical Oncology and Trauma. She has been actively publishing articles during her training period and medical school. She has successfully completed her local board exam and MRCS (Glasgow) in 2012 and 2010 respectively.

sana.nasim@aku.edu