

Características y evolución de los pacientes que ingresan a una unidad de cuidados intensivos de un hospital público

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Abstract

Background: The epidemiology of critical patients in Chile could differ from that reported in international studies. **Aim:** To describe the causes of admission and evolution of patients who were admitted to the ICU (Intensive Care Unit) of a general hospital in Chile in a two-year period (2012-2013). **Patients and Methods:** A retrospective study was carried out using the ICU database. The following variables were registered: admission diagnosis, APACHE II (Acute Physiology and Chronic Health Evaluation), days of mechanical ventilation (MV), ICU length of stay and ICU and hospital survival. **Results:** We analyzed data from 1075 aged 54 ± 18 years (55% males), representing 75% of the admissions during the study period. The median ICU and MV lengths were 5 and 3 days respectively (92% of patients required MV). APACHE II was 20.5 ± 8.2 . The ICU and hospital mortality rate were 19.4% and 31%, respectively. Critical neurological diseases were the most common diagnoses requiring ICU, representing 26.8% of the admissions. No differences were found between 2012 and 2013 in age, APACHE II, ICU or hospital survival. A longer post ICU length of stay was found during 2013, both for patients who survived and those who died at the hospital. **Conclusions:** This study highlights the high percentage of patients that required MV and the high percentage critical neurological conditions requiring ICU admission. The characteristics and evolution of patients admitted to the ICU did not differ during 2012 and 2013..

Keywords

Critical Care, Critical Care Outcomes, Hospital Mortality, Mortality.