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Predictors of outcome of intensive care in acutely ill children

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Background: Intensive care units (ICU) are always nearly full capacity which makes admission very difficult and may affect patient's outcome at times of shortage.

Aim: To identify the variables capable of predicting which patient will benefit most from ICU admission, therefore prioritizing those patients when there is shortage of ICU beds.

Methodology: Two-hundred and fifty cases were subjected to thorough history taking, meticulous clinical examination, laboratory and radiological investigations when needed.

Results: ICU admissions occurred within 24 hours of coming to the emergency room (ER) in 63.6% of cases and after 24 hours in 22.4% of cases. Mortality rate was 37.6%. Survival was better among early than late (>24hrs) ICU admissions ($p=0.05$). Worst outcome was associated with pre-admission cardiac arrest ($p<0.001$), need for pre-admission intubation ($p<0.001$), high initial total inotropic dose ($p<0.001$) and thrombocytopenia ($p<0.001$).

Conclusion: Early ICU admission when indicated is associated with a better outcome. Pre-admission assessment can help prioritize those who would benefit from ICU. Not all cases referred to the ICU needed an intensive care, and most of them improved when received early care in the general ward.

Biography

Hanaa I Rady is working as an Associate Professor of Pediatrics and Pediatric Intensive Care, and is the Deputy Director of Children University Pediatric Hospital, AbolRish, Cairo University She is the Director of PICU of the 7th floor (21 beds). She has completed her MSc and MD from Cairo University in the year 2005 and 2008 respectively. She has published over 18 publications in reputed journals.

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