

Poster Abstracts

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Outcome of Self- and Planned Extubation in Organophosphate-Poisoned Patients

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Objectives: Respiratory failure is the most common cause of morbidity and mortality in organophosphate (OP)-intoxicated patients. We aimed to assess and compare the need for re-intubation and outcome between patients with self-extubation (SE) and planned extubation (PE).

Methods: In a cross-sectional observational study, all endotracheally intubated patients with OP poisoning who had been admitted to poisoning intensive care unit were included. The frequency and time of SE, need for re-intubation, and its impact on hospital stay and outcome were assessed.

Results: In fifteen patients (48.4%) SE was reported. Need for re-intubation in these patients was more frequent than those who underwent PE (60.0% vs. 37.5%, respectively) but without a statistically significant difference ($P=0.2$). Early unplanned SE significantly correlated with occurrence of pulmonary complications ($P=0.04$). The rate of aspiration pneumonia was high (80%) in SE cases. Hospital stay was also significantly prolonged in these patients (14.6 vs. 5.4 days, $P=0.04$).

Conclusion: Planning for on time weaning and extubation in OP-poisoned patients can prevent unplanned SE and decrease the occurrence of lung complications.