Poster Abstracts

PO-90

INTENSIVE CARE FOR POISONING PATIENTS; DO PHYSICIANS DISCRIMINATE: A PROSPECTIVE OBSERVATIONAL STUDY IN SRI LANKA

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Objectives
To detect whether physicians have a higher threshold for seeking an ICU bed for poisoning patients compared to other medical patients.
To assess the survival among medical and poisoning patients who did not receive CPR (cardiopulmonary resuscitation) prior to ICU admission
To assess the survival among medical and poisoning patients who received CPR prior to ICU admission

Methods: Prospective observational study was carried out in year 2015 at a general ICU of a secondary care hospital in Sri Lanka. Data were collected on admission to ICU. Necessity of CPR prior to ICU admission was considered as delay in seeking critical care. All the patients who admitted to the ICU from medical wards who did not need CPR within one hour of admission to ward were included. ICU admissions following poisoning were compared with that of other medical admissions. SPSS was used for statistical analysis.

Results: Out of 299 total ICU admissions, 154(51.5%) were from medical wards. 4 patients who required CPR on admission or within 1hour to the medical ward were excluded, as they do not indicate possible delay in assessing the need for critical care. Out of 150 patients, 122(81.33%) were due to other medical causes and 28(18.67%) were due to poisoning (22-Organophosphate, 5-Carbamate, 1-Proponyl). All poisoning admissions needed mechanical ventilation.
Out of 122 medical patients, 20(16.4%) had received pre-ICU CPR and in poisoning group it was 13(46.4%). Proportion of patients who required pre-ICU CPR is significantly higher in the poisoning group (chisq=11.97,df=1,p=0.00054) indicating a possible delay in assessing the need of critical care. When considering the outcome in non-pre-ICU CPR group (117), 70 out of 102 medical patients (68.6%) and 12 out of 15 poisoning patients (80%) were survived. The results were not statistically significant (chisq=0.809,df=1,p=0.368). In 33 patients who required pre-ICU CPR, survival percentages among medical and poisoning were 45% and 69.2% respectively and it was also not statistically significant. (chisq=1.868,df=1,p=0.171758).

Conclusion: The proportion of patients who required pre-ICU CPR is significantly higher in the poisoning group indicating a possible delay in seeking for an ICU bed or offering an ICU bed for poisoning patients. Survival among medical and poisoning patients is not significantly different in both the pre-ICU CPR and non-pre-ICU CPR groups and warrants non-discrimination even in the resource poor setting. Considering the acute nature of the event and the lower existence of co-morbidities compared to other medical patients, the long term survival may be even greater in the poisoning group.