LEVEL OF RESOLUTION AND MANAGEMENT OF CRITICAL PATIENTS IN THE ULDARICO ROCCA FERNANDEZ LEVEL I HOSPITAL, LIMA – PERU

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PURPOSE

• To ensure the quality of care in hospital networks, increased capacity of containment is required in lower-level hospitals. This involves improving their ability to solve, especially in its critical areas.
METHODS

• A cross-sectional descriptive study was conducted to evaluate the resolution ability of the hospital Intensive Monitoring Unit, in its first four years of work, from 2007 to 2011. All patients who were referred or died were considered failures.
RESULTS

• 649 patients were treated.
• The average age was 66.26 years (SD: 19.53)
• The average stay was 3.27 days (SD: 3.3).
• Distribution for sex:

![Pie chart showing distribution by sex]

- MALE (46.5%)
- FEMALE (53.5%)
RESULTS

• 204 (31.4% of the total) were considered failures
• 111 (17.1% of the total) were transferred
• 93 (14.3% of the total) died
MAIN CAUSES OF ADMISSION

1. Type I Respiratory Failure
2. Severe Pneumonia
3. Acute Pulmonary Edema
4. Urosepsis
5. Uremic Fibrinoid
6. Hypovolemic Shock
7. Atrial Fibrillation
8. Convulsive Syndrome
9. Hepatic Encephalopathy
10. Severe Asthma
11. Paroxysmal Tachycardia
12. Chronic Renal Failure
13. Severe Hypertension
14. Acute Myocardial Infarction
15. Diabetic Cetoacidosis
16. Upper Gastrointestinal Bleeding
17. Others

The chart shows the frequency of each cause of admission with the highest being Type I Respiratory Failure and the lowest being Others.
MAIN CAUSES OF SUCCESS

- Severe Asthma
- Angina Unstable
- Paroxysmal Tachycardia
- Hypovolemic Shock
- Convulsive Syndrome
- Atrial Fibrillation
- Acute Pulmonary Edema
- Urosepsis
- Severe Hypertension
- Diabetic Ketoacidosis
MAIN CAUSES OF DEATH

- Type I Respiratory Failure
- Septic Shock
- Severe Pneumonia
- Acute Pulmonary Edema
- Urosepsis
- Chronic Renal Failure
- Others
MAIN CAUSES OF REFERENCE

- Type I Respiratory Failure
- Septic Shock
- Severe Pneumonia
- Acute Myocardial Infarction
- Chronic Renal Failure
- Acute Pulmonary Edema
- Pulmonary Fibrosis
- Others
## PATIENTS REQUIRING PROCEDURES

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<th>TOTAL</th>
<th>SUCCESS</th>
<th>%</th>
<th>DIED</th>
<th>%</th>
<th>TRANSF</th>
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CONCLUSIONS

• Critical care units in hospitals with low complexity can handle lots of unstable patients, particularly those whose diagnoses do not involve too much co-morbidity and/or do not require invasive procedures such as mechanical ventilation or hemodialysis.
THANK YOU