

Clinical Pediatrics 2017: Adherence to standard admission and discharge criteria and its association with outcome of pediatric intensive care unit cases in Al-Ahrar Hospital Zagazig - Nouran Bayoumi AbdAllah - Suez Canal University School of Medicine

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The powerful use of pediatric intensive care unit (PICU) beds is an crucial problem as they are luxurious and have confined resources. Adherence to well-defined admission and discharge criteria for PICU cases can be very helpful for better PICU mattress utilization.

The purpose of the prevailing examine is to assess criteria of admission and discharge of all admitted and discharged sufferers to the PICU in Al-Ahrar Hospital, Egypt, in contrast to the same old criteria of admission and discharge of the American Academy of Pediatrics (AAP).

This have a look at blanketed 125 children admitted to the PICU with different diagnoses for the duration of a six month period from July to December 2013. The recorded facts of the recruited patients consist of demographic statistics, purpose of referral, criteria of admission, physical exam, provisional diagnoses at admission, diagnostic studies, exact diagnoses, final results and criteria of discharge. Pediatric index of mortality 2nd version (PIM-2) changed into calculated from the accumulated statistics within one hour period from the time of admission to the PICU.

The admission of male children to PICU was barely better than girls (51.2% as opposed to forty eight.Eight%). Incompatible admission represented 18.4% of all admitted cases. Complicated gastroenteritis become the maximum common final prognosis in our PICU (sixteen.Eight%). This become followed via pneumonia (15.2%), demanding mind damage (12%), status epilepticus (eight.8%), sepsis (6.Four%) and meningitis (four.8%). Overall mortality fee became 14.Four% . The maximum mortality charge was in demanding cases (33.3%), followed by multiple organ disorder syndrome (MODS) in sepsis instances (22.2%). Incompatible discharge represented 4.Eight% of all discharged.

During the last century, developed nations have visible extensive decrease in children mortality. PICU played a small however sizable position in those brilliant effects. Despite these advances, most of the people of global's kids dwelling in growing nations and inside the poorer areas of countries with blended economies have now not shared in this tremendous prosperity and development. Costs of care for a PICU patient

were anticipated as being 3 instances the expenses of care for a general ward affected person.

The ratio of expert personals to patients is usually better in PICU than in other areas of the clinic, reflecting the acuity of PICU patients and the threat of lifestyles-threatening complications. Complex generation and system is often in use, specially mechanical ventilators and patient tracking structures. Consequently, PICUs have a larger running budget than many different departments inside the hospital.

The effective use of PICU beds is an essential difficulty as they may be pricey and feature restricted sources. These financial barriers and restricted PICU facilities should be used to the satisfactory advantage in terms of price and affected person outcome. Monitoring PICU overall performance is, therefore, an increasing number of important in the combat to govern health facility costs. Adherence to nicely-described admission and discharge criteria for PICU instances could be very useful for better PICU bed usage and offer extensive care to those sufferers who may have the great analysis and make use of resources optimally. Generally speaking, in developing countries like Egypt there are ill-defined admission and discharge standards for PICU cases.

An official permission changed into received the usage of right channels of communication. The authorities of PICU in Al-Ahrar Hospital, Zagazig, Egypt agreed to allow the gathering of uniform pediatric records set of all admitted cases all through a six-month length from July 1, 2013 to December 31, 2013 with the aid of the primary author. Al-Ahrar is a governmental educational hospital; PICU is degree II including 7 beds and a pair of isolation rooms completely prepared with mechanical ventilators (Dragger and Villa) and oxygen and suction and video display units. Personnel in rate consist of specialists, experts and resident pediatricians available 24 h. Nursing personnel are in a ratio of 1 nurse for 2–3 beds/8 h shift. Radiology and laboratory investigations are completed inside the hospital. Infection manage coverage is available. The policy of our PICU is not to confess in simple terms surgical or postoperative instances. There is a Burn Unit in our medical institution, so no burn instances had been admitted to our PICU in line with the clinic coverage. No cases with malignancy had

been pronounced in our take a look at both as a prognosis or as co-morbidity.

The study protected a hundred twenty five children admitted to PICU for the duration of this period. Each care-giver of the recruited kids changed into asked to give an informed consent to participate in the observe after complete explanation of the nature and the primary purpose of the study and its predicted outcome advantages.

Conclusion

PICU centers at Al-Ahrar Hospital, Zagazig are insufficient to fulfill the demand. An admission score based totally on the PIM-2 rating should assist inside the selection of sufferers for those restricted PICU facilities.