Introduction:
Critical care medicine has focused on continuous, multidisciplinary care for patients with organ insufficiency in the face of life-threatening illness. Despite significant resource limitation low income countries carry a huge burden of critical illness. Available data is insufficient to clearly show the burden and outcomes of intensive care units in these developing countries. [1]
The objective of our study is to evaluate the morbidity and outcomes of patients admitted to the Intensive Care Unit of a tertiary university hospital in Hawassa, Ethiopia.

Methods:
This was a prospective observational study. Data was registered and analysed starting from patient admission to discharge during a 12 month period beginning September 2018. Data regarding demographics, sources of admission, diagnosis, length-of-stay and outcomes were analysed.

Results:
The total number of patients admitted to the ICU was 218, with 71 patients dying over a one year period. The highest admission was from emergency medical unit, 36% and the lowest source was from pediatrics department, 8%. Out of these, 69.8% were males. The mean age was 27 years (2-62). The most frequent aetiologies of morbidity in the admitted patients were traumatic brain injury (24.6%), acute respiratory distress syndrome (22.9%) and seizure disorder (8%). Average median length of stay was 3.0 days (interquartile range: 1.0 - 27.0). The overall mortality rate was 32.5%. The top four causes of death in the ICU were respiratory illness at 24% followed by sepsis with multiorgan failure at 20%, trauma (16%) and central nervous system infection (12%).

Conclusion:
Infection morbidity and mortality remains very high and needs institution of aggressive preventive strategies. The increase in frequency of trauma patients need to receive due attention. Sepsis causes a high number of deaths, though overtaken by respiratory illnesses. Improving the overall system of ICU may achieve better outcomes in resource limited countries.

References: