Introduction:
ADL weakening is often seen after intensive care and called post-intensive-care syndrome (PICS). This is also seen in even outside ICU and proposed to be called post-acute-care syndrome (PACS), especially in elderly patients. In patients with infection, SOFA score is famous for predicting in-hospital mortality, but there are no tools for predicting ADL weakening during admission. To search for risk factors for ADL weakening during admission other than the age, we conducted a retrospective observational study.

Methods:
The subjects were surviving patients with infection, aged from 16 to 89 who were admitted to our department from April 1, 2018 to May 31, 2019. Information of basic characteristics, laboratory data on admission and adjunctive therapies were extracted from our database. We use Barthel Index (BI) as ADL evaluation, and the BI at discharge were evaluated by nurses. We stratified patients by BI at discharge of over 60 or not, and investigated factors that predicted it. We compared each factor between 2 groups, and perform a logistic regression analysis with those that had a significant effect clinically or statistically.

Results:
There were total 2170 patients and 515 had infection. The number of surviving patients were 397. Average age was 73.18, female was 41.6% and median SOFA was 4. BI was over 60 in 192 patients. Factors which had significant difference between 2 groups were age, existence of DIC and laboratory data on admission such as ALB, BUN, FDP, TAT, soluble fibrinmonomer complex and thrombomodulin. There was no relationship between ADL weakening during admission and ICU admission. We performed a logistic regression analysis with age, sex, SOFA, DIC, mechanical ventilation, renal replacement therapy, ECMO, ALB, lymphocyte count and CRP. Independent risk factors were age, sex, and ALB.

Conclusion:
Among patients with infection, there was ADL weakening as PACS, and its risk factor other than age was female sex and poor nutritional status on admission.