Introduction:
Unplanned readmission to acute care following hospital discharge after critical illness has a significant impact for patients, caregivers and the healthcare system [1]. Drivers for unplanned readmission include pre-ICU functional status as well as the social circumstances which a patient returns to[2]. At present, there is limited understanding of the impact of cognitive function and whether this plays a part in the readmission process. The aim of this study was to undertake cognitive screening during the readmission episode to understand if ongoing cognitive impairment was still present in this patient group.

Methods:
Ethical approval was granted from the West of Scotland Research Ethics Service (approval number 19/WS/0091). We used a single centre cohort study design. Using a clinical database, we identified those patients who had an ICU admission ≥ 3 days who were readmitted to acute care within 90 days of hospital discharge. The researcher attended the ward and after discussion with the current direct care team and screened patients using the Mini Mental State Exam (MMSE) tool [3]

Results:
The cut-off scores were: 24-30- have normal cognition; 19-2- mild cognitive impairment; 10-18- moderate impairment and ≤ 9 severe impairment.
Baseline demographics of this cohort are shown in Table 1. 11 patients were screened during a readmission to acute care. 8 patients were found to have normal cognition (72.7%). 23.3% of patients had some degree of cognitive impairment: 2 (18.2%) had mild cognitive impairment and 1(9.1%) had moderate impairment.

Conclusion:
In conclusion, patients discharged from ICU have continuing cognitive impairment. Future research should examine to establish whether cognitive dysfunction after ICU is a driver for readmission to acute care.

References:
1. Lone NI et al. Thorax 74:1046-1054, 2019