Introduction:
On Feb 20, 2020, the first patient with COVID-19 in Italy developed respiratory failure and was admitted to the ICU. Strong from Chinese experience and with a 2-week gap from Lombardy, we organized our hospital (AOUI of Verona, Italy) from 60 to 114 ICU beds. We aimed to describe our first COVID-19 critically ill patients.

Methods:
Prospective observational study of all COVID-19-confirmed critically ill patients, treated at our ICUs between 6 to 29 March, 2020. Date of final follow-up was April 26, 2020. Demographic and daily clinical data were collected, including data on organ failure, management, and outcome.

Results:
Of the 95 pts included, the median age was 65 (56.5-70) yrs and 78 (82%) were male. 57 (54%) had cardiovascular disorders, 18 (19%) were obese, 17 (18%) had dyslipidemia, 13 (14%) had diabetes, 15 (16%) were current smokers, 12 (13%) had COPD; 27 (28%) patients were admitted from the ED, 47 (49%) from a medical ward and 21 (22%) were transferred from another hospital. At ICU admission, APACHE II and SOFA scores were 23 (15-29) and 8 (5-11), respectively; lymphocytopenia was present (0.5 [0.1-0.8] 10^9/L); CRP was 137 (61-194) mg/L, PCT was 0.3 (0.2-0.8) ng/mL. Total CPK, LDH and D-Dimer were 131 (77-339) U/L, 421 (311-505) U/L and 1265 (570-2032), respectively; arterial lactate was 1.2 (0.9-1.6) mmol/L, P/F at baseline was 81 (65-118); 90 pts (94%) received invasive mechanical ventilation and after tracheal intubation P/F was 115 (98-149), TV was 495 (450-500) mL, RR was 17.5 (15-20) apm, PEEP was 11 (10-12) cmH2O, Pplat was 20 (18-22) cmH2O, DP was 9 (8-10) cmH2O and compliance was 47.25 mL/cmH2O. 2 pts (2.1%) were treated with Sildenafil, 5 (5.3%) received iNO and 3 (3.2%) needed ECMO. All received hydroxychloroquine, 87 (92%) lopinavir–ritonavir, 8 (8.4%) remdesivir, 14 (15%) tocilizumab. On D1 82 (86%) pts were under antibiotic therapy. 28 day ICU mortality was 17.8%. ICU LOS was 14 (2-40) for survs and 6 (1-28) for non survs.

Conclusion:
Among COVID-19 a large proportion required mechanical ventilation and ICU mortality was 17.8%.