

Category : **Respiratory: other**

A281 - Characteristics and outcomes of critical COVID patients in the Intensive Care Unity

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Introduction:

This study aimed to determine the mortality and morbidity of COVID-19 patients in an intensive care unit (ICU) until hospital discharge, and explore the factors that influence in-ICU and in-hospital mortality rates.

Methods:

Single center retrospective cohort regarding COVID-19 critical patients in a tertiary hospital ICU, from September/20 to June/21. Demographic data, clinical characteristics, admission SOFA score, frailty score (FS) and clinical management were analyzed.

Results:

We included 159 consecutive COVID-19 critical patients. The median (IQR) age was 66(57–72); 101(63.5%) were male. A total of 126 (79.2%) patients received hospital discharge, ICU-mortality rate was 18.9%(30 deaths). The median (IQR) ICU length of stay was 12 days (6-20) and in-hospital stay was 21(13-35), and no significant differences were found in ICU and in-hospital length of stay between survivors and non-survivors. At admission to the ICU total SOFA score was 4(3–7). In univariate analysis, increased age, higher admission SOFA score, acute kidney injury and acute neurologic dysfunction at admission were significantly associated with increased hazard of mortality. The need for mechanical ventilation were associated with higher risk of ICU and in-hospital mortality. Previous comorbidities (hypertension, diabetes, obesity, heart failure, COPD, renal, hepatic, oncologic or immunosuppression) or the FS were not significantly associated with in-hospital mortality. None of the COVID-19 pharmacologic treatments (remdesivir, steroids and tocilizumab) were significantly associated with in-hospital mortality. In a multivariable analysis with in-hospital death as the dependent variable, a 10 year increase in age was associated with a mortality OR of 2.9(95CI:1.5-5.5)(p=0.002) and the development of shock during ICU stay was associated with a mortality OR of 8.8(95CI:1.5 to 53.3).

Conclusion:

In this cohort, only age and the development of shock during ICU stay were independently associated with higher risk of in-hospital death.