

Category : **Emergency room**

A219 - Development of intensive medicine in the emergency department: one year of experience in a tertiary referral hospital

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Introduction:

The assimilation of Intensive Care Specialist (ICS) into the Emergency Department (ED) is a recent development in the southern part of the country supported by the recommendation of the Order of Physicians (OM) for the presence of intensivists in the emergency room, under the organizational jurisdiction of level II/level III areas. This article aims to present and analyse the results of the first year of ICS support to the ED in a central hospital in this region.

Methods:

The analysis of records was conducted using the ED application, covering the period from June 1, 2021, to July 31, 2022. Records made in the ED were considered, as well as data related to all patients transferred to Intensive Care Units (ICU).

Results:

During this period, the ED admitted a total of 155,786 patients, with 69,290 triaged (Manchester's triage) as yellow priority, 10,750 as orange priority, and 721 as red priority.

Out of 873 patients evaluated by the intensivist in the ED, 804 were admitted in the ICU, while 47 died in the ED, 28 of which did not require admission to ICU. ICS support was primarily provided to medical patients (52%), followed by trauma patients (18.9%) and surgical patients (13.7%). ICS conducted observations within the first 2 hours of stay in the ED in 39.4% of cases and after 12 hours in 15% of cases. Written records on-site were made in 56% of patients evaluated by ICS in the ED, making it difficult to define the moment of intervention due to posthumous records in critical patients.

Conclusion:

The shortage of requests for collaboration in trauma patients can be attributed to the traditional management of such patients by surgical specialties and anesthesia. These initial results provide valuable insights to plan the restructuring of teams and training of intensivists in approaching these critical patients in the context of the ED.