

USE OF INTENSIVE CARE UNIT SCORING SYSTEMS IN PAKISTAN

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INTRODUCTION

Intensive care units (ICU) in most settings consume very costly and sophisticated devices but mortality rates remain very high. Scoring systems serve as a guide to critical care and are commonly used to assess the extent of disease severity and organ dysfunction in critical illness. Clinical outcomes of the patient and in-hospital mortality can be determined with their use and the overall performance of an ICU can be predicted. These scoring systems can aid the practitioner in clinical decision making. There has been great advancement recently in developing various models to measure the severity of critical illness and to predict mortality.

OBJECTIVE

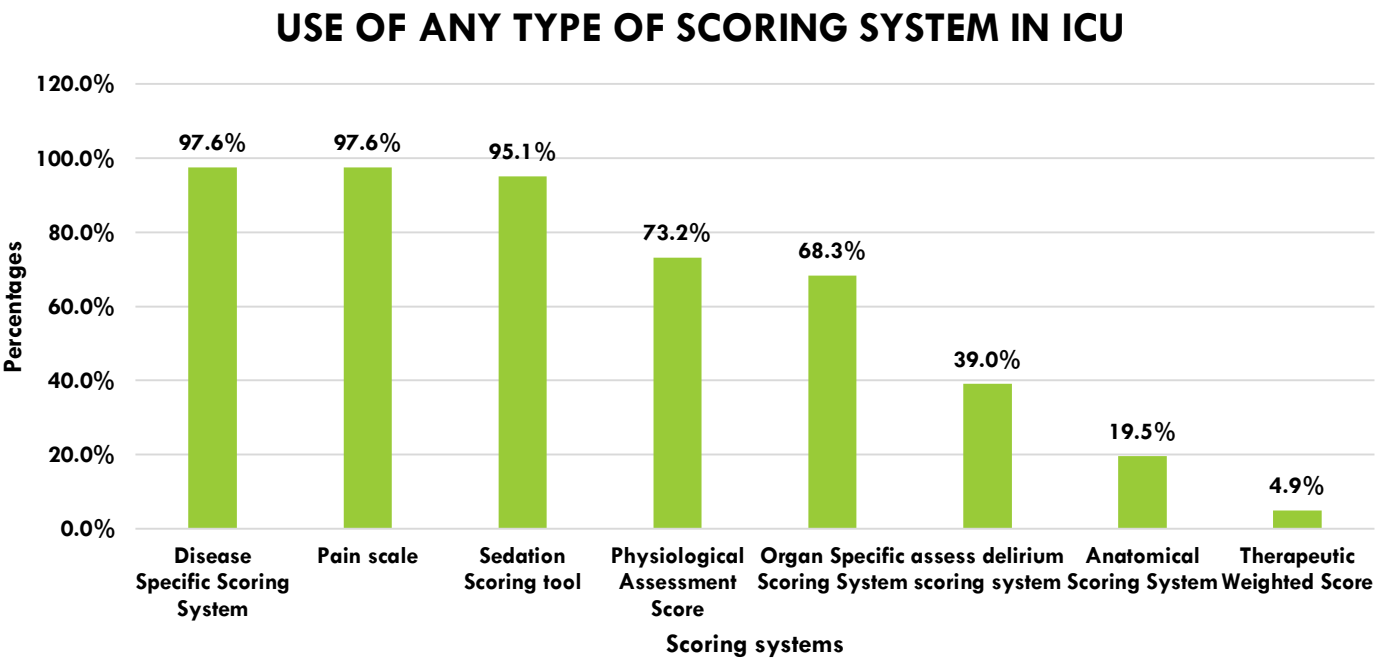
To determine the frequency of use of Scoring Systems to predict the outcome of critically ill patients in the Intensive Care Units of Pakistan.

METHODS

In this Cross sectional study, pre-designed Questionnaires were sent to 60 consultants of various healthcare institutions in Pakistan that are recognized by the College of Physicians and Surgeons of Pakistan (CPSP) for fellowship in ICU Training. 40 responded to the survey. Data was collected from different hospitals in Karachi, Lahore and Islamabad.

RESULTS

Mean age was 41.25 ± 9.3 years. The mean duration of practice was 12.05 ± 9.69 years. 95% of the participants responded that the patients are admitted into ICU on clinical parameters. 5% responded on the basis of Pre-ICU scoring systems. Out of 40 physicians, 32 (80%) used ICU scoring systems and 8 (20%) did not.



Which SEDATION SCORING TOOL do you use in the ICU?	
None	2 (5)
RASS	31 (77.5)
SAS	2 (5)
Ramsey Sedation Scale	10 (25)

Which scoring system do you use to assess DELIRIUM in ICU?	
None	24 (60)
ICDSC	4 (10)
CAM-ICU	14 (35)

Which ANATOMICAL SCORING SYSTEM do you use in the ICU?	
None	28 (70)
Abbreviated injury score	1 (2.5)
Injury Severity	2 (5)
Other	9 (22.5)

Which DISEASE SPECIFIC SCORING SYSTEM do you use in the ICU?	
None	1 (2.5)
Glasgow Coma Scale	39 (97.5)
Ransons criteria for acute pancreatitis	28 (70)
Child-Pugh Score	32 (80)
MELD scoring	23 (57.5)
RIFLE classification	18 (45)
Other	5 (12.5)

Which ORGAN SPECIFIC SCORING SYSTEM do you use in the ICU?	
None	11 (28.9)
MODS	16 (42.1)
LODS	1 (2.6)
SOFA	19 (50)
Missing	2 (5)

Which PHYSIOLOGICAL ASSESSMENT SCORE do you use in the ICU?	
None	9 (23.7)
APACHE	24 (63.2)
SAPS	6 (15.8)
MPM	3 (7.9)
Other	1 (2.6)

Which PAIN SCALE do you use in the ICU?	
None	1 (2.5)
NRS	20 (50)
VAS	24 (60)
BPS	7 (17.5)
CPOT	4 (10)

CONCLUSION

Most ICU consultants in Pakistan use at least one type of ICU scoring system. Through this study, we identified regions where these scoring systems are used more frequently. Reinforcement of their use in places where their use is lacking can be accomplished. Further studies to determine the outcome of these scoring systems on prognosis, outcome and cost reduction can be carried out now. We can also find out which scoring system is superior in predicting clinical outcomes. Better resource allocation will have a major impact on the dynamics of low middle income countries, like Pakistan.