

中文題目：南部一綜合醫院加護病房入住病患屬性與預後之分析

英文題目：The analysis of characteristics and outcome of residents admitted to ICU in one regional hospital at South Taiwan

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Background: Chia-Yi Hospital (CYH) is one regional hospital with 670 beds available at Chia-Yi City. During this Jul-Aug period, there have had 1,706 patients and 15,418 patient-days registration at our hospital. Multi-drug resistant organism (MDRO) and critical illness are two important issues in our issues of ICU care. So, we want to investigate the characteristics and outcome from our ICU cohort. The influence and importance of MDROs are also analyzed in our study.

Method: We prospectively identify the patients who have ever admitted to ICU setting since this July. Then each of them is collected the data of characteristics, as gender, age, care department, length of ICU stay, antibiotics usage, cultures and outcome. Simultaneously, we record and compare with different MDROs (MRSA, CRE, CRAB, VRE, CRPA) and infected sites every week.

Result:

1. Between July and August, there are 115 patients enrolled and 611 patient-days follow-up observed period at our ICU cohort.
2. Analysis of characteristics:
 - A. gender and age: The fifth, sixth, seventh and eighth decades are the major share of male patients. In female patients, the eighth decade owns the most one and sixth, seventh decade are the second, third ones.
 - B. care department: Chest Medicine, Internal Medicine, Cardiovascular, Nephrology, Metabolism and Neurosurgery gain the 80% share.
 - C. Length of ICU stay: The percentage of patients is <2 days (43.9%), 2-7 days (27.3%), 1-2 week (13.6%), 2-4 week (13.6%) and >4 week (1.5%)
 - D. outcome: The percentage of patients is May-be-discharge (57.4%), die (20.9%), refer (5.2%) and still hospitalization (16.5%).
3. MDROs and infected sites:
 - A. There are about 16 MDROs patients diagnosed in every week.
 - B. CRAB, MRSA, CRKP are the major isolates at our ICU cohort, but MRSA is the most ones from hospital-based isolates.
 - C. The percentage of infected sites is sputum (39.9%), urine (21.1%), wound (15.2%), blood (13.9%) and others (9.9%) in decreasing.

Conclusion:

1. The inclusion patients and follow-up observed period are collected only two months. The time is limited and case numbers accumulate slowly. Most patients are coming from PAC (post-acute care) or intermediate care facility.
2. We are lack of critical care doctors, but only two Chest medicine doctors which are supported from Chiayi Chang Gung Memorial Hospital.
3. Antibiotics prescription, length of ICU stay and outcome of these patients are still in collecting and doing statistics.