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Title: Functional status of patients readmitted to ICU

Ms. Leda T.Y. 27373 Silveira lsilveir@usp.br [1], Ms. Janete M. 27374 Silva physiotherapy_janete@yahoo.com.br [2], Mr. José M.S. 27375 Mafra jmafra1@hotmail.com [1], Ms. Michele C.S. 27376 Ramos michelle.fisio08@hotmail.com [1], Mrs. Clarice 27377 Tanaka cltanaka@uol.com.br [1,2] and Ms. Carolina 27379 Fu carolfu@usp.br [1,2]. [1] Department of Physical Therapy, Communication Science & Disorders, Occupational Therapy, University of Sao Paulo, Sao Paulo, SP, Brazil, 05360-000 and [2] Physiotherapy, Clinics Hospital, Sao Paulo, SP, Brazil, 05403-900 .

Body: Background: Association between Intensive Care Unit (ICU) readmission and discharge to a high dependency unit has been described. Little has been written about patients' functional status. Objective: To compare the functional status of patients who were readmitted to ICU and those who received hospital discharge. Methods: Patients admitted to ICU of a Brazilian tertiary public hospital, aged ≥ 18 years old, who used mechanical ventilation (MV) for ≥ 24h of and received discharge to ward had their functional status assessed at the first day of ICU discharge, by Barthel Index (BI) and Katz Index (KI); palm (PAL) and pinch (PIN) grip strength (with a hydraulic dynamometer [Baseline™], New York, USA). Clinical data was collected from charts. Patients who were hospital discharged and those who returned to ICU were compared. Results: 251 patients could be evaluated: n=199 for discharge group (DG) and n=52 for readmission group (RG). DG and RD were similar for: mean age (48.96±17.23 vs. 52.50±16.09, p=0.060, respectively); male gender [113 (56.78%) vs. 22 (42.31%), p=0.060] and ICU length of stay during first ICU admission [13 (8-22) vs. 12 (7-15), p=0.090]. RG had higher APACHE II score [18 (12-22) vs. 15 (11-20), p=0.026] but lower MV days [4.00 (2.25-6.00) vs 5.00 (3.00-10.00), p=0.022]. BI was lower for RG: 40 (20-75) vs. 60 (35-85), p=0.031. KI (Likert scale) was higher for RG: 10 (4.25-13.75) vs. 8 (2.00-11.00), p=0.015. PIN (pounds), was lower for RG: 9.00 (5.25-10.75) vs. 11.00 (7.00-15.00), p=0.007. PAL (pounds) was similar: 5.00 (2.00-9.50) in RG vs. 6.00 (2.75-9.00) in DG, p=0.392. Conclusion: Patients who later returned to ICU presented worse functional status after the first ICU stay than patients who achieved hospital discharge.