

Outcome Following Critical Care Admission in a Private ICU, Lagos Nigeria

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Argomento: Insufficienza respiratoria acuta e ventilazione meccanica

Objectives

We determined the specialty and outcome of ICU admission in a private critical care center.

Methods

This is a prospective cohort study, patients were recruited and followed up between January, 2016 and March, 2018 until they were either discharged from the ICU or died.

Results

A total of 72 patients were admitted; males were 53 (73.6%). The most common specialist of admission was surgery (50%) followed by medicine (29.2%). The median apache score was 19.5 (25th -75th percentile, 14.5-25.7).

There was delay in referral in 72.2% with a median period of 26 hours (2-52 hours). The most common reason for delay was unavailability of ICU bed space in 57.7% followed by no ICU facility at referral center 16%. The ICU survival was 45 (62.5%).

Conclusion

There is an urgent need for provision of critical care services to meet the teeming population in Lagos, Nigeria. The most common reason for delay in ICU services is lack of bed space.

Discussion

The ICU survival at our center is slightly higher than the values of 54% obtained in government hospital in Lagos Nigeria¹ The establishment of private ICU has reduced the mortality associated with dearth of government ICU facilities, since 62.5% patients who required ICU service would have died if they had no alternative facility.

Reference

- Anthony A. Iwuafor et al. Incidence, Clinical Outcome and Risk Factors of Intensive Care Unit Infections in the LUTH, Lagos, Nigeria. [PLoS One](#) 2016; 11(10): e0165242.

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Introduction

There is dearth in the availability of intensive care services in Lagos, Nigeria with a steaming population of approximately 21 million, who have access to four government owned ICU centers with 13 beds. This has led to private initiatives in critical care services.

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