

**LEVEL OF RESOLUTION AND
MANAGEMENT OF CRITICAL PATIENTS
IN THE ULDARICO ROCCA FERNANDEZ
LEVEL I HOSPITAL, LIMA – PERU**

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PURPOSE

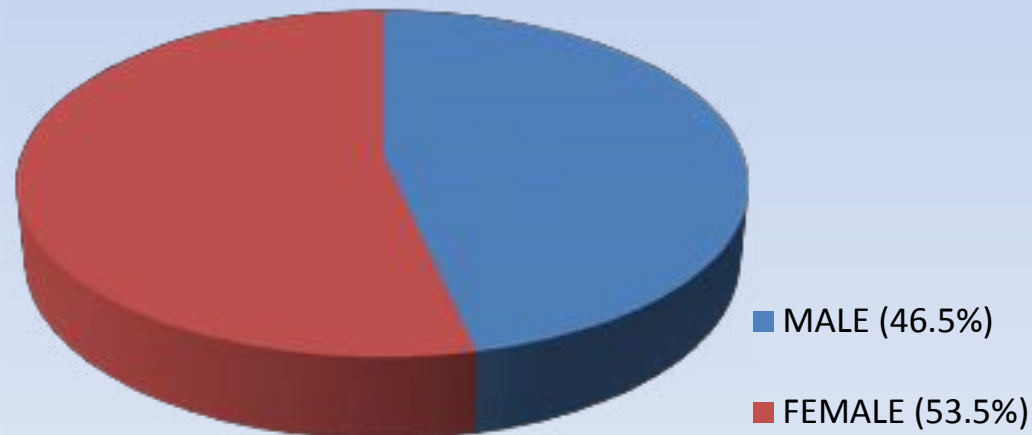
- To ensure the quality of care in hospital networks, increased capacity of containment is required in lower-level hospitals. This involves improving their ability to solve, especially in its critical areas.

METHODS

- A cross-sectional descriptive study was conducted to evaluate the resolution ability of the hospital **Intensive Monitoring Unit**, in its first four years of work, from 2007 to 2011. All patients who were referred or died were considered failures.

RESULTS

- 649 patients were treated.
- The average age was 66.26 years (SD: 19.53)
- The average stay was 3.27 days (SD: 3.3).
- Distribution for sex:

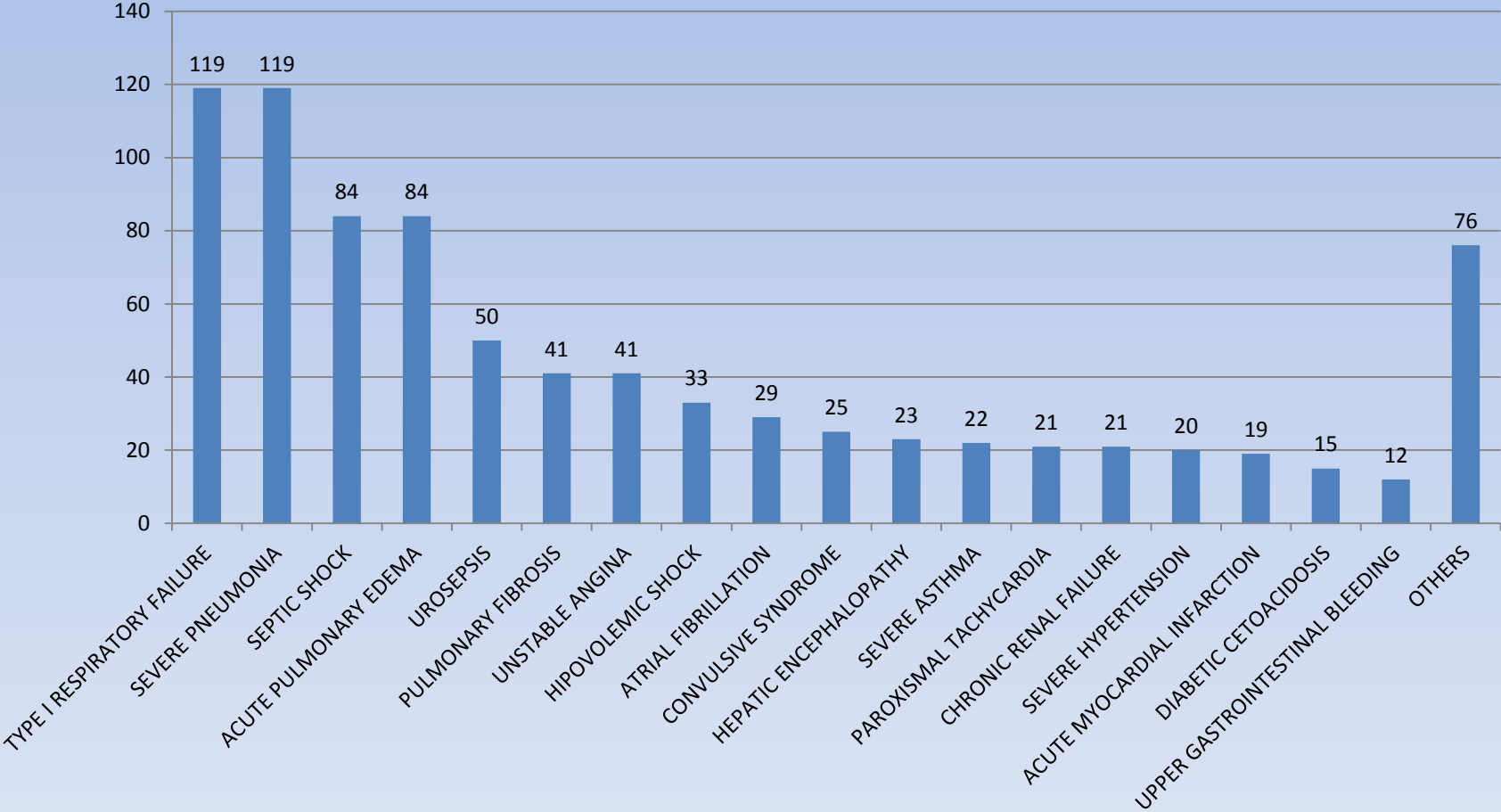


RESULTS

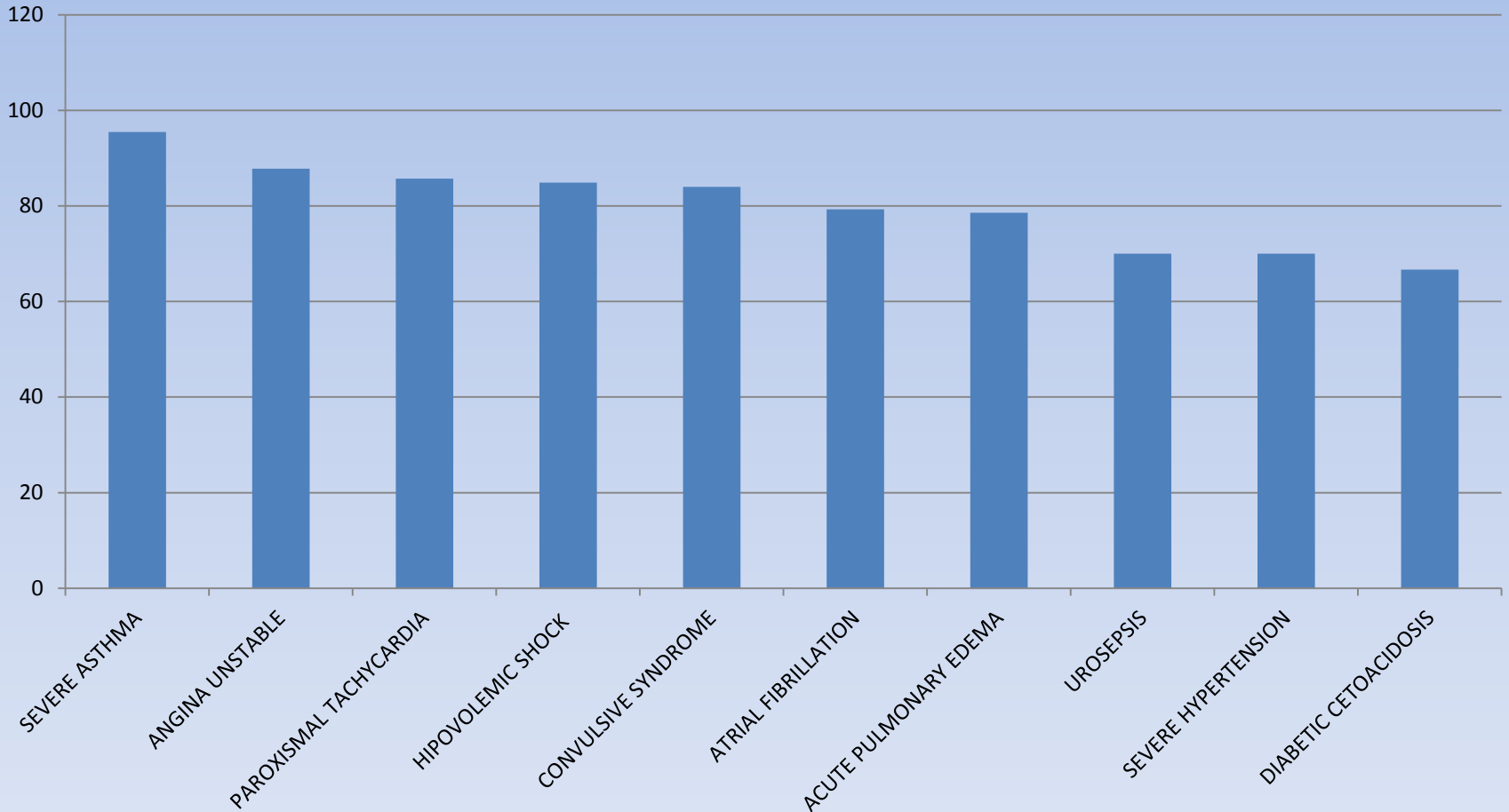
- 204 (31.4% of the total) were considered failures
- 111 (17.1% of the total) were transferred
- 93 (14.3% of the total) died



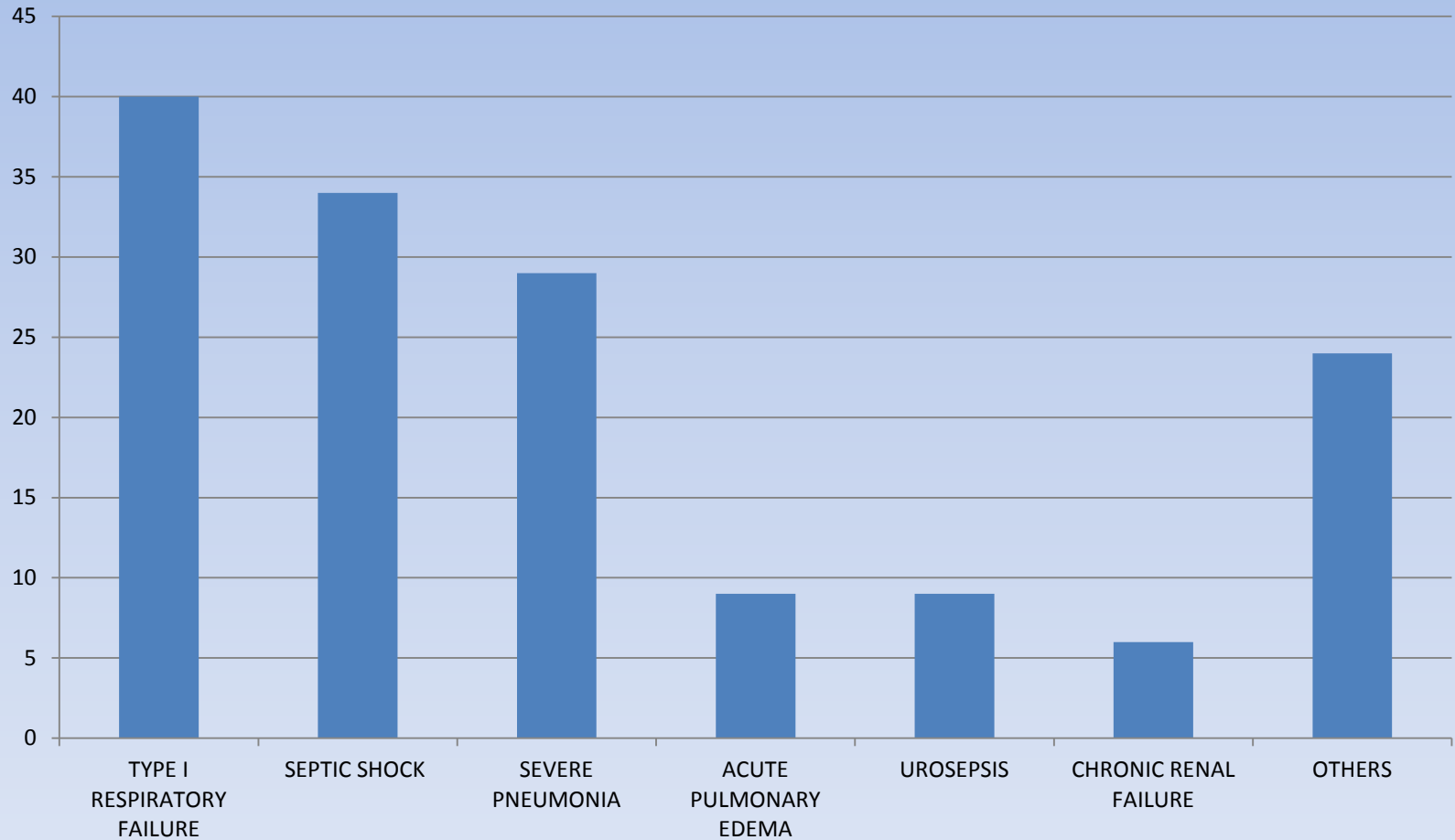
MAIN CAUSES OF ADMISSION



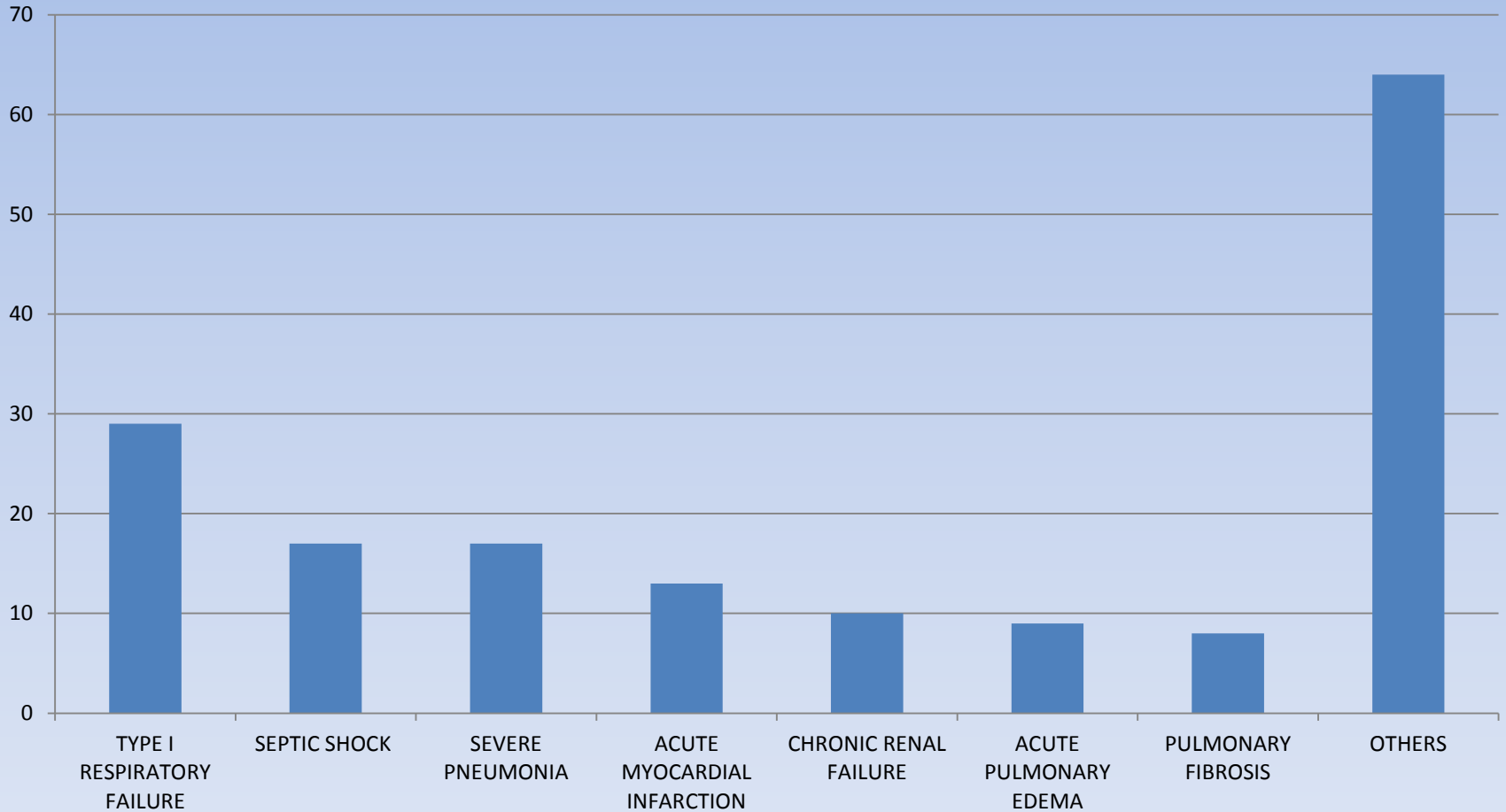
MAIN CAUSES OF SUCCESS



MAIN CAUSES OF DEATH



MAIN CAUSES OF REFERENCE



PATIENTS REQUIRING PROCEDURES

PROCEDURE	TOTAL	SUCCESS	%	DIED	%	TRANSF	%	FAILURE	%
TET	28	14	50,00	9	32,14	5	17,86	14	50,00
CVC	134	52	38,81	53	39,55	29	21,64	82	61,19
VM	95	29	30,53	40	42,11	26	27,37	66	69,47
HEMODIALISIS	10	2	20,00	1	10,00	7	70,00	8	80,00
PACEMAKER	1	0	-	0	-	1	100,00	1	100,00

CONCLUSIONS

- Critical care units in hospitals with low complexity can handle lots of unstable patients, particularly those whose diagnoses do not involve too much co-morbidity and/or do not require invasive procedures such as mechanical ventilation or hemodialysis.

THANK YOU