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PREVALENCE OF MISSED CRITICAL CARE OPPORTUNITIES; ASSOCIATED FACTORS AND 72 HOUR MORTALITY IN ADULT PATIENTS ADMITTED AT MULAGO HOSPITAL EMERGENCY WARD.

BY

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ABSTRACT

Background: Mulago Hospital is the national referral Hospital for Uganda. It serves a population of 32.4 million. Mulago Hospital has an in - patient bed capacity of 1500 beds but has only one general intensive care unit that handles an average of 7 patients at a time. The lack of high dependency units in the general medical and surgical wards of Mulago Hospital results in the provision of high dependency care in the general intensive care unit. As such, the possibility that a large number of patients were missing out on this life saving care was suggested by the gross discrepancy between the bed capacity of Mulago Hospital and the available critical care beds. We therefore conducted this study to determine the prevalence of missed critical care opportunities, associated factors and the 72 hour mortality in adult emergency patients at Mulago Hospital.

Objective: To determine the prevalence of missed critical care opportunities, associated factors and 72 hour mortality in adult patients admitted at Mulago Hospital emergency ward.

Design: A crosssectional descriptive study.

Procedure: The study was performed on adult patients admitted at Mulago Hospital emergency ward (3BE). Consecutive sampling was used and informed consent obtained. All those recruited into the study were subjected to the Modified Early Warning Score (MEWS). Study subjects who had a MEWS score of four and above were regarded as requiring critical care. Study subjects who required critical care and did not get admitted in the intensive care unit were regarded as missed critical care opportunities. Factors associated with these missed critical care opportunities were sought and 72 hour mortality of these patients recorded.

Results: We screened 425 study subjects on the medical and surgical emergency wards of Mulago Hospital; 20 of these were excluded because they were below age and 405 subjects were recruited. All study subjects were subjected to the MEWS. 313 patients got a MEWS of less than four while 92 patients scored four and above. There was a 100% prevalence of missed critical care opportunities. The major factors described for missed critical care opportunities were availability of suitable treatment (43.3%), good prognosis (26.6%) and good response to emergency treatment (25%). The 72 hour mortality of missed critical care opportunities was 10.87%.

Conclusions: The prevalence of missed critical care opportunities at Mulago Hospital surgical and medical emergency ward using a MEWS score of four or more was 100% in this study. This study was unable to measure associations because none of the patients was admitted in the ICU. The 72 hour mortality of missed critical care opportunities was significant for survival of death than dying.

Recommendations: There is a need for setting up more high dependency units and specialized intensive care units to cater for the missed critical care opportunities.