

ABSTRACT

Clinical Profile, Mangement Outcome and Associated Factors of Saint Paul COVID-19 ICU Adimitted Pateints

Tekiy Markos Bedore¹, Yonas Kefelegn², Rediet Solomon³, Yemane Gebremedin⁴

¹Worabe Comprehensive Specialized Hospital, Ethiopia, East Africa

²⁻⁴Saint Paul Millenium Medical College, Ethiopia, East Africa

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Background

Coronavirus disease 2019, caused by the recent severe acute respiratory syndrome novel virus, is considered one of the greatest global public health crisis by the WHO. It claimed millions of lives globally, with death occurring among populations with certain contributing factors. The aim of this study was to assess Clinical Profile, Management outcome and associated factors of COVID-19 infected patients who were admitted from June 8, 2020 to May 30, 2021 to St. Paul Hospital Millennium Medical College COVID-19 ICU Center.

Methods

Single centered institution-based cross-sectional study design was conducted at ICU of St. Paul's hospital millennium medical college COVID-19 treatment center on patients admitted to the COVID-19 ICU from June 8, 2020, to May 30, 2021. A simple random sampling technique was applied to select eligible patients' charts. The data were entered and analyzed using SPSS version 26. Descriptive analysis was used for statistical analysis of baseline data, and regression analysis was used to determine association between dependent and independent variables. A p-value <0.05 was considered significant.

Results

A total data of 272 patients were analyzed, with a median age of 60.5 years and more than two-thirds, 183(67.3%) being males. Most (75.7%) had a pre-existing comorbid medical condition and a majority (71.3%) had a COVID-19 disease of critical disease severity. Overall, in-ICU mortality rate was 64.3%. Multivariate analysis showed that adverse outcome was significantly associated with intubation (AOR: 2.813; 95% CI: 1.176–6.731), pulmonary embolism (AOR: 36.702; 95% CI: 4.062–331.605),

Vasopressor usage (AOR: 84.954; 95% CI: 23.413–308.254), Dialysis or RRT (AOR: 4.191; 95% CI: 1.511-11.620) and ARDS (AOR: 21.149; 95% CI: 4.217–106.075).

Conclusion

Most common comorbidities were hypertension, diabetes, and CKD. Moreover, high mortality among ICU-admitted COVID-19 patients was strongly associated with septic shock, and those intubated patients with ARDS.

Keywords

COVID-19; clinical pattern; management outcome; associated factors; ICU; Ethiopia.

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