

**OP28 A CROSS-SECTIONAL
RETROSPECTIVE
OBSERVATIONAL STUDY OF
COVID-19 MORTALITY IN
EMERGENCY DEPARTMENT,
HOSPITAL SERDANG FROM 1ST
JULY TO 31ST AUGUST 2021**

C ANTHONYSAMY¹, MHI HUSIN¹, KN
CHENG¹, SM SELVARATNAM¹, WJ LEE¹,
MF MOHD OMAR¹

¹HOSPITAL SERDANG, SELANGOR,
MALAYSIA

Introduction

A new, devastating virus has emerged to be a life-threatening disease since December 2019. The drastic and perplexing contagion put the globe in a catastrophic state, leading to millions of death. Being an epicenter, Hospital Serdang experienced massive influx of COVID-19 patients. The numbers peaked at the beginning of second half of 2021.

Objectives

To describe the characteristics of all COVID-19 death-in-department (DID) in Emergency Department (ED), Hospital Serdang from 1st July to 31st August 2021.

Methods

This is a cross-sectional observational study involving 190 COVID-19 death patients diagnosed by RTK or PCR.

Results

Majority of the patients were male 118 (62.1%) and less than 65 years old 131 (69%). Malaysians made up of 153 (80.5%) and 126 (66.3%) had at least one comorbid. 96.8% of mortality were in Category 4 108 (56.8%) and Category 5 76 (40%). Only 6 (3.2%) were Category 3. Amongst Category 5, 60 (78.9%) required intubation, 11 (14.5%) HFNC and 5

(6.6%) CPAP. Amongst the Category 4, 99 (91.7%) were given HFMO2 and 9 (8.3%) NPO2. Majority presented within the first 3 days of illness (115, 60.5%). 126 (66.3%) were diagnosed with RTK and 57 (30%) with PCR. 129 (67.9%) were without epidemiological-link. 48 (78.7%) contacted from household, 10 (16.4%) at workplace and 3 (4.9%) from hospital.

Discussion

Total COVID-19 death in Hospital Serdang until 6th September 2021 was 1752. 1269 (72.4%) were DID. From 1st July to 31st August 2021 there were 1341 deaths. Our study analysed 190 DID which is 14.2% of the cases during this period. We managed to offer ventilatory support to 76 (40%) patients. 108 (56.8%) patients died on HFMO2 and NPO2. 6 (3.2%) died without oxygenation support.

Conclusion

We experienced a disaster during this period. The number of patients who presented to ED during this period far surpassed normal expectation. Our health system was not able to cope with the massive surge. There were many challenges including lack of equipment, shortage of personnel and inability to closely monitor the patients. More preparation needs to be undertaken to cater for a pandemic of critically ill.

Keywords

COVID-19, mortality, emergency