

**PP060 EFFECT OF EMERGENCY
DEPARTMENT LENGTH OF
STAY (EDLOS) FOR ICU
ADMISSION UPON OUTCOMES:
A PROSPECTIVE CROSS-
SECTIONAL STUDY**

Roslanuddin MS¹, Asmah Z², Munirah O¹

*¹ Emergency and Trauma Department,
Hospital Sultanah Bahiyah*

*² Anaesthesiology and Critical Care
Department, Hospital Sultanah Bahiyah*

CONCLUSION

Although the sample size is small, we found that a significant mortality benefit between early and delayed ICU admissions.

INTRODUCTION

The impact of emergency department length of stay (EDLOS) upon outcomes needs clarification. We sought to better understand the relationship between EDLOS and outcomes for the patient referred to ICU.

METHODS

We performed a prospective cross-sectional study of patients referred to the ICU from the ED between 1st April 2018 and 30th April 2018 in a single tertiary care hospital. Study population was divided into patients with EDLOS < 24 hrs (early admission) versus >24 hours (delayed admission). We assessed the impact of EDLOS on hospital mortality and severity changes using SOFA score.

RESULTS

Of the 117 ICU patients, 42 (36 %) were admitted to the ICU from Emergency Department and from this number, only 21 out of 42 patients (50%) stay less than 24 hours. There was significant in-hospital mortality difference between early and delayed admissions (Kruskal-Wallis, $\chi^2 = 4.343$, $p = 0.037$, mean rank waiting hour of 7.13 and 12.75). Mean waiting time is 52 hour and 40 minutes. There is a different in SOFA score at 24 and 48 hours, however it doesn't achieve statistical significance.