

MEDICAL INTENSIVE CARE UNIT AT A GLANCE

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Medical intensive care unit (MICU) was established in our center on august 2002. Its primary aim was to provide care for patients with heart failure of various etiologies.

As it had always been in the past year the year 2006A.D too was not an easy going year. The present 5 bedded MICU was in full throttle throughout the year.

Heart failure is one of the leading causes of mortality and morbidity among heart patients. Whether it is due to RHD, DCM, IHD, HTN or CHD, it is still a cause of significant number of hospital admissions.

Besides heart failure, other significant admissions were for cardiac arrhythmias, infective endocarditis, uncontrolled hypertension and post interventional procedures like post PTMC, post pericardiocentesis, balloon pulmonary valvuloplasty, pediatric catheterization and other cath procedures.

The number of MICU admissions was higher compared to that of previous year(a rise by 9.74%).The following table provides a brief review of disease pattern, sex distribution and mortality associated.

Sex Distribution of Diseases

DIAGNOSIS	MALE (%)	FEMALE (%)
RHD	41	58.23
POST PTMC	22.72	77.27
IHD	69.49	30.5
DCM	68.81	31.18

Disease Pattern, Sex Distribution and Mortality Figures

Final Diagnosis	ADMISSION				MORTALITY			
	Male	Female	Total	%	Male	Female	Total	%
RHD IN FAILURE	71	99	170	28.5	12	6	18	10.5
POST PTMC	15	51	66	11.0	1	1	2	3.03
DCM IN CCF	64	29	93	15.6	4	1	5	5.37
IHD IN FAILURE	41	18	59	9.91	0	0	0	0
HYPERTENSIVE HF	10	14	24	4.03	2	1	3	12.5
ARRHYTHMIAS	17	19	36	6.0	1	1	2	5.5

PERICARDIAL EFFUSION	13	9	22	3.69	1	3	4	18.18
CONGENITAL HEART DISEASE	26	33	59	9.91	1	0	1	1.69
COPD WITH COR PULMONALE	6	2	8	1.34	0	1	1	12.5
OTHERS	39	19	58	9.74	3	3	6	10.34
TOTAL	302	293	595		25	17	42	7.05

Most of the heart failure patients in MICU are terminal. Thus many succumb to death even after receiving optimum treatment.

This year the mortality rate is 7.05% which is slightly less than that of the last year. This owes to better level of management in MICU.

CASES which were classified under others included multivalvular diseases (non rheumatic), pulmonary embolism, primary pulmonary hypertension, digoxin toxicity etc. There were a significant number of patients in cardiogenic shock and most of them had to be provided with ventilator support.

RHD with failure still tops the list as previous year with 28.5% of admissions and has mortality of 10.5%. This admission percentage was lower as compared to previous years percentage of 36.5%.