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Evolution of a cardiac intensive care unit in the last six years.

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Introduction: thanks to the different programs and initiatives of different scientific societies in recent years, the interest in acute cardiological care is growing. In different countries there are already differentiated units dedicated exclusively to acute cardiological care. In the training programs for young cardiologists, acute care is an important part. However, there is still no homogenization of care in these patients.

Methods: Observational and prospective study. We analyze the evolution of patients admitted to our unit from January 2012 to December 2017. The evolution in complexity of the patients and the use of specific techniques of intensive care units were analyzed.

Results: We analyzed all the patients admitted from January 2012 to December 2017. We included a total of 3446 patients grouped into three periods. A: N = 1217 (years 2012-2013), B: N = 1045 (years 2014-2015) and C: N = 1184 (years 2016-2017). The baseline characteristics of the patients did not change significantly in these three periods: male sex: 73% / 71.5% / 71.5%, arterial hypertension: 69% / 65% / 68%, Diabetes: 34% / 32% / 33.8 %, dyslipidemia: 51% 749.5% / 50.8%, smoking: 40% / 35% / 30.7%. The number of cardiogenic shock increased 7.3% (A), 8.6% (B) and 11.1% (C). Also the number of infarcts with Killip> III; 17.1% / 18.9% / 22% with a similar rate of previous AMI (22% / 21% / 25%). It was observed greater use of drugs Noradrenaline: 11% / 14.9% / 16%, Dobutamine: 11.8% / 13.2% / 15% and levsimendan: 0.3% / 3.5% 74.1%. Increase the number of non-invasive ventilation: 6.3%, 10.4% / 13.5% and also the number of invasive ventilation: 5.6% / 6% 78%. The use of IACB remained at the same: 12% / 13% / 17%, the use of therapeutic post-cardiac hypothermia was also stable: 11% / 13% / 11%.

Conclusions: Since 2013 we have in our unit staff formed specifically by the Acute Cardiovascular Care Association (ACCA) certification exam. The relevance of our study shows that specific training in acute cardiac care implies an improvement in the quality of care, increases the number of complex patients and the number of specific techniques related to intensive cardiological care. Training in cardiac acute care is fundamental in Cardiology to achieve the global management of the cardiological patient. Training for young cardiologists should continue to be implemented.