The Use of Respiratory Index of Severity in Children (RISC) for Predicting Clinical Outcomes for 3 Months-59 Months Old Patients Hospitalized with Community-Acquired Pneumonia in Visayas Community Medical Center, Cebu City from January 2013 - June 2

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Abstract : Objective: To predict the outcome among patients admitted with community-acquired pneumonia (ages 3 months to 59 months old) admitted in Visayas Community Medical Center using the Respiratory Index of Severity in Children (RISC). Design: A cross-sectional study design was used. Setting: The study was done in Visayas Community Medical Center, which is a private tertiary level in Cebu City from January-June 2013. Patients/Participants: A total of 72 patients were initially enrolled in the study. However, 1 patient transferred to another institution, thus 71 patients were included in this study. Within 24 hours from admission, patients were assigned a RISC score. Statistical Analysis: Cohen's kappa coefficient was used for inter-rater agreement for categorical data. This study used frequency and percentage distribution for qualitative data. Mean, standard deviation and range were used for quantitative data. To determine the relationship of each RISC score parameter and the total RISC score with the outcome, a Mann Whitney U Test and 2x2 Fischer Exact test for testing associations were used. A p value less of than 0.05 alpha was considered significant. Results: There was a statistical significance between RISC score and clinical outcome. RISC score of greater than 4 was correlated with intubation and/or mortality. Conclusion: The RISC scoring system is a simple combination of clinical parameters and a reliable tool that will help stratify patients aged 3 months to 59 months in predicting clinical outcome.