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Lessons from Patients Expired due to Severe Head Injuries Treated in Intensive Care Unit of Lady Reading Hospital Peshawar

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Abstract : Objective: To analyse the death of patients treated in neuro-surgical ICU for severe head injuries from different perspectives. The evaluation of the data so obtained to help improve the health care delivery to this group of patients in ICU. Study Design: It is a descriptive study based on retrospective analysis of patients presenting to neuro-surgical ICU in Lady Reading Hospital, Peshawar. Study Duration: It covered the period between 1st January 2009 to 31st December 2009. Material and Methods: The Clinical record of all the patients presenting with the clinical radiological and surgical features of severe head injuries, who expired in neuro-surgical ICU was collected. A separate proforma which mentioned age, sex, time of arrival and death, causes of head injuries, the radiological features, the clinical parameters, the surgical and non surgical treatment given was used. The average duration of stay and the demographic and domiciliary representation of these patients was noted. The record was analyzed accordingly for discussion and recommendations. Results: Out of the total 112 (n-112) patients who expired in one year in the neuro-surgical ICU the young adults made up the majority 64 (57.14%) followed by children, 34 (30.35%) and then the elderly age group: 10 (8.92%). Road traffic accidents were the major cause of presentation, 75 (66.96%) followed by history of fall; 23 (20.53%) and then the fire arm injuries; 13 (11.60%). The predominant CT scan features of these patients on presentation was cerebral edema, and midline shift (diffuse neuronal injuries). 46 (41.07%) followed by cerebral contusions. 28 (25%). The correctable surgical causes were present only in 18 patients (16.07%) and the majority 94 (83.92%) were given conservative management. Of the 69 (n=69) patients in which CT scan was repeated; 62 (89.85%) showed worsening of the initial CT scan abnormalities while in 7 cases (10.14%) the features were static. Among the non surgical cases both ventilatory therapy in 7 (6.25%) and tracheostomy in 39 (34.82%) failed to change the outcome. The maximum stay in the neuro ICU leading upto the death was 48 hours in 35 (31.25%) cases followed by 31 (27.67%) cases in 24 hours; 24 (21.42%) in one week and 16 (14.28%) in 72 hours. Only 6 (5.35%) patients survived more than a week. Patients were received from almost all the districts of NWFP except. The Hazara division. There were some Afghan refugees as well. Conclusion: Mortality following the head injuries is alarmingly high despite repeated claims about the professional and administrative improvement. Even places like ICU could not change the out come according to the desired aims and objectives in the present set up. A rethinking is needed both at the individual and institutional level among the concerned quarters with a clear aim at the more scientific grounds. Only then one can achieve the desired results.

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