

**PREDICTORES DE MORTALIDAD EN PACIENTES CON COVID-19 GRAVE:
EXPERIENCIA DE LA UNIDAD DE CUIDADOS INTENSIVOS EN UN CENTRO
DE REFERENCIA COLOMBIANO**

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RESUMEN

Introducción: Los pacientes con COVID-19 grave que ingresan a la unidad de cuidados intensivos tienen un mayor riesgo de mortalidad. La falta de información local y el desconocimiento de espectro de los predictores de mortalidad temprano complican el curso clínico.

Objetivos: Identificar los predictores de mortalidad en pacientes con COVID-19 grave en una unidad de cuidados intensivos de un centro de referencia colombiano durante el año 2021-2022.

Materiales y métodos: Estudio retrospectivo, descriptivo y de corte transversal en pacientes adultos con neumonía grave por SARS-CoV-2 que ingresaron a unidad de cuidados intensivos de una clínica de referencia de Barranquilla. Se aplicaron

medidas de tendencia central. Dos análisis multivariados fue realizado a través de modelos de regresión para identificar los predictores de mortalidad.

Resultados: El 59.9% de los 232 pacientes fallecieron. Los predictores relacionados con la mortalidad en el análisis multivariado fueron shock (OR: 9.63), síndrome de disfunción orgánica múltiple (OR: 13.77), ventilación mecánica invasiva (OR: 111.9), uso de relajante (OR: 9.14), agentes vasoactivos ≥ 2 (OR: 32.77), niveles de nitrógeno ureico ≥ 30 mg/dl (OR: 3.86), lactato deshidrogenasa ≥ 600 U/l (OR: 3.40) y ferritina $\geq 1,000$ ng/ml (OR: 1.83).

Conclusiones: La presencia de shock, síndrome de disfunción orgánica múltiple, la ventilación mecánica invasiva, uso de relajante y agentes vasoactivos ≥ 2 , parámetros de laboratorio como niveles de nitrógeno ureico ≥ 30 mg/dl, lactato deshidrogenasa ≥ 600 U/l y ferritina $\geq 1,000$ ng/ml fueron predictores de mortalidad.

Palabras clave: COVID-19; Unidad de cuidados intensivos; Agentes vasoactivos; Mortalidad.

ABSTRACT

Introduction: Patients with severe COVID-19 admitted to the intensive care unit have an increased risk of mortality. The lack of local information and ignorance of the spectrum of early mortality predictors complicate the clinical course.

Objectives: Identify the predictors of mortality in patients with severe COVID-19 in an intensive care unit of a Colombian reference center during the year 2021-2022.

Materials and Methods: Retrospective, descriptive and cross-sectional study in adult patients with severe SARS-CoV-2 pneumonia who were admitted to the intensive care unit of a reference clinic in Barranquilla. Measures of central tendency

were applied. Two multivariate analyzes were performed through regression models to identify predictors of mortality.

Results: 59.9% of the 232 patients died. The predictors related to mortality in the multivariate analysis were shock (OR: 9.63), multiple organ dysfunction syndrome (OR: 13.77), invasive mechanical ventilation (OR: 111.9), use of relaxant (OR: 9.14), vasoactive agents ≥ 2 (OR: 32.77), urea nitrogen levels ≥ 30 mg/dl (OR: 3.86), lactate dehydrogenase ≥ 600 U/l (OR: 3.40) and ferritin $\geq 1,000$ ng/ml (OR: 1.83).

Conclusions: The presence of shock, multiple organ dysfunction syndrome, invasive mechanical ventilation, use of relaxant and vasoactive agents ≥ 2 , laboratory parameters such as urea nitrogen levels ≥ 30 mg/dl, lactate dehydrogenase ≥ 600 U/l and ferritin $\geq 1,000$ ng/ml were predictors of mortality.

Keywords: COVID-19; Intensive care unit; Vasoactive agents; Mortality.

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