

ACUTE KIDNEY INJURY IN CRITICALLY ILL BURNED PATIENTS IS INDEPENDENTLY ASSOCIATED WITH INCREASED MORTALITY

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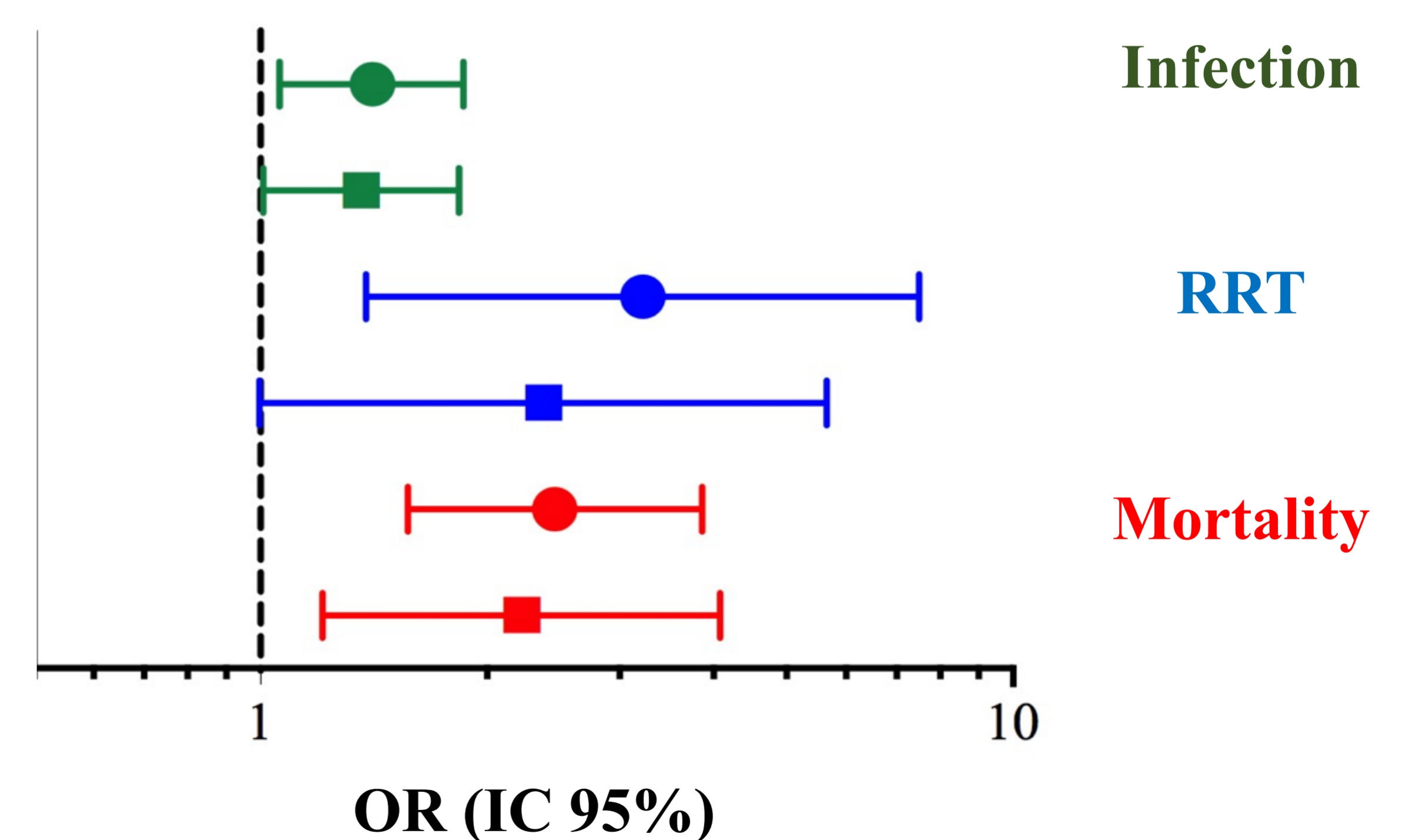
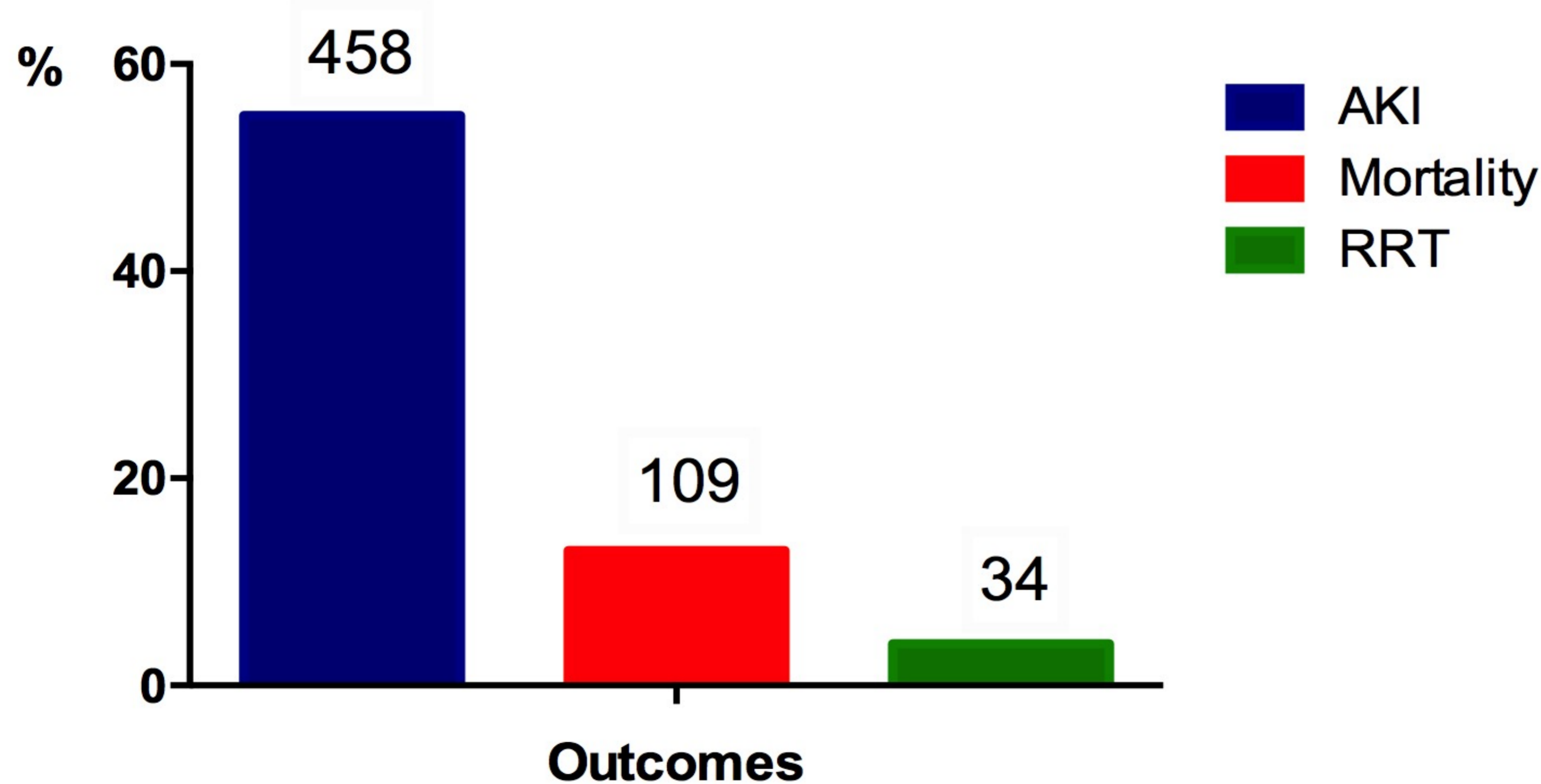
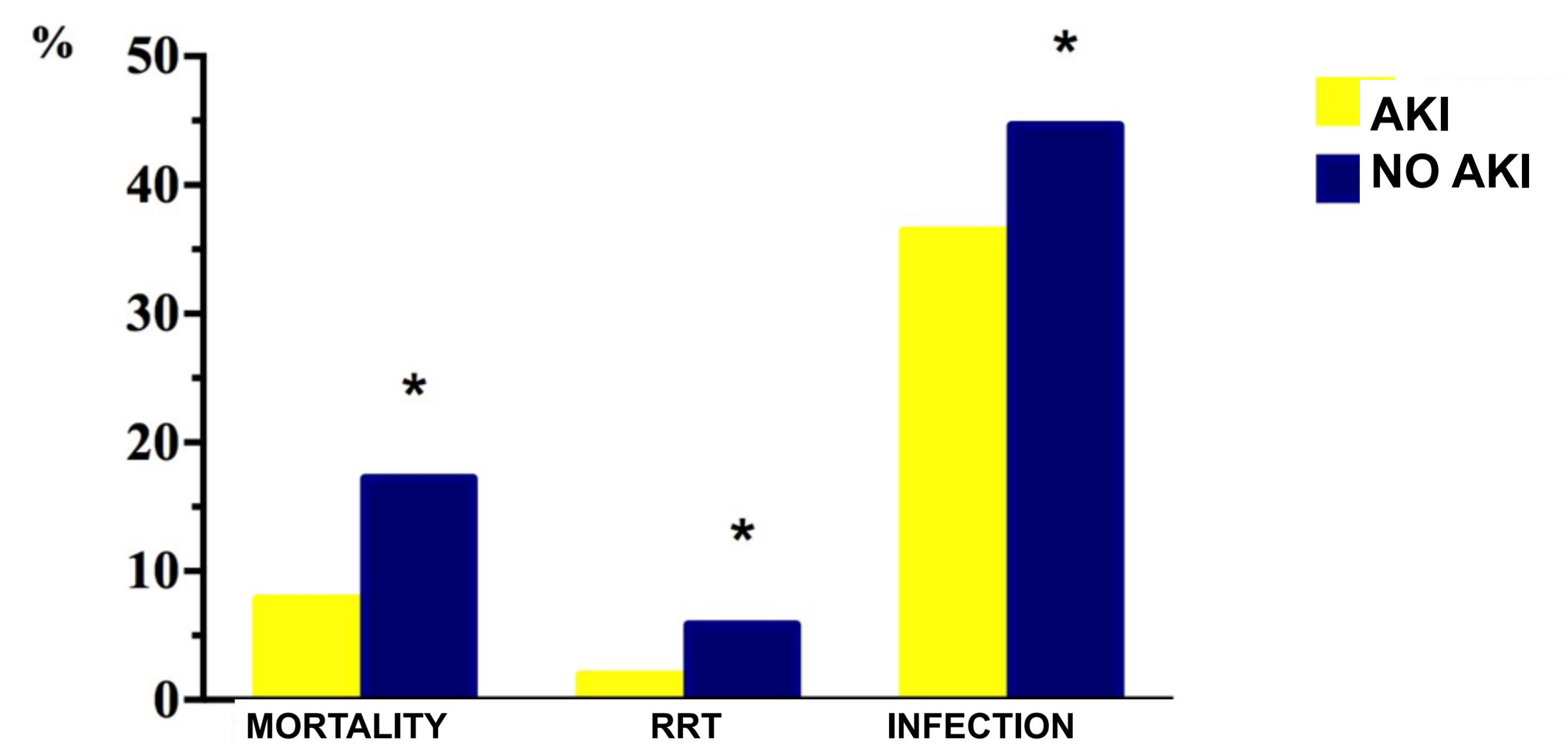
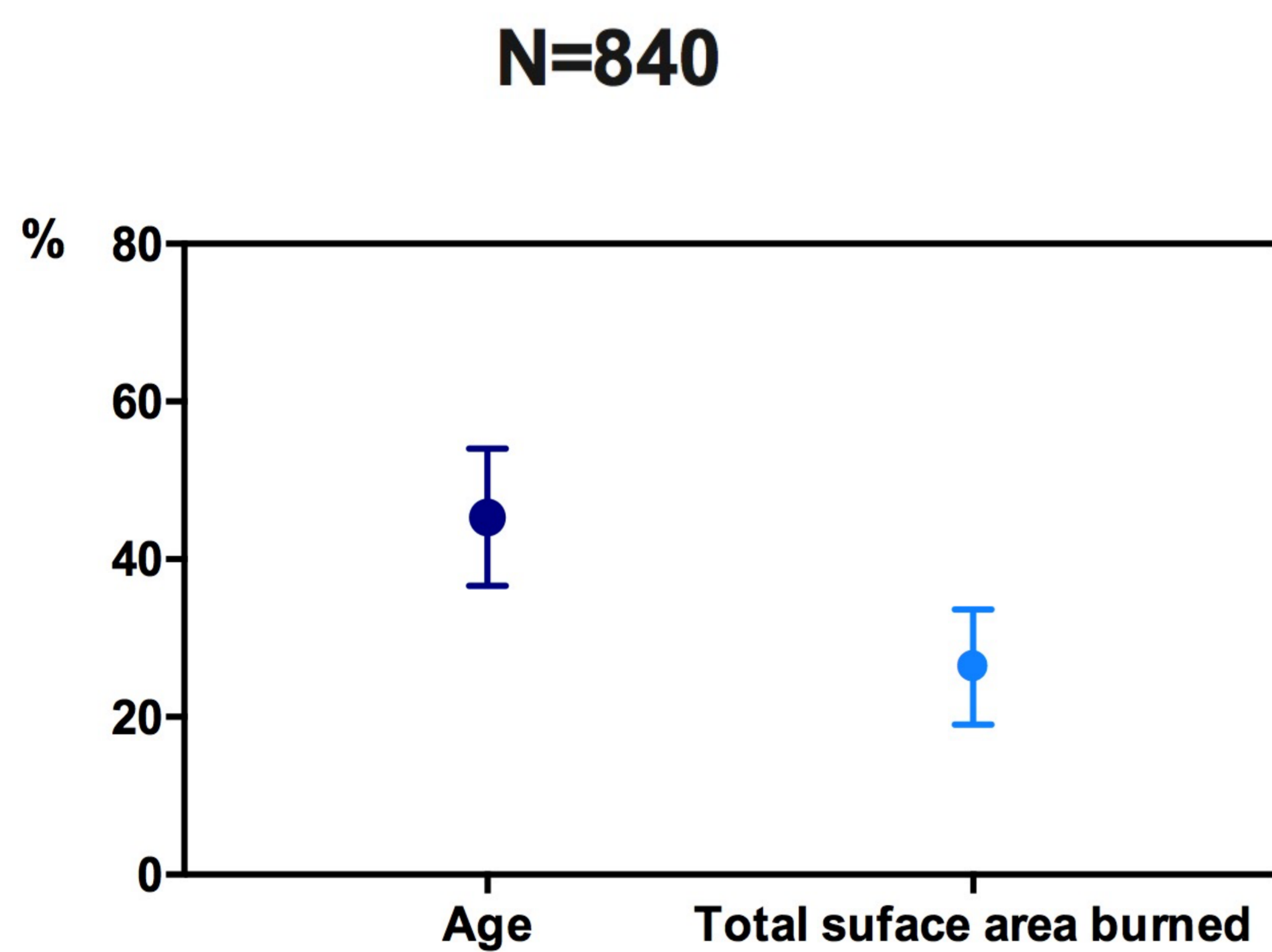
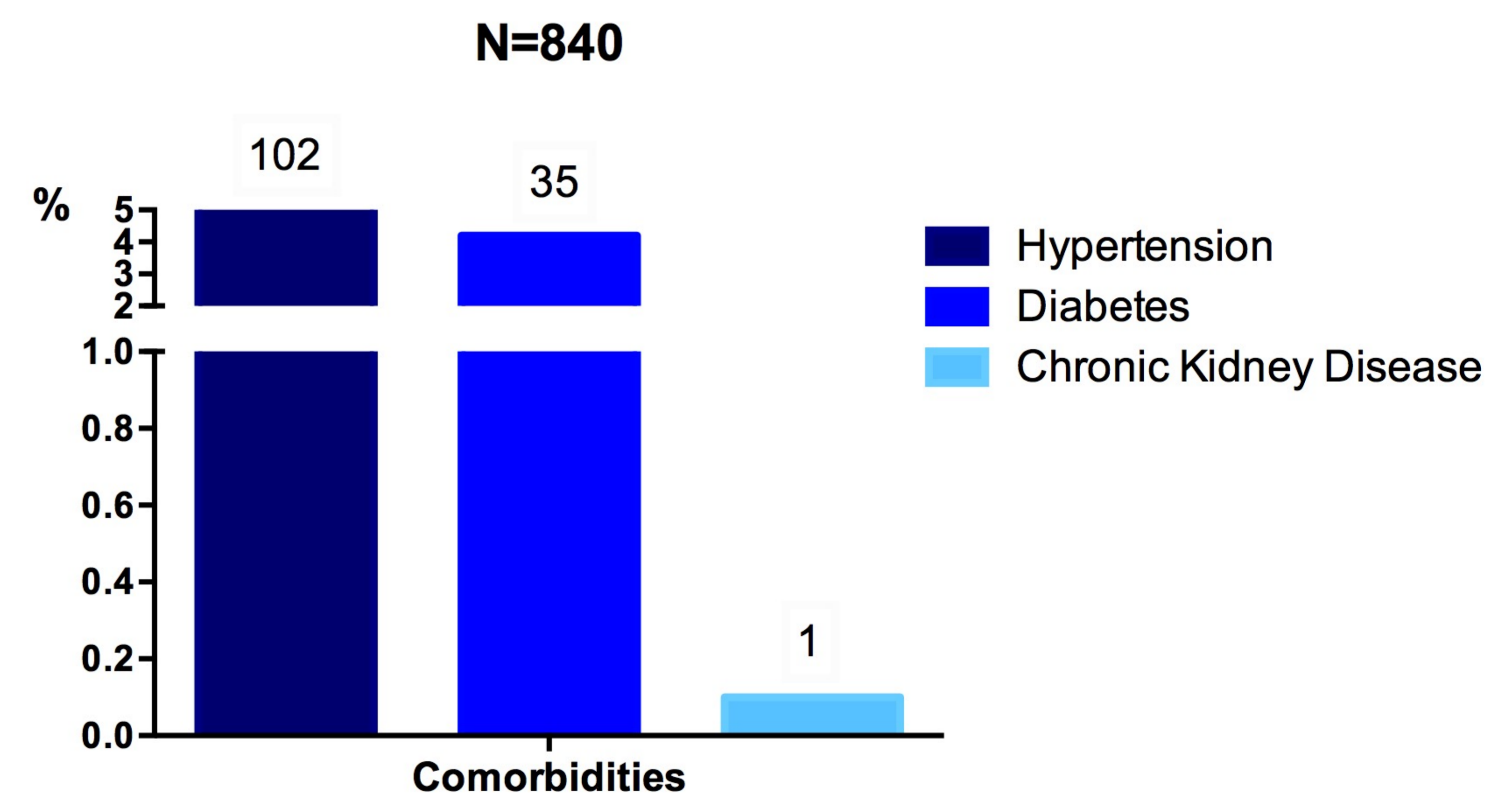
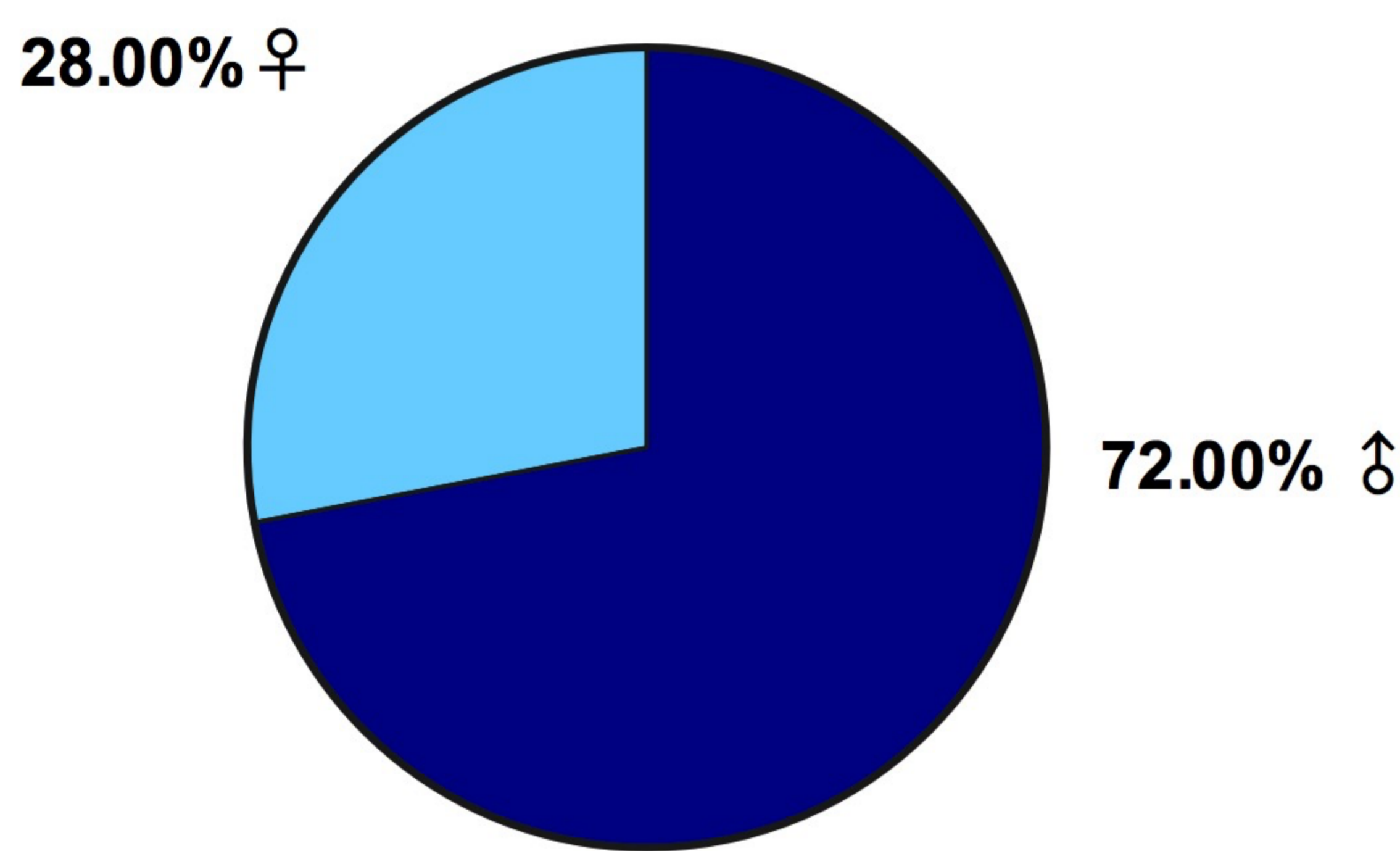
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INTRODUCTION AND AIMS: Acute kidney injury (AKI) has been associated with increased morbidity and mortality in critically ill patients. However, the impact of AKI in outcomes in critically ill burned patients has not been extensively studied. The aim of our study was to assess the relationship between the diagnosis of AKI and different outcomes in this patient population.

MATERIAL AND METHODS: We performed a retrospective analysis of patients admitted to the Intensive Care Burn Unit (ICBU) of our hospital from 1992 to 2012 (n=1541). We included patients with length of UCBU stay ≥ 3 days. We assessed the relationship between the presence of AKI (KDIGO criteria) during the first 7 days of ICBU admission and different outcomes (mortality, infection rate and requirement of renal replacement therapy [RRT]) using a estimative multivariate logistic regression model. The strength of the association was measured by the odds ratio (OR) and the 95% confidence interval. Data are percent or median and interquartile range. A p value < 0.05 was considered statistically significant.

RESULTS:



CONCLUSIONS: In our study AKI is common and is independently associated with poor outcomes, including a higher mortality rate, among critically ill burned patients.