

Patient status at ICU discharge, not timing, predicts survival

19 March 2015



ICU discharge, particularly the presence of LOMT orders, was the chief predictor of hospital survival," the authors write. "In contrast to previous studies, the timing of discharge did not have an independent association with mortality."

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(HealthDay)—For patients discharged from the intensive care unit (ICU), patient status, particularly the presence of limitations of medical therapy (LOMT) orders, strongly predicts mortality, according to a study published online March 2 in the *American Journal of Respiratory and Critical Care Medicine*.

John D. Santamaria, M.D., from St. Vincent's Hospital in Melbourne, Australia, and colleagues conducted a prospective multicenter observational study in 40 ICUs in Australia and New Zealand to examine the factors associated with [mortality](#) after ICU discharge. Data were included from 10,211 consecutive adult patients discharged alive from ICUs between September 2009 and February 2010.

The researchers found that 83.6 percent of patients were discharged in-hours and 16.4 percent were discharged after-hours; of these, 4.8 and 7.4 percent, respectively, subsequently died in the hospital. The time of discharge was no longer a significant predictor of mortality after risk adjustment for markers of illness severity at time of ICU discharge, including LOMT orders. The strongest predictor of death was the presence of an LOMT order (odds ratio, 35.4).

"In this prospective multicenter, binational observational study, we found that patient status at

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