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Baseline Functional Status of Critical Care Patients Initiating an Interdisciplinary Rehabilitation Program in Chile

Topic: Miscellaneous

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BACKGROUND

Functional status prior to critical illness influences recovery and rehabilitation outcomes. This study aims to characterize the baseline functional status of patients enrolled in an interdisciplinary rehabilitation program in an Intensive Care Unit (ICU) at a leading private hospital in Santiago, Chile.

METHODS

Patients admitted to an interdisciplinary rehabilitation program led by the Physiatry between February and April 2023 were included. Occupational therapists conducted interviews with patients' families to assess basal functionality. The evaluation included: Clinical Frailty Scale (CFS), Barthel Index (BI), use of assistive devices or orthoses, educational level, employment status, leisure activities, and social living conditions. Data was recorded using a digital form developed by the authors. After three months of structured interviews, the collected data was resumed and analyzed with descriptive statistics.

RESULTS

Thirty two patients were admitted to the program. Causes of ICU admission were: respiratory sepsis 34.4%, other sepsis 9.4%, neurological 28.1%, oncological 3.1%, trauma 3.1% and other non-septic causes 21.9%. Mean age 61 (27-78), 57.1% male gender. Baseline functional status: 45.3% had optimal to good health, 37.5% vulnerability to mild frailty and 16.7% moderate to severe frailty, according to the CFS. 84.6% were totally independent in basic activities of daily living (ADLs) according to the BI. Most used assistive device was optical lenses 52.2%. Educational status: 56.5% had completed higher education, 21.7% high school and 21.7% primary school. 50% of the patients were retired. Reported leisure activities were: 31.8% sports-related, 27.3% music, TV, and reading, 27.2% cooking, arts and crafts. 90% lived with a partner, spouse, or other family members.

CONCLUSION

Baseline functional status of ICU patients in rehabilitation program at Clinica Davila was characterized by: male of adult age, independent on basic ADLs, with high education and family support, admitted for respiratory sepsis. Their pre-hospital independence emphasizes the need for rehabilitation strategies to enhance their recovery and functional independence.

Statement of Disclosures

None

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