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A comparison between patients who die on the ventilator and those with terminal extubation

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Introduction: Palliative care is becoming increasingly involved in patient care in the intensive care unit (ICU) with terminal extubation being performed often with assistance from palliative care. However, there are also patients who die on a ventilator after palliative care involvement. This study aims to examine the difference between these patients.

Methods: A retrospective chart review of patients for whom palliative care consultations was made while they were in ICUs through the year 2014 and identified those who died while on a ventilator (died-on-ventilator group) and those who died after terminal extubation (terminal-extubation group). Statistical analysis was performed on clinical data for each group.

Results: During the study period, 33 ICU patients died on a ventilator after palliative care consultation, while 48 ICU patients died with terminal extubation. Median days from admission to consultation were 14 days and 7 days ($p=0.04$), and median days from consultation to death were 2 days and 2.5 days ($p=0.65$), for the died-on-ventilator group and terminal-extubation group, respectively. The total median days on a ventilator was 5 days for the died-on-ventilator group and 6 days for the terminal-extubation group ($p=0.91$). Terminal extubation was performed 1.5 days after consultation. 77% of the patients died within one day after extubation.

Conclusion: ICU patients who died on a ventilator received palliative care consultation significantly later after admission compared to those who died with terminal extubation, while the patients in both groups died similarly soon after consultation.

Biography

Takeshi Uemura received his medical education at Toyama University, Japan, and successfully finished his internship at the University of Tokyo. After seeing many suffering patients, he, who was by then an attending physician of medicine, decided to come to the US to receive training in the field of palliative medicine. He started residency training in internal medicine at Mount Sinai Beth Israel, New York, in 2013, and will pursue palliative care fellowship in July 2016 after completion of the residency. He is earnestly involved in many research projects at his current institution.

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