

## La réanimation aux CUK : état des lieux en 2015

### *The Intensive care unit of the University of Kinshasa hospital in 2015: inventory of fixtures in 2015*

Mejeni N<sup>1</sup>, Tonduangu DK<sup>2,3</sup>, Nsiala J<sup>1,4</sup>

1. Service de Réanimation des Cliniques Universitaires de Kinshasa, Université de Kinshasa, RD Congo, UNIKIN
2. Département de Médecine Interne, Cliniques Universitaires de Kinshasa, RD Congo
3. Service de Réanimation, Centre Hospitalier de Sens, 89100 Sens (France)
4. Clinique Caron, 111 rue Caron, 91200 Athis-Mons (France)

### **Introduction**

The objective of an ICU is to take care of critically ill patients who are presenting at least one potential or effective organ failure impairing directly with the vital prognosis and requiring the setting in emergency of replacement techniques.

According to the complexity of the care brought to these patients, a special attention is focused on the quality of the care in ICU.

Very few studies concerning the quality of the care in ICU are made in countries with low incomes.

The objective of this study was to have a global overview of our ICU and to evaluate our activities.

### **Material and methods**

We made an evaluation of professional practices by following -up indicators of structure, of procedures of care and of results. All medical records of patients admitted in our ICU between January 1st and June 30<sup>th</sup>, 2015 were analyzed retrospectively. An investigation of satisfaction a day given was carried out, to collect the opinion of families of patients on the quality of the care given to their neighbours during their stay in our ICU.

Our service is a multipurpose ICU with a capacity of eight beds. It is held by a professor of university assisted by 14 specialists in resuscitation and 34 doctor-assistants (internal) in formation. Only the doctor-assistants take night duties our ICU.

Our equipment is composed by a life support machine and a multiparametric monitor multiparametric for 2 beds. We have no equipment for measuring gases of blood, neither bronchial fibroscope, nor cardiac echography device. No technique of renal replacement is available

### **Results**

During 6 months, 140 patients (71% men) were admitted in our service. The mean age was of  $46 \pm 22$  years. The main reasons for admissions were related to medical pathologies (60%), followed by surgical pathologies (35.6%) and traumatic pathologies (4.4%). No gravity score was recorded at the admission

During the stay in ICU, 39% of patients were ventilated, 27% received vasoactives amines, No patient received a parenteral nutrition and only 3 patients were dialysed. Especially severe septic patients who represent the majority of our admissions, the global compliance in the recommendations of the Surviving Sepsis Campaign " SSC " passed from 50 % during the 2nd half-year 2014 to 33,3 % in the 1st half-year 2015.

The rate of observance of hand hygiene practice was low (11%) and the rate of nosocomial infections was high (31.1%).

The mean duration of stay was  $8.2 \pm 4,2$  days and the mortality rate was 86.6%. Surprisingly, the majority of the questioned people declared very satisfied with the care given to their relatives in our ICU.

### **Conclusion**

This study shows that the equipment of our intensive care unit have to be optimized. During the first half of 2015, the mortality rate was high and the compliance to recommendations, of SSC, was low. It will be advisable to develop and to promote protocols of care, and to ensure the presence of a specialist in resuscitation in our ICU 24 hours a day and 7j/7.

**Keywords:** ICU, EPP, quality of the care.