

## **ORAL PRESENTATION**

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# Correlation between in hospital stay and EuroSCORE index

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### **Background**

Time spent in the intensive care unit (ICU) and hospital are increasingly important when planning care for high complex diseases. The objective is to assess the feasibility of Euroscore as a predictor of length of stay.

#### Methods

In a retrospective cross-sectional study, October 2009/11, 65 patients were evaluated after CABG. Demographic data, time of CPB, length in ICU and in hospital, were obtained. Patients were stratified into three groups, according to the EuroSCORE additive index: 0-2 (low risk), 3-5 (intermediate risk) and greater than 5 (high risk).

#### Results

Fifty two patients (80%) were male; mean age was 62.20 ± 9.51 years; mean body mass index was 28.01  $\pm$  4.16. The additive EuroSCORE was 3.98 ± 3.00. The low-risk group represented 33.84%, 38.46% the intermediate and 27.69% the high risk. Average length of ICU stay was  $3.03 \pm 4.38$ days and hospital 9.64 ± 6.61 days. Analyzing the group with long stay, 63.63% were female (OR 2.40 95% CI 0.58 to 9.81; x2 0.71, p: 0.39), 81.81% were older than 60 years (OR 0.34 95% CI 0.12 to 2.15; x2 0.34, p: 0.55), 54.55% had a BMI> 25 kg/m2 (OR 0.40 95% CI 0.10 to 1, 53; x2 0.99, p: 0.31), 81.81% remained for more than 40 minutes on CPB (OR 0.09 95% CI 0.00 to 1.14; x2 2.11, p: 0 14). In relation to risk stratification, had long stay: the lowrisk patients 9.09% (OR 0.35 95% CI 0.06 to 1.81; x2 0.87, p: 0.35), the risk intermediate 12.00% (OR 0.51 95% CI 0.12 to 2.15; x2 0.34, p: 0.53) and 33.33% high risk (OR 5.04 95% CI 1.27 -19.88; x2 4.25, p: 0.03).

The authors found correlation between the length of stay in ICU and hospital, with the Euroscore index, with statistical significance in the high risk group.

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**Conclusions**