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Research Article

**DESCRIPTIVE STUDY KNOWING THE PATIENTS LOAD IN
THE NEONATAL ICU AT THE TERTIARY CARE HOSPITAL
LAHORE**¹Dr. Hassan Fayyaz, ²Dr. Ahmad Mujtaba, ²Dr. Saba Javaid¹Medical Officer, BHU Saidnagar, Wazirabad, Gujranwala²Medical Officer BHU 404 GB**Abstract:**

Objective: To Know the Number of patients referred to tertiary hospital neonatal intensive care unit (NICU) in Lahore, disease model and outcome determination.

Study Design: A descriptive study

Location and duration: The study was performed in Pediatric unit I of Services Hospital, Lahore for the period of one year from February 2016 to February 2017

Method: admission is the result of all newborns' income, and the result is retrospectively reviewed.

Results: During the study period, the number of patients admitted was 500. Continuous low birth weight (24.6%) with sepsis showed the highest (19.9%) respiratory distress syndrome (RDS) (18.9%), meconium aspiration syndrome (15.2%), birth asphyxia (17.02), pneumonia (3.46), neonatal jaundice (9.44%), hyaline injury (3.4%) and congenital malformations (2.8%). 148 of the 500 patients (13.8%) were expired. The majority of the deadlines were due to sepsis (31.75%).

Keywords: Descriptive Study, Patients Load, Neonatal ICU, Tertiary Care Hospital.

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INTRODUCTION:

The Newborn period is first 28 days of life is the most dangerous life period. Almost half of the expiries of children occur within the 1st twenty eight days of life in our country. Most of the neonatal morbidity causes can be prevented in Pakistan. Many high-risk newborns face too many problems with their expiration accounts. Care of critical sick children continues to be one of the most challenging and challenging aspects of pediatrics.

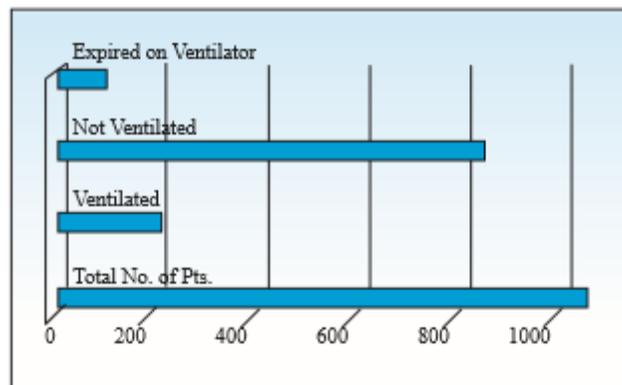
Infections continue to be the main issue in the pediatric ICU and are the main reason of death not only in the incomes but also in the under developing countries. The death rate in South American pediatric intensive care units was also found to be high. Infection (35%), premature births (28%) and asphyxia (23%) were the main causes of newborn deaths worldwide. Sepsis is the most common cause of neonatal mortality and accounts for 30-50% of total neonatal deaths in developing countries each year. It is estimated that 20% of newborns develop sepsis and about 1% of them die from sepsis-related causes.

Neonatal septicemia is one of the most common causes of neonatal mortality and morbidity in the world. It is estimated that 20% of all newborns produce sepsis and account for 30-50% of total neonatal deaths in developing countries. . With about 298,000 newborn deaths per year and neonatal deaths reported at 1,000 live births per annum, Pakistan accounts for 7% of global newborn deaths.

It is very important to understand the neonatal mortality due to the reasons that the cause of death varies according to the country and the availability and quality of the health services and these factors. The current data on neonatal deaths in Pakistan are mainly due to hospital work that comes from communities with selective referral bias or rarely recorded causes of death.

Information on complications of pregnancy and other pre-natal events is limited. Neonatal morbidity and mortality are increasing day by day due to lack of resources in developing countries. This can be reduced by appropriate and timely intervention.

Outcome of Babies on Ventilator



To prevent neonatal care and preventable causes of neonatal morbidity and mortality, we should continuously report on the control of neonatal units to our neonatal units throughout the country. The purpose of such inspections in the neonatal units should be to identify the various deficiencies in the management of these newborns, and especially to help health workers at community level to better understand and effectively manage the various neonatal problems in Pakistan. . The hospital is a well-equipped 170-bed pediatric ward with Lahore service, a 24-bed nursery and 19 incubators with ventilator NICU. It also has a gynecology / delivery department equipped with fully trained medical and paramedical personnel. NICU serves not only the

intensive deliveries of patient patients but also the neighbors of the very thick population nearby. Maintenance and improvement of the neonatal intensive care unit is an ongoing task. Process complexity requires the use of many different problems and a good connection with laboratories and obstetric departments.

The main goals of the quality control program in the intensive care unit are:

To assess the mortality rate, part 2 assesses the disease burden, and 3 takes and takes measures to prevent nosocomial infections.

These objectives may be carried out retrospectively through intra- and inter-department consultations and

prospective measures of meetings or by supervision of approved cases.

The main idea behind this study was to assess the increased morbidity burden of the neonatal intensive care unit at the Hospital in Service Hospital, Lahore to take the necessary precautions to cope with these patients and reduce the mortality rate of the disease. unit Having an idea of the burden of disease commonly found in a particular unit is the first step in the quality control program in any intensive care setting.

MATERIALS AND METHODS:

This retrospective study included patients who admitted to Services Hospital, Lahore NICU between February 2016 to February 2017. NICU entry records were used and a questionnaire form was created. Data; age, gender, duration of stay, significant maternal disease in last trimester, type of delivery, asphyxia and birth weaning, diagnosis, number of babies requiring respiratory aid and result. The children in the survey found that all congenital and unborn infants had all congenital and unborn infants with and without congenital anomalies. Babies with severe asphyxia at birth with APGAR <3 were not included in the study. It was identified as a descriptive frequency.

RESULTS:

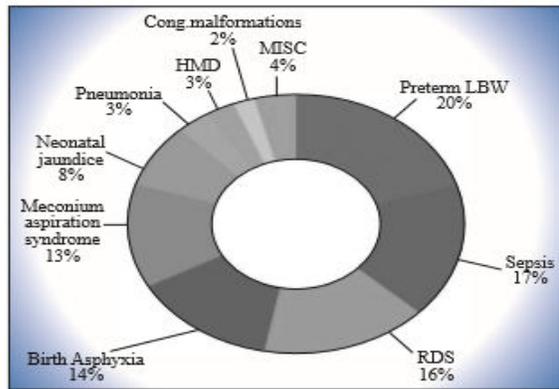
The average age of the baby's income is 3.5 days (8 hours of life, 26 days). The majority of babies stayed on average 6.5 days (12 hours - 25 days) in the YYBB. Female infants counted male colleagues at a rate of 2: 1.3. Only 325 mothers were significantly ill in the last quarter with such uncontrolled high fever, hypertension, leakage, diabetes, pneumonia, urinary tract infections and pustular rash. Infants had 17.02% Apgar between 6-3% (Apgar scores were not taken below 3). (24.6%) of the highest number of deliveries accepted mostly in the normal vaginal route (NVD), for example, 68% NVD, 22% Part Ceasariana Division inferior (LSCS) and 10% of deliveries with forceps, and premature babies were in 1069. The baby with the lowest weight was 800 grams. The most common disease (RDS) was respiratory distress

syndrome (18.9%), a birth asphyxia (17.02), meconium aspiration (15.2%) syndrome, neonatal jaundice (9.44%), pneumonia followed by sepsis (19.9% (4.3%), hyaline membrane (3.4%), congenital anomalies (2.8%) and disease. 148 of the 1069 patients (13.8%) were full. The majority of the deadlines were due to sepsis (31.75%). 210 babies, 100 babies needed a respiratory aid that they could not withdraw and the time did not expire.

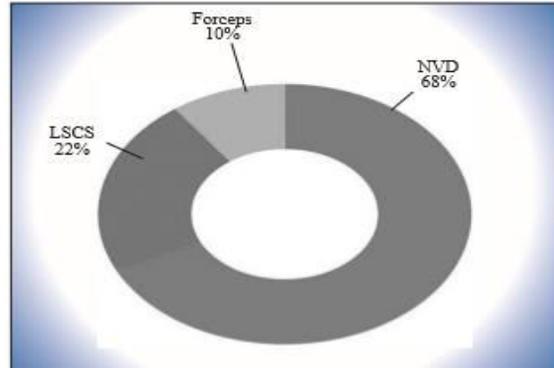
DISCUSSION:

This 2-year study of retrospective was undertaken to verify the most important types of disease in which neonates were admitted to the neonatal ICU of the Lahore Service Hospital. Here, premature babies, babies with low birth weight and septicemia are responsible for the greatest number of patients. Our study results can be compared with a familiar study by Lahore Children's Hospital. This rate is followed by septicemia following infants with low birth weight (56.04%) . In almost all developing countries Low birth weight (LBW) is one of the major problems. Immortality tends to increase the severity, but most neonatal diseases reduce the variability of clinical signs. The role of immature organs, treatment complications and specific problems that give birth to premature labor contribute to neonatal mortality and morbidity associated with low birth weight preterm infants. Neonatal sepsis is an important cause of neonatal mortality and morbidity in neonates, especially in premature infants with low weight after birth. The prevalence of sepsis in neonates in countries who are developed is 1 to 10/1000 live births, as it is almost 3 times as high as in Pakistan which is under developing country. Sepsis in neonates has an important advancement to the (NNMR) neonatal mortality rate. As a conclusion of the study in community and in Lahore, Jalil *et al*. Approximately 75% of all deaths were recorded with an infectious etiology, which was seen as a significant factor in approximately 1/3rd of all deaths in the 1st week. A familiar study in North Pakistan committed that the large number of neonatal deaths are associated with diarrhea or pneumonia . Hospital data show 31-39% of the overall mortality occurred due to neonatal sepsis.

Disease Burden n= 1069



Mode of Delivery



The specific clinical findings, test skills vary from pediatrician to pediatrician. The inability to survive in the newborn makes the antibiotic resistance worse; which in combination with the non-specific symptoms of life-threatening diseases, resulted in the use of common antibiotics to ensure infection. There are many epidemiological reports of neonatal septicemia in Pakistan. However, incidence differences, risk factors, susceptibility to antibiotics and pathogen patterns and antibiotic susceptibility and mortality vary between 1.5 and 2.0 between 0.2-2-2 countries with neonatal sepsis from other developing countries. millions of people in underdeveloped countries are between 4,000 and 5,000 deaths or death per year. Continuous surveillance, early death, low weight and septicemia should be done more extensively than the main causes of neonatal admission. In our study mortality is needed to choose empirical treatment to reduce new birth. The active participation of the obstetric region and the laboratory is also important in this context.

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