Abstract

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Title: Are we in time to deliver End-of-Life care in Danish Intensive care Units?

Background:
Intensive Care Units (ICUs) should provide high-quality end-of-life (EOL) care. ICU staff must accurately combine information about clinical signs, the patient's medical history and the acute illness, to be capable of diagnosing the dying patient in time to deliver EOL care.

Aim:
The aim of this study is to characterize the trajectories and demographics of the the dying ICU patients in Danish ICUs.

Methods:
We examined a register-constructed population of patients ≥18 years of age, admitted to a Danish ICU in 2020, with a minimum ICU-stay of four days, who died during the ICU admission or within seven days after discharge.
We subsequently conducted a retrospective chart review on a sub-population of 250 consecutive patients admitted and diseased in an ICU in Central Denmark Region. Relevant data on age, gender, SAPS3- and comorbidity-score, reason for admission and time from termination of intensive care therapy to death was extracted from the Danish Intensive Care database and medical files.

Results:
The study identified 1360 patients who died in a Danish ICU or shortly after in 2020. Mean age was 68 years (99% CI, 68-70) and 46% of the patients were females.
The patients had a mean SAPS3 score of 71 (99% CI, 70-72) and a mean Charlson Comorbidity Index of 2.1 (99% CI, 2.0-2.3)
If mechanical ventilation was terminated, the mean time to death was 3.4 days (99% CI, 3.0-3.8).
Patients who were discharged from ICU died 18 hours (99% CI,15-21) after discharge.
50% of the patients were admitted because of acute respiratory failure. Patients resuscitated from cardiac arrest represented 15%.
Most patients were documented to be diagnosed dying in the medical file (91%) with a mean of 20 hours (99% CI, 11-29) before they died. In only 2% of the cases a palliative care specialist team was involved or contacted.

Conclusion:
Together with characteristics of dying patients at Danish ICUs, our study shows that there is a window of opportunity to perform EOL care. Further analyses will report the level of intensive therapy before death and the pharmacological and non-pharmacological practice of Danish EOL care.