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Reason for hospitalization of hemodialysis patients outside the nephrology department: Study over 10 years

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Objectives: The objective of our work is to study the indications and the course of hospitalizations as well as the factors linked to the intra-hospital mortality of chronic hemodialysis patients.

Methods: This is a retrospective study concerning 1535 patients with end-stage chronic renal disease admitted to the CHU for a period of 10 years, ranging from January 1, 2008 to December 31, 2018. The parameters were studied from the on-call register of the nephrology department.

Results: A total of 1,535 HDCs were admitted to the various services and benefited from a total of 3,382 HD sessions. with an average age of 49.8 years, and a slight male predominance with a sex M / F ratio of 1.11, the antecedents were dominated by diabetes (33.18%) and hypertension (32.28%).), the reasons the most frequent primary admissions were OAP (16.5%), followed by disturbances of consciousness (15%), then hyperkalemia (10%) Hospitalization was urgent in more than 50% of HDC, and scheduled for the rest.

A total of 65% of the IRCT were hospitalized in the various medical, surgical and intensive care units of the emergency reception service (SAU). The latter represents the main hospitalization site for our patients. Almost half of our patients came from this service (508 patients, or 48.87%). 20% of patients were hospitalized in medical hospitalization services, The main service in this group and from which came was the cardiology. patients came from surgical departments, i.e. 18.1% followed by the infectious diseases department. 29 patients came from pediatric departments, i.e. 1.8%. 20 patients from the maternity ward (gyneco-obstetrics), i.e. 1.3% only and 12% were hospitalized for surgical etiologies.

Mortality is 16.8%. Mortality factors: sepsis and disturbances of consciousness

Conclusions: the impact of chronic hemodialysis patients, hence the need for adequate preventive and therapeutic treatment, to improve intra-hospital mortality.