ABSTRACT

The prognosis for patients who require PMV and RRT is very poor. The small number of patients with renal insufficiency not requiring RMT had a better hospital outcome and mortality, but their long-term survival was still poorer.

INTRODUCTION

Introduction The importance of mechanical ventilation in the treatment of anaphylaxis is well established. However, there is still a need to understand the impact of mechanical ventilation on our patients' lives and the impact on their families. This study aims to investigate the impact of mechanical ventilation on weaning from prolonged mechanical ventilation on the development of anaphylaxis.

Methods:

The study involved a retrospective cohort study of 16 patients with anaphylaxis treated at three hospitals in the southern part of the city of Guizhou (Guizhou, Jiangsu Province, China). A total of 657 patients were included. The follow-up period was from the date of the last admission for anaphylaxis until the date of the last visit for anaphylaxis.

Results:

Of the 16 patients included, BRH serves as a regional weaning center (RWC) for patients suffering from prolonged mechanical ventilation (PMV), and attempts are made to welch the patient away from the ICU's of nearby hospitals after 4-6 weeks of ventilator dependence. These patients typically have chronic respiratory impairment caused by an acute illness, such as an infection, ischemic heart attack, or surgical mishap. Previously, we observed a significant difference between the admission blood urea nitrogen (BUN) and serum creatinine of patients who were weaned but still ventilator-dependent or who persisted without treatment. In order to further clarify the impact of renal dysfunction on wetting PMV, our research involved collecting outcome data from the cohort of ventilatoripatients who had been admitted to our RWC and had not yet undergone the same process.

CONCLUSION

The prognosis for weaning success and mortality among patients with PMV and severe renal dysfunction on transfer to the RWC is poor, with poor short- and long-term survival. The duration of mechanical ventilation in the ICU before transfer was significantly longer where renal function also developed, and time to ween tended to be longer in those patients who did wet better.