Survival of patients transferred to tertiary intensive care from rural community hospitals

ABSTRACT
In this area, patients who require tertiary critical care at community hospitals have an equal chance of survival when they are in the same hospital's rural intensive-care unit as those who need ICU services.

INTRODUCTION
Recombinant human interleukin-11 (rhIL-1) is a pleiotropic cytokine that regulates the growth and development of hematopoietic stem cells and decreases proinflammatory mediators related to nitric oxide production. The use of rhIL-11 in treating arthritis results in reduced proinflammatory cytokines, such as tumor necrosis factor (TNF)- and interleukin (IL)-1, and anti-NF-'B binding activity. In animal models of both collagen-induced and adjuvant-derived arthritis, reducing both the level of synovitis and histologic lesion score in the joints. Rheumatoid arthritis (RA) is a chronic inflammatory disease that affects around 1% of the population worldwide. There is no single therapy that has been associated with lasting improvement (i.e. remission). Methotrexate and other disease-modifying agents are available for RA, but their effectiveness is not fixed and requires additional therapy due to high toxicity. Clinical trials are currently exploring various immunostimulatory therapies that target the proinflammatory cytokine TNF, which has been shown to play a role in autoimmune diseases. The effectiveness of etanercept (sTNFR:Fc) and infliximab (chimeric anti-TNF monoclonal antibody) for treating RA patients with previous failures of disease-modifying antirheumatic drugs has been confirmed by regulatory agencies. A Phase-I/II placebo-controlled trial in patients with active Crohn's disease has evaluated the effectiveness of rhIL-11 and found evidence of clinical benefit from the mean change in the CrADD Severity Index after 21 days at doses of 16 and 40 g/kg per week (P 0.01). rhIL-11 was found to have a therapeutic effect and was safe at the recommended doses and schedules by the researchers. This information supported the decision to conduct 1st phase (phase-I/II trial) of RA patients.

CONCLUSION
After a prolonged storage period of 28 days at 4°C and 24 hours at room temperature, all six ternary unsupplemented controlled mixtures were stable enough for normal therapeutic use. The choice of triglyceride mixture used was determined solely by the clinical and metabolic requirements of each regimen, as all other stability tests confirmed their stability.