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Impact of PAD Guideline on Masih Daneshvari Hospital ICU

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Background: The Pain, Agitation, Delirium (PAD) guideline has been reviewed and compiled by the American Chest Physicians College and American Respiratory Medicine Association. This guideline was translated into Persian by residents of the Intensive Care Unit (ICU) to implement that at Masih Daneshvari hospital.

Aim: The study attempts to investigate the effects of the implementation of this guideline on ICU and its impact on patients.


Materials and Methods: This study was done as a case-control study. The variables related to admission in the hospital and ICU and also the awakening and ventilator characteristics of patients, were compared between two groups before and after guideline implementation. 100 patients before the implementation of the guideline and 120 patients after the implementation of the guideline were included and the variables were evaluated and compared in these patients.

Results: The mean ages of patients in the pre-group and post-group were 53.7 ± 14.9 and 55.7 ± 16.9 years, respectively

($P=0.894$). 70.0% of the participants in the pre-group and 69.2% in post-group, were men ($P=0.930$). The median APACHE score was 24.8 in the pre-group and 20.4 post-group ($P=0.863$). The average days spent in the ICU for the pre-group was 8.2 days, and for pre-group were 5.7 days ($P=0.043$). The average length of stay in hospital was 20.3 days for the pre-group and 14.8 days for the post-group. 16% of the patients in the pre-group were treated with tracheostomy, while after PAD implementation in post-group, this rate was reduced to 10% ($P=0.04$). 16% of the patients in the pre-group had awake days while receiving a sedative infusion, while that rate in post group was 80% ($P=0.012$). 72 (72.0%) patients in the pre-group were CI sedative while 55(45.8%) patients in post-group were CI sedative ($P=0.043$). Also percent of patients in the pre-group with was significantly less than patients in post-group ($P=0.037$).

Conclusions: The implementation of the protocol has led to improved hospitalization, ICU, awakening and ventilator indicators.

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