

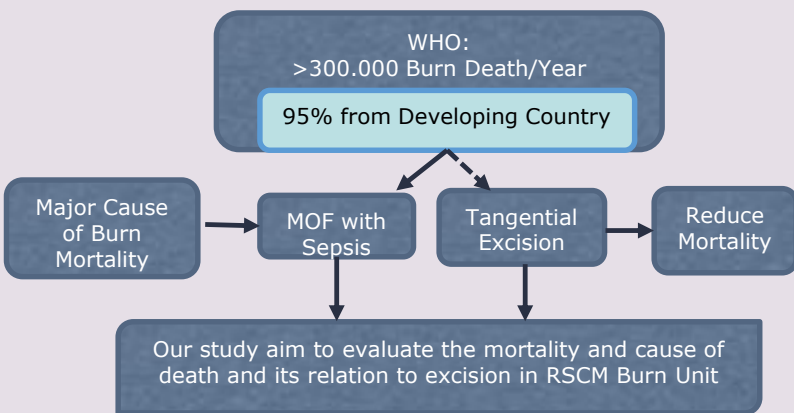


# Mortality and Causes of Death among Burn Patients at the Burn Unit of Cipto Mangunkusumo Hospital

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## Introduction



## Method

- A retrospective analysis from the medical records of Cipto Mangunkusumo hospital burn unit between January 2013 - June 2017 (n=157).
- We collect the demographic data of mortality, causes of death, and the patterns of bacterial isolates
- Statistical analysis was performed using SPSS ver. 23.0.

## Results

Figure 1. Total of Patients Admitted and Died in RSCM Burn Unit 2013-2017

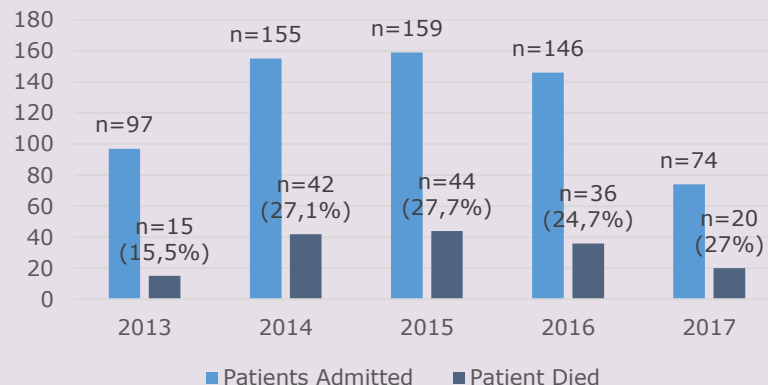


Table 3. Patterns of Bacterial Isolates among Deceased Sepsis Patients in RSCM Burn Unit

Organisms	Tangential Excision		P-Value
	Performed (n=26) n (%)	Not Performed (n=26) n (%)	
<b>Klebsiella Pneumoniae</b>	13 (50,0)	13 (50,0)	1,000
<b>Pseudomonas Aeruginosa</b>	15 (57,7)	9 (34,6)	0,164
<b>Acinetobacter Baumannii</b>	10 (38,5)	10 (38,5)	1,000

Table 2. Causes of Death in RSCM Burn Unit

Cause of Death	Tangential Excision		P-Value
	Performed (n=89) n (%)	Not Performed (n=68) n (%)	
<b>Sepsis</b>	31 (34,8)	32 (47,1)	0,141
<b>Multiple Organ Failure</b>	38 (42,7)	21 (30,9)	0,139
<b>Acute Respiratory Distress Syndrome</b>	15 (16,9)	13 (19,1)	0,834
<b>Acute Kidney Injury</b>	3 (3,4)	1 (1,5)	0,634
<b>Hypovolemic Shock</b>	2 (2,2)	1 (1,5)	1,000

## Conclusion

- Tangential excision does not significantly affect our pattern of mortality and cause of death.
- LOS is longer among patients who underwent excision before death.
- Bacterial isolates shown no significant differences between excision and non-excision group with sepsis.
- Timing of excision may affect our finding considering most excision is delay (late admission in our centre). Most of our admitted patients also have >50% TBSA and almost 50% have inhalation injury.