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SEVERITY-STRATIFIED OUTCOMES OF ACUTELY ILL MEDICAL PATIENTS IN AN INTERMEDIATE CARE UNIT. A PROSPECTIVE COHORT STUDY

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Introduction. Intermediate Medical Care Units (IMCUs), positioned between general medical wards and Intensive Care Units (ICUs), have seen increasing implementation. Evidence regarding outcomes in high-acuity patients remains limited. The aim is to describe outcomes of critically ill medical patients managed in an IMCU, stratified by severity and by number of organ failures, and to compare these outcomes with those reported for similar populations treated in ICUs.

Materials and Methods. Through a prospective cohort of patients consecutively admitted to an IMCU between January and December 2024, patients were stratified according to APACHE II score and the number of organ failures at admission. The primary outcome was 72-hour and 30-day mortality. A subpopulation potentially eligible for ICU care was also identified based on high APACHE II scores and/or presence of multiple organ failures.

Results. 678 patients were included. Of these, 30.7% met criteria for high clinical complexity (APACHE II >20 and/or ≥ 3 organ failures). The overall 30-day mortality was 13.7%. Mortality was 14.2% among patients with APACHE II between 10 and 20, and 31.5% in those with APACHE II >20. In the high-acuity subgroup (n=208), the 30-day mortality was 24.5%. Outcomes were consistent with those reported in literature for patients with similar clinical profiles managed in ICUs.

Conclusions. This study shows real-world outcomes of managing acutely ill medical patients in an IMCU, aligning with ICU results and supporting IMCUs as a safe bridge between general and intensive care.