

**Assessment of the outcome of mechanically
ventilated patients admitted to Respiratory ICU
in Abbasia Chest Hospital**

Thesis
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Arabic summery

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list of Abbreviations

A/CV	Assist-control ventilation
ARDS	adult respiratory distress syndrome
BUN	Blood urea nitrogen.
CMV	Control mode ventilation
COPD	chronic obstructive pulmonary disease
CPAP	Continuous Positive Airways Pressure
CT	Computerized tomography
CVS	Cerebrovascular stroke
DBP	diastolic blood pressure
ETS	environmental tobacco smoke
F	Frequency
FEV1	Forced expiratory volume in first second
FVC	Forced vital capacity
HGB	Hemoglobin
HIV	Human immunodeficiency virus
HS	Highly significant
HTN	Hypertensive
ICU	intensive care unite

K	Potassium
LOS	length of stay
MIP	mean inspiratory pressure
MRSA	Methicillin-Resistant Staph aureus
MSOF	multi-system organ failure
MV	Mechanical ventilation
Na	Sodium
NIV	Noninvasive mechanical ventilation
NS	Non-significant
p	level of significance
PCV	Pressure control ventilation
PEEP	Positive end expiratory pressure
PSV	Pressure support ventilation
r	correlation coefficient
RR	respiratory rate
RSBI	rapid shallow breathing index
S	Significant
SBP	systolic blood pressure
SBT	spontaneous breathing trial
SD	Standard deviation
SIMV ventilation	Synchronized intermittent mandatory

SIRS	systemic inflammatory response syndrome
T. Protein	Total protein
TLC	Total leucocytic count
VALI	ventilator associated lung injury
VAP	ventilator associated pneumonia
VC	vital capacity
VT	tidal volume
WOB	work of breathing

Introduction

By 2020 chronic obstructive pulmonary disease (COPD) will be the third leading cause of death worldwide. This increased mortality is driven by the expanding epidemic of smoking and changing demographics in most countries (**GOLD, 2008.**)

Hospitalization because of acute exacerbation is an important part of the care of patients with COPD, whether these patients need mechanical ventilation or not (**Gunnar et al., 2006**).

The mortality rate of COPD patients who need invasive mechanical ventilation is ranging from 6% -24% (**Rasmussen et al., 2011**).

Outcome of these patients with COPD who need invasive mechanical ventilation is altered by several factors such as severity of underlying lung disease, severity of acute illness, advanced age, and development of ventilator