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Blood Glucose Disorders in an intensive care unit CHU Oran

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Abstract:

The assessment of blood sugar is a very important monitoring parameter in resuscitation and is considered a good reflection of the metabolic status of the individual.
In patients hospitalized in intensive care we observe the occurrence of glycemic disorders in diabetic and non-diabetic people for whom it is necessary to introduce a treatment regimen well adapted to their disorders so as not to aggravate their prognosis.

Introduction:

The assessment of blood sugar is an integral part of the essential surveillance parameters in resuscitation, it is considered a good reflection of the metabolic status of the subject both in the diabetic patient and in the non-diabetic patient. The septic aggression; ischemic or traumatological that are victims of resuscitation patients generates a glycemic imbalance that requires us to institute a treatment to control blood sugar . Glycemic control should be strict, with objectives closer to normal blood sugar levels.

Objectives:

-Knowledge of glycemic disorders in resuscitation patients.

-Advocate for strict glycemic control.

-Investigate etiologies responsible for glycemic disorders.

-Determine the established therapeutic mesures and their effectiveness.

Materials and methods:

-This is a prospective descriptive cross-sectional study of glucose disorders in resuscitation of Oran UHC medical emergencies over a period of 02 months (August and September)

Population: hospitalized patients in intensive care

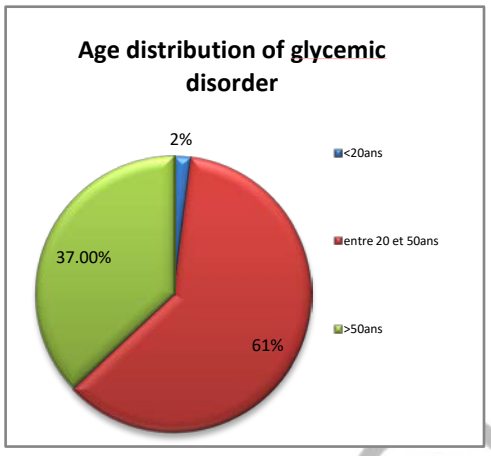
Inclusion criteria: patients with hyperglycemia or hypoglycemia.

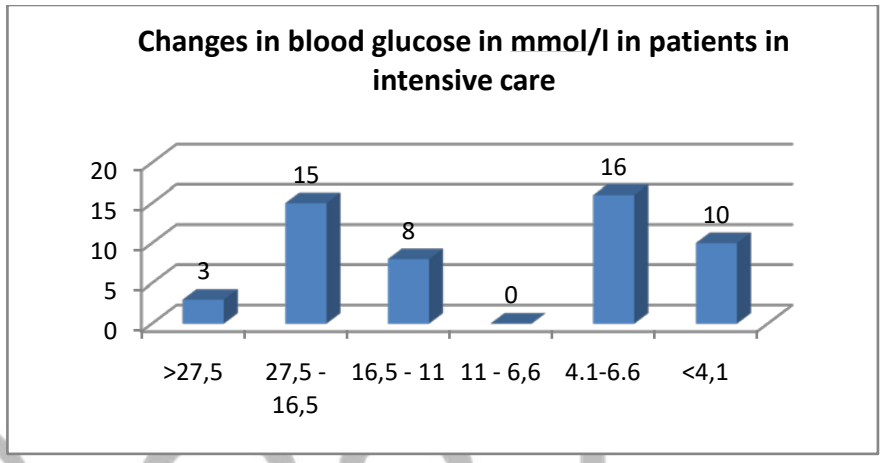
Exclusion criteria: Patient does not have a blood sugar disorder.

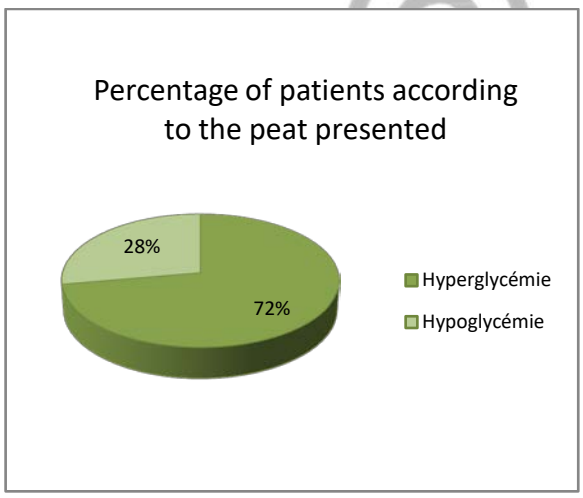
Study parameters: Age, personal history, diagnosis, date of onset of disorders, venous and capillary glucose, etiological approach, therapeutic initiation and progression of disorder.

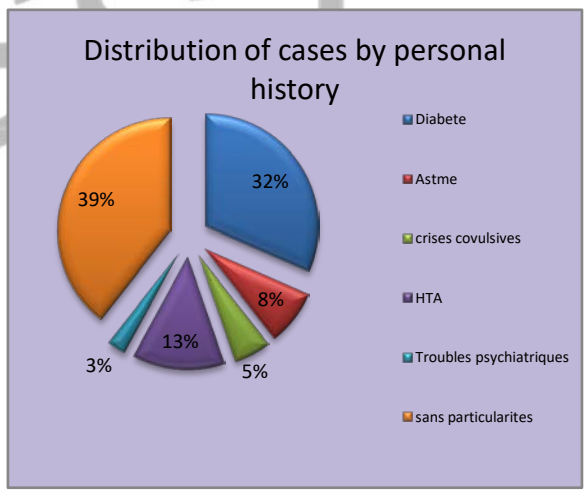
Results:

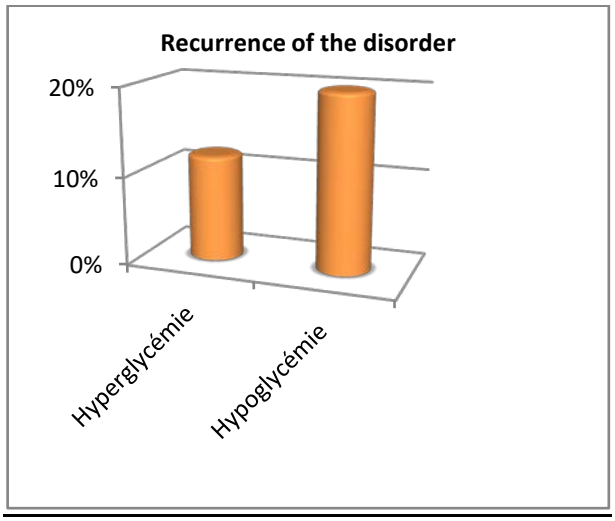
36 patients hospitalized during the August-September period presented with glycemic disorders, 26 presented with hyperglycemia of which 62% are diabetic and 38% are non-diabetic,the main etiologies were head injuries, ischemic and hemorrhagic stroke and septic shock with a recidivism rate of less than 50%. While 10 cases showed hypoglycemia at most 02 times during the study period: 02 of them have diabetes, the main causes found are drug poisoning, intake deficiency and therapy administered and the rate of recurrence of hypoglycemia was less than 50%











Discussion:

Our study found that head injuries and ischemic and hemorrhagic strokes and septic shock are the main causes of hyperglycemia in hospitalized resuscitation patients, the results described by the SFAR explaining that: Diabetic stress secondary to systemic inflammation or severe traumatologic injury plays the dominant role in hyperglycaemia found in these patient categories. While the etiologies of hypoglycemia in resuscitating patients are correlated with lack of intake, drug poisoning, and the treatment given to these patients.

Conclusion:

The glycemic control of patients in resuscitation is essential, mainly based on the identification of disorders and the administration of a treatment regimen adequate to the disorder presented, The management must be rapid and the control of the effectiveness of the scheme must be carefully followed limiting any glycemic destabilization that aggravates the prognosis already compromised in these patients.