To compare adropand CRB 65 for predicting the severity in Community acquired pneumonia

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I. Introduction
The A-DROP scoring system assesses the following parameters: (i) Age (male $\geq$ 70 years, female $\geq$ 75 years) (ii) Dehydration (iii) Respiratory failure (SpO(2) $\leq$ 90% or PaO(2) $\leq$ 60 mm Hg); (iv) Orientation disturbance (confusion); (v) low blood Pressure (systolic blood pressure $\leq$ 90 mm Hg).

CRB-65 assesses
1. confusion
2. respiratory rate $\geq$ 30/min
3. low blood pressure diastolic $\leq$ 60 mm Hg or systolic $\leq$ 90 mmHg
4. age $\geq$ 65 years.

• 1. These are the scoring systems used for assessing severity in community acquired pneumonia (CAP).
• 2. These scoring systems are used to assess severity of pneumonia where first day Bloodurea values are not available.

• AIM: To compare the efficacy of A-DROP and CRB 65 for predicting IN HOSPITAL MORTALITY of CAP.

• INCLUSION CRITERIA
• Patients diagnosed with pneumonia. • Patients who were admitted.

EXCLUSION CRITERIA
Patients who were not admitted. Patients with mental retardation.

• MATERIALS AND METHODS: An observational study was conducted on patients with CAP hospitalized at GHCCD.
• For SpO2 pulse oximetry was used.
• For dehydration assessment, urine output, skin turgor were examined.
• For confusion assessment, a new mental definition of confusion was used.
• For orientation assessment, orientation to time, place and surroundings were used.
II. Results

SEX DISTRIBUTION

AGE DISTRIBUTION

COMORBILITIES
In Hospital outcome
In hospital death 13%
Discharged was 87%

• A DROP score as in hospital mortality predictor.
  • Score 0 to 1 in hospital mortality percentage is 0%
  • Score 2 in hospital mortality percentage is 12.5%
  • Score 3 to 5 in hospital mortality percentage is 50%

• CRB 65 score as a in hospital mortality predictor.
  • For score 0 in hospital mortality percentage is 0%
  • For score 1 to 2 in hospital mortality percentage is 11.11%
  • For score 3 to 4 in hospital mortality percentage is 50%

III. Conclusion
A-DROP can be used to assess in hospital mortality of CAP, and gives similar results to CRB 65.
A-DROP is equivalent to CRB 65 for predicting severity of community acquired pneumonia (CAP).
DEHYDRATION in A-DROP has no significant impact in outcome of CAP.

References