Risk Factors and Frequency of Unplanned Readmissions to the PICU

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**BACKGROUND**

- Early unplanned readmissions to the PICU can be costly to the patient, their family, and the hospital.
- Readmissions have negative outcomes such as increased length of stay and higher morbidity and mortality rates.
- Determining the frequency of readmissions and the risk factors that lead to them may help plan and prevent these situations.

**RESEARCH QUESTIONS**

1. What are the risk factors that contribute to early unplanned readmission to the PICU?
2. What is the frequency of early unplanned readmission to the PICU?

**METHODS AND MATERIALS**

- Databases searched include: CINAHL and PubMed.
- Search Terms Pediatric, PICU, unplanned readmission, risk factors, frequency.
- The conceptual frameworks used were Nightingale’s Environmental Theory and King’s Goal Attainment Theory.

**RESULTS**

- Frequency and risk factors of early unplanned readmission was dependent on study site.
- Frequency ranged from 1.2-8% readmission rates within 48 hours of discharge from the PICU.
- Risk factors included: the presence of two or more complex chronic conditions, lower weight, age between 2 and 6 months, and respiratory, cardiovascular, or infectious diagnoses.

**NURSING IMPLICATIONS**

- Nurses are involved with discharge planning from the index admission of the patient and will be the ones to determine the presence of risk factors as discharge for the patient approaches.
- A PICU nurse needs to be able to interpret the signs and determine the best course of action while collaborating with the rest of the treatment team.
- This review will add knowledge to PICU nursing education and awareness.

**CONCLUSIONS**

- This review found various rates and risk factors for unplanned readmissions.
- Being aware of unplanned readmission rates and risk factors is important for pediatric intensive care units.
- By knowing the data, units can incorporate interventions to decrease unplanned readmission and thus, decrease costs, labor, and negative patient outcomes.