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**PREDICTING THE NEED FOR VENTILATORY SUPPORT IN A CASE OF ORGANOPHOSPHOROUS POISONING BY CLINICAL AND LABORATORY PARAMETERS**

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**BY**

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## ABSTRACT

**AIMS AND OBJECTIVE:** - To predict the need for ventilator support in organophosphate poisoning by clinical and laboratory parameter

**TYPE OF STUDY:** - Observational prospective study

**MATERIALS AND METHODS:** - This study is a Prospective observational study wherein 60 people with consumption of Organo-Phosphorous compound satisfying inclusion and exclusion criteria will be selected and informed consent will be obtained for enrollment in this study

**RESULTS:** - The current study included 60 cases of OP poisoning admitted in a tertiary care hospital. Among them ventilatory support was needed in 15% cases.

Around half of the OP poisoning cases belonged to the age group of 20-40 years.

95% of the cases were suicidal poisoning. Dimethoate (36.6%), chlorpyrifos (26.6%) and dischlorovas (11.6%) were the commonest compounds consumed.

Our study noted a significant delay in care among patients needing ventilatory support (4.52 hours for ventilatory support cases vs 2.18 hours for others), hence stressing on the need for early intervention among OP poisoning cases. Need for early intervention in OP poisoning was also stressed by other studies

clinical symptoms like breathlessness, altered sensorium and loss of consciousness were associated with need for ventilatory support. In addition; lower pulse rate, higher respiratory rate, lower GCS, lower spO<sub>2</sub>, bronchospasm and fasciculations were significantly more in cases needing ventilatory support

Poor outcome was noted in ventilatory support cases with death in two-third of the cases.

**CONCLUSION:** - Based on the current study, we would conclude that breathlessness, altered sensorium, lower GCS, lower pulse rate, higher respiratory rate and lower serum cholinesterase are predictors of requirement of ventilatory support. Hence detecting them early can limit the need of ventilatory support and hence reduce mortality and duration of hospital stay