

.....CONCLUSION

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- 1) Serum proteins showed drastic and serial fall in critically ill patients, which is initially because of extravasation of proteins due to shock and later because of negative nitrogen balance as a part of hypermetabolic response
- 2) Serum albumin and transferrin showed equal and identical fall in all critically ill patients
- 3) No difference in serial serum protein estimation was seen among the different groups of patients like multiple fractures, major surgery and multi organ failure.
- 4) Serum protein levels were not correlated with the morbidity and mortality of the disease.
- 5) Hypoproteinemic response was seen independent of nutrition. Thus anbumin and transferrin are poor indicators of nutritional status.

- 6) Serum electrolytes, blood urea and creatinine are very important biochemical tests for kidney and metabolic response in critically ill patients.
- 7) Arterial blood gas analysis is very useful for analyzing respiratory and acid-base balance functions of the body. It is also very useful for evaluating response to the supporting systems like mechanical ventilators.
- 8) A combination of hyperglycemia and hyperinsulinemia occurring simultaneously in critical illness suggested a state of peripheral insulin resistance.
- 9) Morbidity and mortality in critically ill patients is higher in those patients who have two or more organ system failure.