......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) Hypoproteinemnic response was seen independent of nutrition. Thus albumin 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.