Introduction:
We investigated outcomes of patients admitted to our general adult ICU for acute exacerbation of pulmonary fibrosis. British Thoracic Society (BTS) and National Institute for Health and Care Excellence (NICE) guidelines state that these patients should not routinely be admitted to ICU for respiratory support as the mortality is very high [1,2]. We decided to investigate our mortality rates for this cohort of patients and review them in the context of the BTS and NICE guidelines.

Methods:
This retrospective observational study reviewed all patients admitted to the ICU for respiratory support between October 2012 and January 2017. The data was collected from the hospital electronic and paper notes, and data collected was mortality rate, APACHE II score, ICNARC score, type of respiratory support received and whether there was documentation of advanced decisions in case of acute deterioration.

Results:
There were 12 patients admitted to the ICU with acute respiratory failure as a complication of pulmonary fibrosis. The median APACHE II score was 22 and ICNARC standardised mortality ratio was 5.2. Nine patients died on ICU (75%) and hospital mortality was ten (83%). Eight patients (67%) received high flow nasal oxygen, six (50%) received non-invasive ventilation, and two (17%) received invasive ventilation. The median time to death was 3.7 days. Of 11 patients for whom paper notes were available, no patient had any documented ceiling of care or end of life decisions.

Conclusion:
Our study confirmed a very high mortality in this cohort of patients, supporting national guidance that invasive respiratory support has limited value. We advise that frank discussion with patients and their families should happen early after diagnosis, such that end of life plans are already in place in the event of acute deteriorations.

References:
2. NICE Clinical Guidelines: Idiopathic pulmonary fibrosis in adults: diagnosis and management (June 2013)
   www.nice.org.uk, accessed 15 Nov 2017