Introduction:
Given the worldwide rapidly aging of the population, the demand of critical care for elderly is increasing. Data on short-term outcomes of elderly patients after ICU discharge are sparse. The objective of our study was to assess short term outcomes of elderly after ICU discharge and their potential risk factors.

Methods:
An observational prospective cohort study performed in a medical adult ICU. The study included all elderly survivors (≥65 years) after ICU admission. Data were collected between January 2014 and December 2015 and the outcomes were assessed by telephone interviews at 1 month after discharge. Factors associated with readmission and post ICU mortality are presented as odds ratios.

Results:
During the study period, 102 elderly patients were discharged alive. The follow up was possible for 80 (78.43%) patients. Predictors of one-month readmission in univariate analysis were coronary disease (p=0.027), SAPSII (p=0.019) and decline in functional status (p=0.00). In multivariate analysis, SAPSII (OR, 1.066; 95%CI, [1.001-1.135]; p=0.047) and decline in functional status (OR, 15.17; 95%CI, [3.7-61.6]; p=0.000) were the independent predictors of early readmission.
Mortality rate at 1 month was 22.5%. Risk factors of one-month mortality in univariate analysis were SAPSII (p=0.002), heart rate at discharge (p=0.031), World health organization(WHO) performance status at discharge (p=0.000) and decline in functional status (p=0.000). In multivariate analysis, independent predictors of 30-day mortality were SAPSII (OR, 1.11; 95%CI, [1.03-1.19]; p=0.005), decline in functional status (OR, 7.7; 95%CI, [1.75-34.03]; p=0.007) and WHO performance status (OR, 2.43; 95%CI, [1.33-4.43]; p=0.004).

Conclusion:
The present study supports previous findings of good early survival of elderly after ICU stay. Comorbidities don’t have an important impact on short term outcome after critical illness, which is most strongly predicted by severity of illness and physiological reserve at discharge.