Introduction:
The daily request for laboratory tests in intensive care units is a common practice. Although common, this strategy is not supported, since more than 50% of the exams requested with this rationale may be within the normal range.[1] Misconduct based on misleading results, anemia, delirium and unnecessary increase in costs may happen. [2] We have developed a strategy to reduce laboratory tests without clinical rationale.

Methods:
Observational retrospective study, from July 2018 to June 2019. The number and type of laboratory orders requested, the epidemiological profile of hospitalized patients, the use of advanced supports, the average length of ICU stay and the impact in outcomes such as mortality and hospital discharge at a private tertiary general hospital in the city of Rio de Janeiro / RJ - Brazil were analyzed.

Results:
A strategy was implemented to reduce the request for exams considered unnecessary. Approximately 1,300 patients underwent ICU during this period. The epidemiological profile and severity of patients admitted to the unit were similar to those observed historically. There was a significant reduction (> 50%) in the request for laboratory tests and there was no negative impact on outcomes such as mortality, mean length of stay and no greater use of invasive resources. Over the period evaluated, the estimated savings from reducing the need for unnecessary exams were approximately $ 150,000 per year.

Conclusion:
The rational use of resources in the ICU should be increasingly prioritized and the request for routine laboratory tests reviewed. A strategy that avoids such waste, when properly implemented, enables proper care, reducing costs and ensuring quality without compromising safety.

References: