illness (RIH rate: 7.03%) of which 196 tested RSV-positive (RSVH rate: 1.76%). All RIHs were sepsis patients when compliant with these recommendations. The medical records of 141 patients were analyzed retrospectively who were admitted to an intensive care unit during the study period. The clinical features, complication, different risk factors affecting the outcome along with different management strategies used in the patients with confirmed H1N1 influenza infection. METHODS: The medical records of 141 patients were analyzed retrospectively who were admitted to KMC Hospital, Manjli, from June 2012 through May 2014. RESULTS: Among the study population 51.1% were female with mean age of 32.54 years. Among 55.3% patients admitted without any significant medical history and 44.7% patients had major problems like diabetes mellitus, respiratory tract infections and bronchial asthma. Fever with headache was observed in 92.9% followed by cough (78.7%) and breathlessness (54.6%). According to severity of disease 53.3% patients were put on mechanical ventilation. All the patients were started on oseltamivir for influenza management. The co-infections were treated by beta-lactams (60.28%) and macrolides (41.13%). Diuretics were given in 32.46%, anti-anxiety in 31.90% patients and antipyretics, bronchodilators and corticosteroids as supportive care in all patients. Mean of hospitalization period was 8.5 days. During the hospitalization of patients developed different complications like respiratory tract infections (31.20%), ARDS (17.7%) and sepsis (14.4%). The mortality rate of the study population was found to be 29.1%. CONCLUSIONS: We observed that outcome was associated with low oxygen saturation during admission, metabolic acidosis, respiratory failure, sepsis, corticosteroids and anti-anxiety drugs. We also found that the complications like ARDS, sepsis and respiratory tract infections also influence the mortality rate.

**PIN11**

**ANALYSIS OF RISK FACTORS OF DEATH IN H1N1 INFLUENZA PATIENTS IN A TERTIARY CARE HOSPITAL**

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OBJECTIVES: H1N1 influenza infection associated with higher morbidity and mortality because of associated severe complications like acute respiratory distress syndrome (ARDS) and multiple organ dysfunction syndrome. The present study was performed to evaluate the clinical characteristics, different complication and management strategies adopted to treat H1N1 patients in a tertiary care centre. To study the clinical features, complication, different risk factors affecting the outcome along with different management strategies used in the patients with confirmed H1N1 influenza infection. METHODS: The medical records of 141 patients were analyzed retrospectively who were admitted to KMC Hospital, Manjli, from June 2012 through May 2014. RESULTS: Among the study population 51.1% were female with mean age of 32.54 years. Among 55.3% patients admitted without any significant medical history and 44.7% patients had major problems like diabetes mellitus, respiratory tract infections and bronchial asthma. Fever with headache was observed in 92.9% followed by cough (78.7%) and breathlessness (54.6%). According to severity of disease 53.3% patients were put on mechanical ventilation. All the patients were started on oseltamivir for influenza management. The co-infections were treated by beta-lactams (60.28%) and macrolides (41.13%). Diuretics were given in 32.46%, anti-anxiety in 31.90% patients and antipyretics, bronchodilators and corticosteroids as supportive care in all patients. Mean of hospitalization period was 8.5 days. During the hospitalization of patients developed different complications like respiratory tract infections (31.20%), ARDS (17.7%) and sepsis (14.4%). The mortality rate of the study population was found to be 29.1%. CONCLUSIONS: We observed that outcome was associated with low oxygen saturation during admission, metabolic acidosis, respiratory failure, sepsis, corticosteroids and anti-anxiety drugs. We also found that the complications like ARDS, sepsis and respiratory tract infections also influence the mortality rate.

**PIN1**

**ASSESSING OUTCOMES WITH CEFTAROline TREATMENT COMARED WITH STANDARD OF CARE AMONG HOSPITALIZED PATIENTS WITH COMPLICATED SKIN AND SKIN-STRUCTURE INFECTIONS (CSSI)**

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OBJECTIVES: This study assessed length of stay (LOS), in-patient costs and mortality among hospitalized patients with cSSSI treated with ceftriaxone compared with