

Characteristics and Outcomes of Patients Hospitalized Following Pulmonary Aspiration

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e-Appendix 1.

Methods, supplement:

Covariates used in the multiple logistic regression models to predict the outcomes of death, acute respiratory distress syndrome, or the need for invasive ventilation:

- Age
- Gender
- Acute Physiology and Chronic Health Evaluation II
- Lung Injury Prediction Score (When aspiration was being tested as a separate dependent variable, a modified score deducting the numerical contribution of aspiration to the Lung Injury Prediction Score was used)

Covariates used in the final multiple logistic regression model used to predict aspiration:

- Demographics and anthropomorphic variables
 - Age
 - Gender
 - Race: Caucasian
 - Obesity (BMI \geq 30)
 - Malnourished (BMI $<$ 18.5)
 - Admission from a nursing home
- Other ARDS predisposing risk factors
 - Pneumonia (without aspiration)
 - Sepsis
 - Shock
 - Brain injury
 - Acute abdomen
 - High-risk trauma
 - Emergency surgery
- Other risk-modifiers and comorbidities
 - Gastroesophageal reflux disease
 - Diabetes mellitus
 - Cirrhosis

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- Chronic hemodialysis
- New York Heart Association class IV congestive heart failure
- Chronic lung disease: chronic obstructive pulmonary disease, asthma, interstitial lung disease
- Prior chest radiation
- Obstructive sleep apnea
- Malignancy: lymphoma, leukemia, metastatic solid cancers
- Medications: proton pump inhibitor, H2 antagonists, benzodiazepines, opiates, anti-psychotics, neurotropic medications, oral hypoglycemics, insulin
- Excessive alcohol use: >14 alcoholic beverages/week or known alcohol related illness
- Smoking status
- Glasgow Coma Scale

Interactions tested for, but were not significant, included: Proton pump inhibitors with gastroesophageal reflux disease, Glasgow Coma Scale with brain injury, nursing home with age.

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