Table 1. Characteristics and outcomes of survivors and non-survivors)

Sepsis	7(17.07%)	3 (25%)	0.596
Non-compliance with therapy	4 (9.75%)	2 (16.66%)	1.000
Pulmonary embolism	1 (1.3)	0	1.000
APACHE II score	21.2±6.9	29.5±3.8	<0.001
GCS	12.1±3.8	10.1±3.6	0.010
IMV	8 (19.5%)	8 (66.66%)	<0.001
NIV	38(92.68)	4 (33.33%)	0.001
NIV failure	1 (2.4%)	5(41.66%)	<0.001
HFNC	1(2.4%)	1(8.33%)	.075
Length of IMV (days), median (IQR)	4.5 (5–10)	10 (3–21)	<.001
Shock	13 (16.5)	12 (57.1)	<0.001
Renal replacement therapy	2 (2.5)	7 (33.3)	<0.001
Vasopressor	16 (20.3)	18 (85.7)	<0.001
ICU stay (day)	6 (4–9)	14 (4–26)	0.006

The mean GCS value was 12.1±3.among the servitor and 10.1±3.6 was among the non-survivor, andmedian ICU length of stay were 6 days (IQR, 4–9 days). IMV was applied to 30.18% of the patients (N=53)and comparison contains in Table1. ICU mortality rates among all COPD patients (n=53) were 22.68% and among total ICU deaths (n=339 total ICU death during this period) was 3.53%. Non-survivors had APACHE II score higher than survivors (29.5±3.8, 21.2±6.9 P<0.001). NIV used in survivor group 92.68% of cases and also along with IMV. NIV failure was higher (41.66%.) in non-survival group. HFNC usedwere in case of NIV failure. Non-survivors exhibited higher rates of pneumonia, IMV, shock within thefirst 24 hours of admission, vasopressor use and renal replacement therapy, higher APACHE II scores, but lower GCS than survivors (Table1). Among the respiratory sampling, Acinetobacter and klebsiella were predominant and 35.49%, 18.86% respectively (Fig: 1)