**BACKGROUND**

- Little is known about the characteristics and outcomes of patients with adult congenital heart disease (ACHD) admitted to cardiac intensive care units (CICUs).
- We sought to describe patients with ACHD using a large, multicenter, contemporary population of patients admitted to CICUs.

**METHODS**

- The Critical Care Cardiology Trials Network (CCCTN) is an investigator-initiated multicenter network of tertiary CICUs in the US & Canada.
- Participating centers (n=29) contributed data for consecutive admissions during at least 2-month annual snapshots between 9/2017 and 8/2020 (N=13,327).
- We analyzed presenting characteristics, resource utilization, and outcomes of all patients with ACHD (n=265) admitted to the CICU.

**RESULTS**

- Patients with ACHD had higher median Sequential Organ Failure Assessment (SOFA) scores on presentation to the ICU than those w/out ACHD, and had a distinct comorbidity profile.
- Those with and without ACHD had similar CICU mortality (7.9% vs 9.6%, p =0.35), and hospital mortality (13.1% vs 13.2%, p =0.97).

**RESULTS (cont.)**

- Patients with ACHD admitted to contemporary CICUs accounted for ~2% of admissions, were younger than those w/out ACHD, and had a distinct comorbidity profile.
- Advanced ICU therapy and resource utilization was greater among patients with ACHD, including longer CICU and hospital length of stay.
- Despite 21-year younger median age, patients with ACHD admitted to CICUs have similar CICU and in-hospital mortality to those without ACHD.

**CONCLUSIONS**

- Patients with ACHD in CICUs represent a unique and particularly vulnerable population.

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