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Title: On improving assessment of in-hospital mortality and ICU admisison in community-acquired pneumonia patients by using the e-CURB

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Body: Background: Severity assessment in CAP is important to decide for the site of care. We aim to evaluate an electronically generated e-CURB elements in predicting in-hospital mortality and ICU admission in CAP. Material and methods: 134 radiographically confirmed CAP were evaluated. We electronically calculated the area under the receiver-operating characteristic (ROC) curve for e-CURB and compared it with conventional CURB-65. Results: Conventional CURB-65 could predict in-hospital mortality with an area under the curve (AUC) of 0.81 and ICU admission (AUC=0.87). The e-CURB proved to be superior to the conventional CURB-65 in predicting in-hospital mortality (AUC=0.83) (P< 0 .0001) (figure 1). Also, e-CURB was better in predicting ICU admission (AUC=0.89) (P< 0 .0001) (figure 2).Conclusions: e-curb proved to be a valuable tool in predicting in-hospital mortality and ICU admission in patients with CAP with a significant superiority over conventional CURB-65 in both variables. larger studies are recommended.

ROC for e-CURB in predicting in hospital mortality (P< 0.0001).

ROC for e-CURB in predicting ICU admission (P< 0.0001).