

Trauma High Yield Facts

- Trauma is the leading cause of death in the US for ages 1-45
- Trauma is in the top 10 causes of death for all ages in the US
- In the US, total cost of injuries and violence was \$671 Billion in 2013
- Significant injury is possible with low velocity mechanism
 - Particular problem in older adults
 - Fall from standing, fall from a bed or wheelchair
 - Imaging with Noncontrast CT scans can be helpful to identify injuries
 - Significant trauma is found in 10-30% of patients with falls
 - Mortality rate from falls is ~7%
- Outcomes are better for injured (even minimally injured) older adults at verified Trauma Centers than at non-Trauma hospitals
 - Age 70 or over with a traumatic mechanism should be triaged to a Trauma Center
- Older adults are at higher risk of complications from injuries, but up to 85% can return to independent living
- If any injuries are identified in a patient admitted to the ICU, or even a Traumatic mechanism – a Trauma evaluation by the Trauma Team is indicated
- Rib fractures are injuries that carry significant risk of morbidity and mortality
 - Up to 18% of elderly patients with 1-2 rib fractures will develop pneumonia, while 50% those with 6 or more rib fractures will develop pneumonia
 - Mortality in elderly patients with 6 or more rib fractures is 30%
- Missed injuries are common in Trauma patients and a Tertiary Survey is used after injury to evaluate for any missed injury
 - Missed injuries are more likely in ICU patients, brain injured patients, those patients who go directly to the Operating room from the ED and more severely injured patients
- Clearing the C spine in an obtunded patient when they have a cervical collar in place requires a CT C spine read as negative by the radiologist. If the patient is unable to participate in a clinical exam, a secondary review by Neurosurgery is protocol at PUH prior to removing the collar

Please call the Trauma Team for the evaluation of any patient with a Traumatic mechanism of injury.