The Benefit of Palliative Medicine in Trauma
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INTRODUCTION: Geriatric trauma continues to increase with injury becoming an increasing cause of significant morbidity and mortality. Palliative medicine consultation (PMC) in geriatric patients may result in better outcomes.

METHODS: Using a retrospective chart review over 2.5-year period, we sought to characterize outcomes of trauma patients who received PMC. Outcomes included mortality, tracheostomy, and discharge disposition. The population was divided by age: geriatric (≥65 years) and non-geriatric (<65 years). Statistical analyses were performed using t-tests and Fisher’s exact tests.

RESULTS: Of 7758 patients, 2597 (33.4%) were geriatric patients; mortality rate of 7.4% and tracheostomy rate of 1.9%. 15% received PMC with a 16.2% mortality rate. 65.8% of geriatric patients with head injuries received PMC. Patients with PMC: 5.1% underwent tracheostomy; mortality 15%. One with PMC and tracheostomy went to hospice; discharge was LTAC (70%), inpatient rehab (IPR; 10%). 5161 were non-geriatric patients - non-geriatric patients. PMC was frequently utilized in both groups population and this group has a higher mortality rate than the geriatric patients with head injuries prior to tracheostomy. Increasing utilization of PMC prior to placement of tracheostomy may better identify those patients with a greater chance of recovery.

CONCLUSIONS: PMC is utilized more in the geriatric trauma population and this group has a higher mortality rate than the non-geriatric patients. PMC was frequently utilized in both groups with head injuries prior to tracheostomy. Increasing utilization of PMC prior to placement of tracheostomy may better identify those patients with a greater chance of recovery.

The Burden of Firearm Violence in the United States:
Stricter Laws Result in Safer States
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INTRODUCTION: Increasing firearm violence has resulted in a strong drive for stricter firearm legislations. The aim of this study was to determine the relationship between firearm legislations and firearm-related injuries across states in the United States.

METHODS: We performed a retrospective analysis of all trauma related hospitalization using the Nationwide Inpatient Sample database (2011). Patients with firearm-related injury were identified. States were dichotomized into strict firearm laws (SFL) or non-strict firearm laws (Non-SFL). The mean rate of firearm-related injury was 3.75 per 100,000 population. Linear regression analysis was performed.

RESULTS: A total 2,583 patients with firearm related injuries across 44 states were included. Ten states were categorized SFL and 34 states as Non-SFL. The mean rate of firearm-related injury per 1,000 trauma patients negatively correlated with Brady Center score for each state (R²=0.75, p=0.046). SFL states had a 30% lower incidence of firearm-related injury compared to Non-SFL states (1.2±1.3 vs. 2.1±1.4, Beta coefficient: -0.30, 95% CI: -1.8-0.25; p=0.041). The overall cost of management of firearm related injuries was over 200 million dollars and these injuries resulted in 1,129 potential life years lost.

CONCLUSIONS: States with stricter firearm legislations had lower firearm injury rates in comparison to states with non-strict firearm legislations. States without strict firearm legislation had a higher firearm-related mortality rate, higher costs, and significant loss in potential years of life. Further analysis on differences in the legislation between SFL and Non-SFL states may help reduce injury rate, decrease the economic and social burden of firearms as well as decrease the years of life lost due to firearm-related injuries.