

# JTACS JUNE TABLE OF CONTENTS

BEST OF TRAUMA ARTICLE

### The 35-mm Rule to Guide Pneumothorax Management

Single-center Retrospective

Adult patients with PTX diagnosed on CT

Guideline to observe stable patients with PTXs ≤ 35 mm

Before n=99

After n=167

#### Clinical Outcomes During Hospital Stay

Observation Rates	Hospital Outcomes
↑ 10%	No difference
Observation Failure	Pulmonary complications
No difference	Length of Stay
	Mortality

Figueroa et al. *Journal of Trauma and Acute Care Surgery*. June 2022 [10.1097/TA.0000000000003573]

The Journal of Trauma and Acute Care Surgery

### THE 35-MM RULE TO GUIDE PNEUMOTHORAX MANAGEMENT: INCREASES APPROPRIATE OBSERVATION AND DECREASES UNNECESSARY CHEST TUBES

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2022/06000/THE\\_35\\_MM\\_RULE\\_TO\\_GUIDE\\_PNEUMOTHORAX\\_MANAGEMENT\\_1.ASPX](https://journals.lww.com/jtrauma/fulltext/2022/06000/the_35_mm_rule_to_guide_pneumothorax_management_1.aspx)

### Factors Associated with Limitation of Care After Fatal Injury

Review of all adult trauma deaths over 4.5-years at a Level 1 center

Explored patient & injury factors associated with limitations of care

91% of our patients died with limitations of care in place

#### Predictors of FULL CODE

- Overall severity of injury
- # of Complications

#### Predictors of CARE LIMITATION

- Severe brain injury
- Age
- Female sex
- Low FHS scores

- At our trauma center, most deaths occur after care is limited
- More severely injured patients are more likely to die full code
- Patient with head injury, older age & female sex are more likely to die after care is limited

de Angelis et al. *Journal of Trauma and Acute Care Surgery*. June 2022 [10.1097/TA.0000000000003495]

The Journal of Trauma and Acute Care Surgery

### FACTORS ASSOCIATED WITH LIMITATION OF CARE AFTER FATAL INJURY

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2022/06000/FACTORS\\_ASSOCIATED\\_WITH\\_LIMITATION\\_OF\\_CARE\\_AFTER\\_FATAL\\_INJURY\\_4.ASPX](https://journals.lww.com/jtrauma/fulltext/2022/06000/factors_associated_with_limitation_of_care_after_fatal_injury_4.aspx)

### Race and Trauma Mortality: The Effect of Hospital-Level Black-White Patient Race Distribution

High Black-Serving Hospitals	Medium Black-Serving Hospitals	Low Black-Serving Hospitals
53% Black, 47% White	20% Black, 80% White	4% Black, 96% White
11.5% penetrating trauma	4.5% penetrating trauma	2.0% penetrating trauma
Odds of Dying: Black: 0.76*, White: 1.00 (ref)	Odds of Dying: Black: 1.20, White: 0.84*	Odds of Dying: Black: 1.43*, White: 0.75*

The best patient outcomes occurred in hospitals that treated those patients most frequently.

Kishawi et al. *Journal of Trauma and Acute Care Surgery*. June 2022 [10.1097/TA.0000000000003538]

The Journal of Trauma and Acute Care Surgery

### RACE AND TRAUMA MORTALITY: THE EFFECT OF HOSPITAL-LEVEL BLACK-WHITE PATIENT RACE DISTRIBUTION

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2022/06000/RACE\\_AND\\_TRAUMA\\_MORTALITY\\_THE\\_EFFECT\\_OF\\_2.ASPX](https://journals.lww.com/jtrauma/fulltext/2022/06000/race_and_trauma_mortality_the_effect_of_2.aspx)

### The Public Health Burden Of Geriatric Trauma: Analysis Of 2,688,008 Hospitalizations From CMS Inpatient Claims

Trauma Center Level	Total Hospitalizations N (%)	Expenditure (Billion \$)
Level I	569,661 (21.2%)	\$9.3
Level II	617,780 (23.0%)	\$7.3
Level III	382,889 (14.2%)	\$4.2
Level IV	104,361 (3.9%)	\$1.1
Non-Trauma Centers	1,113,317 (37.7%)	\$11.1

Used CMS Inpatient Standard Analytical Files (IPSAF)

- Patients at short-term, non-federal hospitals
- 2016-2019
- Aged >65
- >=1 injury ICD-10

Fakhry et al. *Journal of Trauma and Acute Care Surgery*. Month Year [10.1097/TA.0000000000003572]

The Journal of Trauma and Acute Care Surgery

### THE PUBLIC HEALTH BURDEN OF GERIATRIC TRAUMA: ANALYSIS OF 2,688,008 HOSPITALIZATIONS FROM CMS INPATIENT CLAIMS

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2022/06000/THE\\_PUBLIC\\_HEALTH\\_BURDEN\\_OF\\_GERIATRIC\\_TRAUMA\\_5.ASPX](https://journals.lww.com/jtrauma/fulltext/2022/06000/the_public_health_burden_of_geriatric_trauma_5.aspx)

### Prospective Validation of The Rib Injury Guidelines (RIG) For Traumatic Rib Fractures

Pre/Post-RIG Implementation Study at Level I Trauma Center

Adult Blunt Trauma & ≥1 Rib Fracture on Chest CT

N = 1,100

#### RIG Score Calculator

Variable	Points
Age ≥60 years	4
Incentive Spirometry <750 mL	4
Severe pulmonary contusions on CT scan	2
Rib fractures ≥5	2
COPD, Asthma, or smoker	2
Hemothorax, Pneumothorax, or chest tube	2
Pain score ≥6/10	1
Weak or absent cough	1

#### RIG Category

RIG Category	RIG Score	Disposition
RIG 1	≤2	Discharge if possible
RIG 2	3-9	Floor
RIG 3	≥10 or severe extra-thoracic injuries	ICU

No RIG 1 Pts Were Readmitted

No RIG 2 Pts had Unplanned ICU Admissions due to Rib Fracture

RIG Implementation Was Associated With ↓ ICU & Hosp LOS & Mortality

Nelson et al. *Journal of Trauma and Acute Care Surgery*. June 2022 [10.1097/TA.0000000000003535]

The Journal of Trauma and Acute Care Surgery

### PROSPECTIVE VALIDATION OF THE RIB INJURY GUIDELINES (RIG) FOR TRAUMATIC RIB FRACTURES

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2022/06000/PROSPECTIVE\\_VALIDATION\\_OF\\_THE\\_RIB\\_INJURY\\_3.ASPX](https://journals.lww.com/jtrauma/fulltext/2022/06000/prospective_validation_of_the_rib_injury_3.aspx)

### Imaging Analysis of Ischemic Strokes Due to Blunt Cerebrovascular Injury

Stroke is a common complication of BCVI

Diagnosis can be difficult

Timing is critical to prevention efforts

Retrospective study of 6,849 blunt trauma patients

All patients had CTA (as part of universal screening)

All patients with stroke symptoms underwent MRI

First BCVI study to include use of brain MRIs for diagnosis of stroke

Stroke is common, and not always due to BCVI

Only one-third of BCVI-related strokes occurred after admission

BCVI requires rapid initiation of preventive treatment

Stroke Type	Stroke on Admission	Stroke during Hospital Stay
6370 non-BCVI	36 stroke on admission	6310 no stroke during hospital stay
479 BCVI	6334 no stroke on admission	24 stroke during hospitalization
	24 stroke on admission	443 no stroke during hospital stay
	455 no stroke on admission	12 stroke during hospitalization

Abraham et al. *Journal of Trauma and Acute Care Surgery*. June 2022

The Journal of Trauma and Acute Care Surgery

### IMAGING ANALYSIS OF ISCHEMIC STROKES DUE TO BLUNT CEREBROVASCULAR INJURY

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2022/06000/IMAGING\\_ANALYSIS\\_OF\\_ISCHEMIC\\_STROKES\\_DUE\\_TO\\_BLUNT\\_CEREBROVASCULAR\\_INJURY\\_6.ASPX](https://journals.lww.com/jtrauma/fulltext/2022/06000/imaging_analysis_of_ischemic_strokes_due_to_blunt_cerebrovascular_injury_6.aspx)

### AAST Multi-Center Prospective Analysis of Pre-Hospital Tourniquet Use for Extremity Trauma

73% tourniquet → 3x decreased risk of arrival to trauma center in shock

1312 injured limbs → 27% control

No difference in limb complications

Schroll et al. *Journal of Trauma and Acute Care Surgery*. June 2022 [10.1097/TA.0000000000002095]

The Journal of Trauma and Acute Care Surgery®

**AAST MULTI-CENTER PROSPECTIVE ANALYSIS OF PRE-HOSPITAL TOURNIQUET USE FOR EXTREMITY TRAUMA**

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2022/06000/AAST\\_MULTICENTER\\_PROSPECTIVE\\_ANALYSIS\\_OF.7.ASPX](https://journals.lww.com/jtrauma/fulltext/2022/06000/AAST_MULTICENTER_PROSPECTIVE_ANALYSIS_OF.7.ASPX)

### Appendectomy vs. Non-operative Management of Simple Appendicitis: A Post Hoc Analysis of an EAST Multicenter Study using a Hierarchical Ordinal Scale

**Hierarchical Ordinal Scale**

- 1) Mortality
- 2) Re-operation
- 3) Any other secondary intervention
- 4) Hospital readmission
- 5) ED visit
- 6) Wound complication
- 7) Surgical site infection
- 8) No complication

88% of appendectomy patients had outcome that was equivalent (or better) than at least half of the subjects compared to 71% NOM subjects (OR 0.3, 95% CI 0.2-0.4).

In contemporary American practice, appendectomy (compared to NOM) for simple appendicitis is associated with lower odds of developing clinically important unfavorable outcomes in the first year after illness.

Pairwise comparison of each subject with every other subject and assigned a score based on which subject had a better clinical outcome (win = +1; lose = -1; tie = 0)

Yeh et al. *Journal of Trauma and Acute Care Surgery*. June 2022 [10.1097/TA.0000000000003581]

The Journal of Trauma and Acute Care Surgery®

**APPENDECTOMY VS. NON-OPERATIVE MANAGEMENT OF SIMPLE APPENDICITIS: A POST HOC ANALYSIS OF AN EAST MULTICENTER STUDY USING A HIERARCHICAL ORDINAL SCALE**

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2022/06000/APPEENDECTOMY\\_VER-SUS\\_NONOPERATIVE\\_MANAGEMENT\\_OF.11.ASPX](https://journals.lww.com/jtrauma/fulltext/2022/06000/APPEENDECTOMY_VER-SUS_NONOPERATIVE_MANAGEMENT_OF.11.ASPX)

### Does Insurance Status and Race Impact Mortality or Discharge Following Firearm Injury?

**Study Population**  
National Trauma Databank 2007-16  
Age ≥ 18 & ≤ 64  
Insurance + Race/Ethnicity

**Question**  
Mortality  
Discharge with Care

**Findings**  
Lack of insurance increases mortality across all races  
Hispanic patients regardless of insurance were less likely to discharge with care compared to Non-Hispanic Whites with commercial insurance

Lumbard et al. *Journal of Trauma and Acute Care Surgery*. June 2022

The Journal of Trauma and Acute Care Surgery®

**FIREARM TRAUMA: RACE AND INSURANCE INFLUENCE MORTALITY AND DISCHARGE DISPOSITION**

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2022/06000/FIREARM\\_TRAUMA\\_RACE\\_AND\\_INSURANCE\\_INFLUENCE.8.ASPX](https://journals.lww.com/jtrauma/fulltext/2022/06000/FIREARM_TRAUMA_RACE_AND_INSURANCE_INFLUENCE.8.ASPX)

### Destructive Colon Injuries Requiring Resection: Is Colostomy Ever Indicated?

**Mechanism?**  
**Admission hypotension?**  
**Severe fecal spillage?**  
**Left-sided injury?**  
**Surgery >6h from injury time?**  
**Blood transfusion >4u?**  
**Damage control surgery?**

- 2% fecal diversion
- 8% colon anastomotic leak
- independent risk factors
- colon-related mortality

Mitchao et al. *Journal of Trauma and Acute Care Surgery*. June 2022

The Journal of Trauma and Acute Care Surgery®

**DESTRUCTIVE COLON INJURIES REQUIRING RESECTION: IS COLOSTOMY EVER INDICATED?**

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2022/06000/DESTRUCTIVE\\_COLON\\_INJURIES\\_REQUIRING\\_RESECTION\\_IS.12.ASPX](https://journals.lww.com/jtrauma/fulltext/2022/06000/DESTRUCTIVE_COLON_INJURIES_REQUIRING_RESECTION_IS.12.ASPX)

### Mitochondria Play a Key Role in Oxidative Stress-induced Pancreatic Islet Dysfunction after Severe Burns

**Background & Methods**  
Severe burns are often complicated with hyperglycemia in part caused by pancreatic islet dysfunction. The purpose of this study was to explore the level and mechanism of oxidative stress in pancreatic islets after severe burns and the antioxidant effect of sodium pyruvate. A 30% total body surface area full-thickness burn model was established using male C57BL/6 mice. The production and detoxification of ROS in pancreatic islets were tested.

**Results**  
After severe burns, FBG levels increased, G6S levels decreased, and ROS levels of pancreatic islets increased. The activity of complex III decreased and the level of mitochondrial ROS increased significantly post severe burns. For the detoxification of ROS, the expression of thioredoxin-2, thioredoxin reductase-2, and Mn-SOD decreased. Sodium pyruvate reduced the level of mitochondrial ROS in islet cells and improved the glucose stimulated insulin secretion of islets after severe burns.

**Conclusion**  
The high level of mitochondrial ROS of islets is caused by reducing the activity of complex III in mitochondrial respiratory chain, inhibiting mitochondrial thioredoxin system, and downregulating Mn-SOD post severe burns. Sodium pyruvate plays an antioxidant role post severe burns in mice islets and improves the islet function.

Shen et al. *Journal of Trauma and Acute Care Surgery*. June 2022 [10.1097/TA.0000000000003490]

The Journal of Trauma and Acute Care Surgery®

**MITOCHONDRIA PLAY A KEY ROLE IN OXIDATIVE STRESS-INDUCED PANCREATIC ISLET DYSFUNCTION AFTER SEVERE BURNS**

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2022/06000/MITOCHONDRIA\\_PLAY\\_A\\_KEY\\_ROLE\\_IN\\_OXIDATIVE.9.ASPX](https://journals.lww.com/jtrauma/fulltext/2022/06000/MITOCHONDRIA_PLAY_A_KEY_ROLE_IN_OXIDATIVE.9.ASPX)

### Rib fixation in non-ventilator dependent chest wall injuries: A prospective randomized trial

Assessment of pain and Quality of Life (QoL) outcomes in patients with multiple painful displaced fractured ribs with and without operative fixation

124 patients randomized to rib fixation or non operative management. Analysis at 3 and 6 months using McGill pain questionnaire and SF12

No benefit of rib fixation demonstrated in pain or QoL at 3 or 6 months.

Marasco et al. *Journal of Trauma and Acute Care Surgery*. June 2022

The Journal of Trauma and Acute Care Surgery®

**RIB FIXATION IN NON-VENTILATOR DEPENDENT CHEST WALL INJURIES: A PROSPECTIVE RANDOMIZED TRIAL**

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2022/06000/RIB\\_FIXATION\\_IN\\_NON-VENTILATOR\\_DEPENDENT\\_CHEST.13.ASPX](https://journals.lww.com/jtrauma/fulltext/2022/06000/RIB_FIXATION_IN_NON-VENTILATOR_DEPENDENT_CHEST.13.ASPX)

### Intensive Physical Therapy After Emergency Laparotomy: A Pilot Randomised Controlled Trial

**Emergency laparotomy**  
- Millions of patients a year worldwide  
- Incidence of postoperative pneumonia is high  
- 1 in 3 patients can't walk without assistance a week after surgery  
No trials that have tested interventions to prevent pneumonia and improve physical recovery after emergency laparotomy

**ICEAGE – Incidence of Complications after Emergency Abdominal Surgery Get Exercising Internal Pilot Phase**  
Aim: Is it safe and feasible to conduct a clinical trial of intensive physical therapy (PT) after emergency laparotomy?

**USUAL CARE (n=25)**  
Education about PT  
15 mins daily ambulation  
1 x breathing exercise session with PT

**INTENSIVE PT (n=24)**  
Education about PT  
30 mins daily ambulation and rehabilitation  
≥ 4 x breathing exercise sessions with PT

**Results:** % of planned sessions  
Adverse event during or after PT 1.3%  
Main barriers to providing PT:  
- No PT on weekends 27%  
- Awaiting consent 13%  
- Patient fatigue 12%  
- Pain 5%  
4 x more PT delivered over first 5 postop days in Intensive PT group compared to Standard Care.  
Conclusion: Intensive PT is safe and feasible after emergency laparotomy. Large separation between groups achieved. ICEAGE was rolled into a multicentre effectiveness phase

Boden et al. *Journal of Trauma and Acute Care Surgery*. June 2022 [10.1097/TA.0000000000003542]

The Journal of Trauma and Acute Care Surgery®

**INTENSIVE PHYSICAL THERAPY AFTER EMERGENCY LAPAROTOMY: PILOT PHASE OF INCIDENCE OF COMPLICATIONS FOLLOWING EMERGENCY ABDOMINAL SURGERY GET EXERCISING RANDOMIZED CONTROLLED TRIAL**

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2022/06000/INTENSIVE\\_PHYSICAL\\_THERAPY\\_AFTER\\_EMERGENCY.10.ASPX](https://journals.lww.com/jtrauma/fulltext/2022/06000/INTENSIVE_PHYSICAL_THERAPY_AFTER_EMERGENCY.10.ASPX)

### Balancing Enrollment and Mortality in Hemorrhage Control Trials: A Secondary Analysis of the PROPPR Trial

Hemorrhage control trials require balance between high enrollment numbers and focusing on sickest patients

PROPPR trial data analyzed by time to entry

Future hemorrhage control trials should consider shorter enrollment windows

Increasing time to randomization associated with increased survival

Abraham et al. *Journal of Trauma and Acute Care Surgery*. July 2022

The Journal of Trauma and Acute Care Surgery®

**BALANCING ENROLLMENT AND MORTALITY IN HEMORRHAGE CONTROL TRIALS: A SECONDARY ANALYSIS OF THE PROPPR TRIAL**

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2022/06000/BALANCING\\_ENROLLMENT\\_AND\\_MORTALITY\\_IN\\_HEMORRHAGE.14.ASPX](https://journals.lww.com/jtrauma/fulltext/2022/06000/BALANCING_ENROLLMENT_AND_MORTALITY_IN_HEMORRHAGE.14.ASPX)

### Resource Utilization and Secondary Overtriage for Patients with Traumatic Renal Injuries in a Regional Trauma System

Evaluating prevalence and predictors of secondary overtriage in renal trauma

612 Trauma transfers  
I-V  
Impact of renal injury grade and referring center

Concomitant solid abdominal organ injury

3.9x Increased odds of secondary overtriage from ACS Level IV/V Trauma Centers

39.0x Increased odds of secondary overtriage if isolated renal injury

11.6% Overtriage rate in trauma system

0.26x Reduced odds of secondary overtriage if high-grade renal injury

Majority of secondary overtriage due to potentially avoidable transfers from Level IV/V centers and in patients with isolated renal injuries

Iyer et al. Resource Utilization and Secondary Overtriage for Patients with Traumatic Renal Injuries in a Regional Trauma System. *Journal of Trauma and Acute Care Surgery*. Nov 2021  
@JTraumaAcuteSurg

**RESOURCE UTILIZATION AND SECONDARY OVERTRIAGE FOR PATIENTS WITH TRAUMATIC RENAL INJURIES IN A REGIONAL TRAUMA SYSTEM**

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2022/06000/RESOURCE\\_UTILIZATION\\_AND\\_SECONDARY\\_OVERTRIAGE\\_FOR.15.ASPX](https://journals.lww.com/jtrauma/fulltext/2022/06000/resource_utilization_and_secondary_overtriage_for.15.aspx)

### Are Burns a Chronic Condition? Examining Patient Reported Outcome Up to 20 Years After Burn Injury

Timepoints: discharge, 5, 10, 15, 20 years.

Outcome measures examined: SF/VR-12 Mental (MCS) and Physical Component Summaries (PCS), Satisfaction with Life Scale (SWLS), and Community Integration Questionnaire (CIQ).

Discharge 5 Years 10 Years 15 Years 20 Years

Mental and physical functioning never recovered to their pre-injury levels.

Lower PCS scores were associated with longer hospital stay, older age, and greater time since injury.

Lower MCS scores were associated with longer hospital stay, female sex, and greater time since injury.

SWLS decreased negatively over time.

Lower CIQ scores were associated with burn size and Hispanic/Latino ethnicity.

Abouzeid, Cailin A. BA et al. *Journal of Trauma and Acute Care Surgery*. July 2022  
@JTraumaAcuteSurg

**ARE BURNS A CHRONIC CONDITION? EXAMINING PATIENT REPORTED OUTCOMES UP TO 20 YEARS AFTER BURN INJURY – A BURN MODEL SYSTEM NATIONAL DATABASE INVESTIGATION**

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2022/06000/ARE\\_BURNS\\_A\\_CHRONIC\\_CONDITION\\_EXAMINING\\_PATIENT.16.ASPX](https://journals.lww.com/jtrauma/fulltext/2022/06000/are_burns_a_chronic_condition_examining_patient.16.aspx)

### Damage-control surgery in patients with nontraumatic abdominal emergencies: A systematic review and meta-analysis

Successful implementation of Damage Control Surgery (DCS) in trauma

DCS increasingly used in nontrauma emergency abdominal surgery

Effect of DCS on mortality in patients with nontraumatic abdominal emergencies?

Meta-analysis 1: mortality not significantly different between nontrauma DCS and conventional surgery group (risk difference 0.09, 95% CI -0.06 to 0.24)

Meta-analysis 2: significantly lower observed than expected mortality in nontrauma DCS group (risk difference -0.18, 95% CI -0.29 to -0.06)

Effect of DCS on mortality in patients with nontraumatic abdominal emergencies remains unclear

Significantly lower than expected mortality in non-trauma DCS group suggests benefit of DCS approach in non-trauma setting

Haltmeier et al. *Journal of Trauma and Acute Care Surgery*.  
@JTraumaAcuteSurg

**DAMAGE CONTROL SURGERY IN PATIENTS WITH NON-TRAUMATIC ABDOMINAL EMERGENCIES: A SYSTEMATIC REVIEW AND META-ANALYSIS**

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2022/06000/DAMAGE\\_CONTROL\\_SURGERY\\_IN\\_PATIENTS\\_WITH.17.ASPX](https://journals.lww.com/jtrauma/fulltext/2022/06000/damage_control_surgery_in_patients_with.17.aspx)

### Correlation of pre-hospital point-of-care INR to laboratory-based INR in acute traumatic coagulopathy

Acute traumatic coagulopathy (ATC) is associated with increased mortality and hospital transfusion requirements.

Pre-hospital detection of ATC may expedite care.

Blood was sampled from trauma patients during pre-hospital care.

Point of Care (POC) INR was measured in the field and a sample taken to hospital for Lab INR.

Pre-hospital POCINR correlates well with Lab INR in trauma

POCINR  $\leq 1.1$  has sensitivity > 90% for Lab INR  $\geq 1.3$

POCINR  $\geq 1.3$ : Specificity > 90% for Lab INR  $\geq 1.3$

Bodnar et al. *Journal of Trauma and Acute Care Surgery*. July 2022  
@JTraumaAcuteSurg

**CORRELATION OF PRE-HOSPITAL POINT-OF-CARE INR TO LABORATORY-BASED INR IN ACUTE TRAUMATIC COAGULOPATHY**

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2022/06000/CORRELATION\\_OF\\_PREHOSPITAL\\_POINT\\_OF\\_CARE.20.ASPX](https://journals.lww.com/jtrauma/fulltext/2022/06000/correlation_of_prehospital_point_of_care.20.aspx)

NO VISUAL ABSTRACT PROVIDED  
**THE KAMPALA TRAUMA SCORE: A 20 YEAR TRACK RECORD LETTER REGARDING “CLINICAL UTILIZATION OF DEPLOYED MILITARY SURGEONS”**

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2022/06000/THE\\_KAMPALA\\_TRAUMA\\_SCORE\\_A\\_20\\_YEAR\\_TRACK\\_RECORD.21.ASPX](https://journals.lww.com/jtrauma/fulltext/2022/06000/the_kampala_trauma_score_a_20_year_track_record.21.aspx)

NO VISUAL ABSTRACT PROVIDED  
**LETTER IN REPLY REGARDING “CLINICAL UTILIZATION OF DEPLOYED MILITARY SURGEONS”**

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2022/06000/LETTER\\_REGARDING\\_CLINICAL\\_UTILIZATION\\_OF\\_DEPLOYED.22.ASPX](https://journals.lww.com/jtrauma/fulltext/2022/06000/letter_regarding_clinical_utilization_of_deployed.22.aspx)

NO VISUAL ABSTRACT PROVIDED  
**LETTER TO THE EDITOR: CONSERVATIVE MANAGEMENT OF OCCULT PNEUMOTHORAX IN MECHANICALLY VENTILATED PATIENTS: A SYSTEMATIC REVIEW AND META-ANALYSIS.**

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2022/06000/LETTER\\_TO\\_THE\\_EDITOR\\_CONSERVATIVE\\_MANAGEMENT\\_OF.24.ASPX](https://journals.lww.com/jtrauma/fulltext/2022/06000/letter_to_the_editor_conservative_management_of.24.aspx)

NO VISUAL ABSTRACT PROVIDED  
**REPLY TO LETTER TO THE EDITOR: CONSERVATIVE MANAGEMENT OF OCCULT PNEUMOTHORAX IN MECHANICALLY VENTILATED PATIENTS: A SYSTEMATIC REVIEW AND META-ANALYSIS**

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2022/06000/REPLY\\_TO\\_LETTER\\_TO\\_THE\\_EDITOR\\_CONSERVATIVE.25.ASPX](https://journals.lww.com/jtrauma/fulltext/2022/06000/reply_to_letter_to_the_editor_conservative.25.aspx)

NO VISUAL ABSTRACT PROVIDED  
**ACCURACY OF RISK TOOLS TO PREDICT CRITICAL BLEEDING IN MAJOR TRAUMA: A SYSTEMATIC REVIEW WITH META-ANALYSIS**

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2022/06000/ACCURACY\\_OF\\_RISK\\_TOOLS\\_TO\\_PREDICT\\_CRITICAL.18.ASPX](https://journals.lww.com/jtrauma/fulltext/2022/06000/accuracy_of_risk_tools_to_predict_critical.18.aspx)