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'BEST OF' JUNE ARTICLES

BEST OF BASIC SCIENCES ARTICLE

High Dimensional Proteomics Identifies Organ Injury Patterns Associated with Outcomes in Human Trauma

Patient Population	Results	Conclusions
Traumatically injured patients 0h, 24h, 72h plasma samples	Tissue injury biomarker level Normal level 0h → 72h Non-resolving patients Resolving patients	Cardiac stress is an underappreciated feature in patients who remain critically ill after injury.
Proteomic tissue-specific injury biomarkers and untargeted metabolomics	Cardiac injury biomarkers Associated Inflammation Endotheliopathy Normal level Level in Non-resolvers 0h → 72h Acyl-cholines Acyl-carnitines	Changes in circulating lipids, inflammation, and endotheliopathy may contribute to ongoing cardiac stress.

U S et al. *Journal of Trauma and Acute Care Surgery*.
DOI: 10.1097/TA.0000000000003880
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HIGH DIMENSIONAL PROTEOMICS IDENTIFIES ORGAN INJURY PATTERNS ASSOCIATED WITH OUTCOMES IN HUMAN TRAUMA

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2023/06000/HIGH_DIMENSIONAL_PROTEOMICS_IDENTIFIES_ORGAN.9.ASPX?CONTEXT=FEATUREDARTICLES&COLLECTIONID=5](https://journals.lww.com/jtrauma/fulltext/2023/06000/high_dimensional_proteomics_identifies_organ.9.aspx?context=featuredarticles&collectionid=5)

BEST OF TRAUMA ARTICLE

Establishing a Core Outcomes Set for Massive Transfusion: an EAST Modified Delphi Method Consensus Study

BACKGROUND	METHODS	RESULTS
Median time to hemorrhagic death 3h Massive transfusion (MT) studies have heterogeneous endpoints and don't include early mortality	Modified Delphi with invited multi-disciplinary international content experts 3 Delphi Rounds via email Ranking of outcomes for each round a priori consensus definition: >85% Likert score 7-9 and <15% 1-3	CORE OUTCOMES 6-hour mortality Time to mortality 24-hour mortality Blood products received in first 6h NON-CORE BUT IMPORTANT OUTCOMES Early mortality (defined as mortality within 3-6 hours) Morbidity (defined as ARDS, sepsis)
Need for COS to standardize data collection and facilitate pooled research		Represent minimum set of outcomes that should be reports in future MT studies

Galbardi RB et al. *Journal of Trauma and Acute Care Surgery*.
DOI: 10.1097/TA.0000000000003864
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ESTABLISHING A CORE OUTCOMES SET FOR MASSIVE TRANSFUSION: AN EAST MODIFIED DELPHI METHOD CONSENSUS STUDY

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2023/06000/ESTABLISHING_A_CORE_OUTCOMES_SET_FOR_MASSIVE.6.ASPX?CONTEXT=FEATUREDARTICLES&COLLECTIONID=5](https://journals.lww.com/jtrauma/fulltext/2023/06000/establishing_a_core_outcomes_set_for_massive.6.aspx?context=featuredarticles&collectionid=5)

BEST OF SCC ARTICLE

The Final Decision Among the Injured Elderly, to Stop or to Continue? Predictors of Withdrawal of Life Supporting Treatment

ACS-TQIP 2017-2019	Independent Predictors of Withdrawal of Life Supporting Treatment
Severely Injured Elderly Trauma Patients N=155,583 WLST 11% No-WLST 91%	Age (Mean Age 77 ± 7 years) Frail (19%) WLSL at Level I Trauma Centers (13%) Increasing Age (1.35%) Male Gender (1.14%) White Race (1.44%) ADLC (2.55%) Traumatic Brain Injury (1.80%) Frailty (1.42%) Ventilator Requirement (12.7%) Government Insurance (1.97%) Higher Level ACS Trauma Centers (Level I 1.49%) (Level II 1.43%)

Bhogadi SK et al. *Journal of Trauma and Acute Care Surgery*.
DOI: 10.1097/TA.0000000000003924
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THE FINAL DECISION AMONG THE INJURED ELDERLY, TO STOP OR TO CONTINUE? PREDICTORS OF WITHDRAWAL OF LIFE SUPPORTING TREATMENT

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2023/06000/THE_FINAL_DECISION_AMONG_THE_INJURED_ELDERLY_TO_5.ASPX?CONTEXT=FEATUREDARTICLES&COLLECTIONID=5](https://journals.lww.com/jtrauma/fulltext/2023/06000/the_final_decision_among_the_injured_elderly_to_5.aspx?context=featuredarticles&collectionid=5)

BEST OF EGS ARTICLE

Prospective multicenter external validation of postoperative mortality prediction tools in patients undergoing emergency laparotomy

Emergency Laparotomy patients in 11 centers (n=631)	30-day mortality → 16.3%	Comparison of multiple performance metrics:
30-day follow up Prospective recording of risk factors and outcomes	Data entry in 4 risk prediction tools (ACS-NSQIP, NEA, POSSUM and POTTER)	<ul style="list-style-type: none"> Scaled Brier score Discrimination Calibration Decision Curve Analysis Heterogeneity across hospitals
		Superiority of the ACS-NSQIP and the surgeon-adjusted ACS-NSQIP for prediction of 30-day mortality

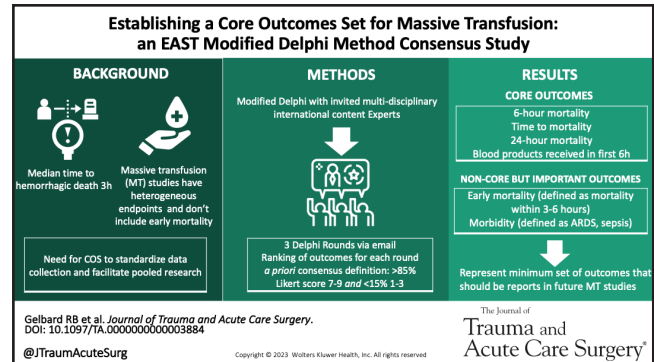
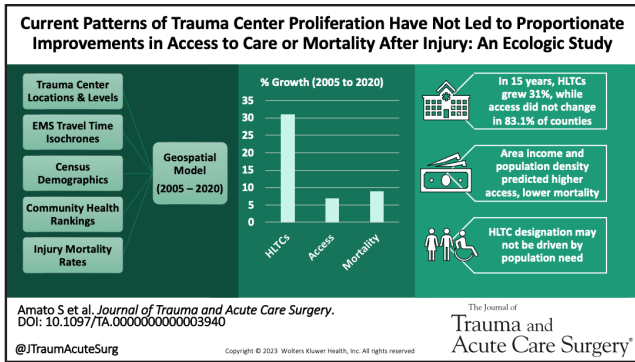
Kokkinakis S et al. *Journal of Trauma and Acute Care Surgery*.
DOI: 10.1097/TA.0000000000003904
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PROSPECTIVE MULTICENTER EXTERNAL VALIDATION OF POSTOPERATIVE MORTALITY PREDICTION TOOLS IN PATIENTS UNDERGOING EMERGENCY LAPAROTOMY

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2023/06000/PROSPECTIVE_MULTICENTER_EXTERNAL_VALIDATION_OF.14.ASPX?CONTEXT=FEATUREDARTICLES&COLLECTIONID=5](https://journals.lww.com/jtrauma/fulltext/2023/06000/prospective_multicenter_external_validation_of.14.aspx?context=featuredarticles&collectionid=5)

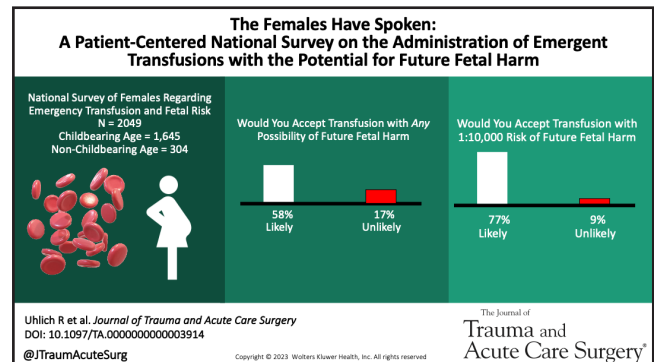
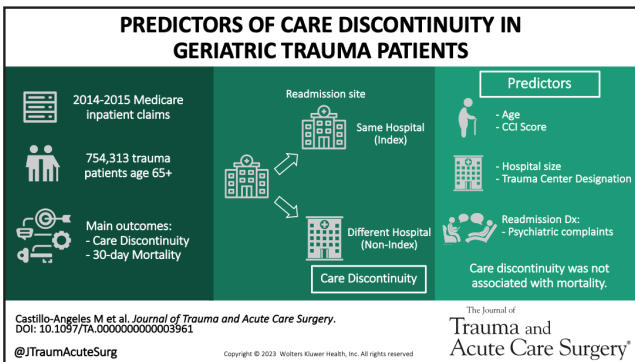


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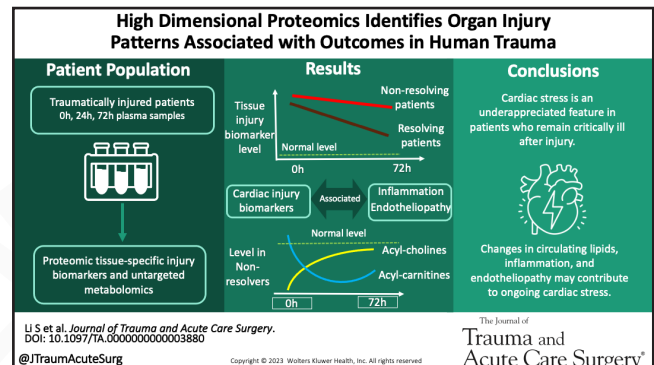
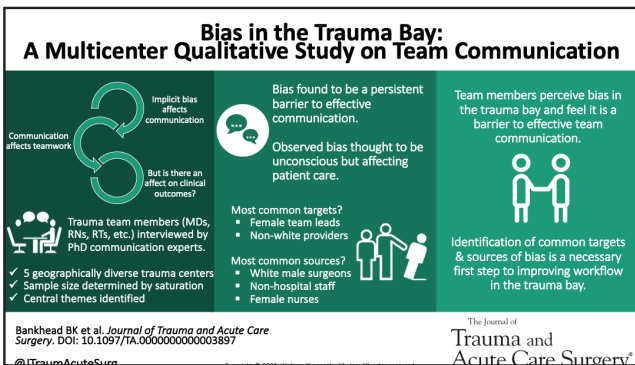
CURRENT PATTERNS OF TRAUMA CENTER PROLIFERATION HAVE NOT LED TO PROPORTIONATE IMPROVEMENTS IN ACCESS TO CARE OR MORTALITY AFTER INJURY: AN ECOLOGIC STUDY
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2023/06000/CURRENT_PATTERNS_OF_TRAUMA_CENTER_PROLIFERATION.2.ASPX](https://journals.lww.com/jtrauma/fulltext/2023/06000/current_patterns_of_trauma_center_proliferation.2.aspx)

ESTABLISHING A CORE OUTCOMES SET FOR MASSIVE TRANSFUSION: AN EAST MODIFIED DELPHI METHOD CONSENSUS STUDY
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2023/06000/ESTABLISHING_A_CORE_OUTCOMES_SET_FOR_MASSIVE.6.ASPX](https://journals.lww.com/jtrauma/fulltext/2023/06000/establishing_a_core_outcomes_set_for_massive.6.aspx)



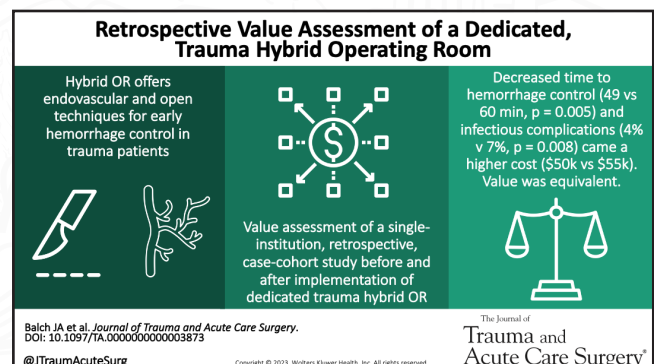
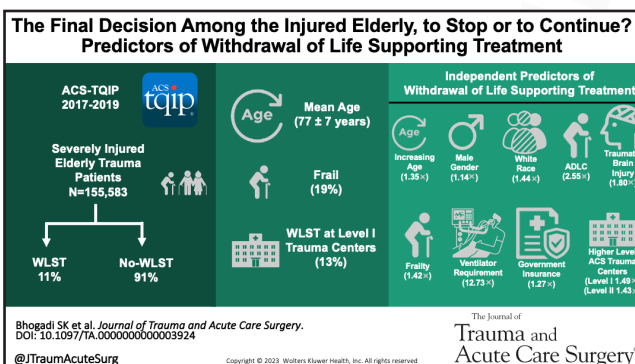
PREDICTORS OF CARE DISCONTINUITY IN GERIATRIC TRAUMA PATIENTS
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2023/06000/PREDICTORS_OF_CARE_DISCONTINUITY_IN_GERIATRIC.3.ASPX](https://journals.lww.com/jtrauma/fulltext/2023/06000/predictors_of_care_discontinuity_in_geriatric.3.aspx)

THE FEMALES HAVE SPOKEN. A PATIENT-CENTERED NATIONAL SURVEY ON THE ADMINISTRATION OF EMERGENT TRANSFUSIONS WITH THE POTENTIAL FOR FUTURE FETAL HARM.
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2023/06000/THE_FEMALES_HAVE_SPOKEN_A_PATIENT_CENTERED.7.ASPX](https://journals.lww.com/jtrauma/fulltext/2023/06000/the_females_have_spoken_a_patient_centered.7.aspx)



BIAS IN THE TRAUMA BAY: A MULTICENTER QUALITATIVE STUDY ON TEAM COMMUNICATION
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2023/06000/BIAS_IN_THE_TRAUMA_BAY_A_MULTICENTER_QUALITATIVE.4.ASPX](https://journals.lww.com/jtrauma/fulltext/2023/06000/bias_in_the_trauma_bay_a_multicenter_qualitative.4.aspx)

HIGH DIMENSIONAL PROTEOMICS IDENTIFIES ORGAN INJURY PATTERNS ASSOCIATED WITH OUTCOMES IN HUMAN TRAUMA
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THE FINAL DECISION AMONG THE INJURED ELDERLY, TO STOP OR TO CONTINUE? PREDICTORS OF WITHDRAWAL OF LIFE SUPPORTING TREATMENT
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RETROSPECTIVE VALUE ASSESSMENT OF A DEDICATED, TRAUMA HYBRID OPERATING ROOM
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2023/06000/RETROSPECTIVE_VAL_ASSSESSMENT_OF_A_DEDICATED.10.ASPX](https://journals.lww.com/jtrauma/fulltext/2023/06000/retrospective_value_assessment_of_a_dedicated.10.aspx)

Is Severe Traumatic Brain Injury no Longer a Contraindication to Rib Fixation? A Propensity Matched Analysis

TQIP 2016-2019
36,088 total patients
879 rib fixations

Rib fixation vs. Non-operative management

Propensity score matching

All-severity TBI: 650 pairs
Severe TBI (GCS ≤8): 194 pairs
Mild-moderate (GCS >8): 456 pairs

Lower mortality
All-severity TBI (5.4% vs 14.5%, p<.001)
Severe TBI (6.2% vs 18%, p<.001)
Mild-moderate TBI (5% vs 9.9%, p=.006)

Longer Hospital LOS (days)
All-severity TBI (15 vs 9, p<.001)
Severe TBI (20 vs 14, p=.001)
Mild-moderate TBI (13 vs 9, p<.001)

Longer ICU LOS (days)
All-severity TBI (12 vs 8, p<.001)
Severe TBI (16 vs 13, p=.004)
Mild-moderate TBI (10 vs 7, p<.001)

Multiple rib fractures ± flail chest
TBI (AIS ≥ 3)

Legazzi E et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000003954
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A Systematic Review and Meta-Analysis of Sample Size Methodology for Traumatic Hemorrhage Trials

Interventions for Traumatic Hemorrhage

Expected ≠ Observed

13 RCTs from 1991 to 2018
n = 24 885

Evaluating expected vs observed mortality and treatment effect sizes

Recommendations

To ensure the conduct of trials that are most likely to deliver practice-changing results, sample size calculation should:

- incorporate prognostic enrichment to inform baseline risk
- justify target treatment differences based on MID be transparent and provide justification for the assumptions made
- incorporate prognostic enrichment to inform baseline risk

11 of 13 RCTs negative results
No accurate prediction of mortality
Rare use of MID / Prognostic Enrichment

Ghossein J et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000003944
@jamieghossein @JTraumaAcuteSurg

IS SEVERE TRAUMATIC BRAIN INJURY NO LONGER A CONTRA-INDICATION FOR SURGICAL STABILIZATION OF RIB FRACTURES IN PATIENTS WITH MULTIPLE RIB FRACTURES? A PROPENSITY-MATCHED ANALYSIS
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2023/06000/IS_SEVERE_TRAUMATIC_BRAIN_INJURY_NO_LONGER_A.T1.ASPX](https://journals.lww.com/jtrauma/fulltext/2023/06000/is_severe_traumatic_brain_injury_no_longer_a_t1.aspx)

A SYSTEMATIC REVIEW AND META-ANALYSIS OF SAMPLE SIZE METHODOLOGY FOR TRAUMATIC HEMORRHAGE TRIALS
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2023/06000/A_SYSTEMATIC_REVIEW_AND_META_ANALYSIS_OF_SAMPLE_SIZE_METHODODOLOGY_FOR_TRAUMATIC_HEMORRHAGE_TRIALS](https://journals.lww.com/jtrauma/fulltext/2023/06000/a_systematic_review_and_meta_analysis_of_sample_size_methodology_for_traumatic_hemorrhage_trials.aspx)

Development and Validation of a Bayesian Network Predicting the Neurosurgical Intervention after Injury in Children and Adolescents

Traumatic Brain Injury

Cause of death and morbidity
Timely intervention needed
Current Triage Score
Limited clinical applicability

Data-driven (ICD-10 code extraction)
TQIP Database
Bayesian network model development & validation

Excellent Calibration & Discrimination

Slope: 0.77
Intercept: 0.05
AUC: 0.90
MCC: 0.37

Potential Applications

Improved communication
Expedite definitive management

Sullivan TM et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000003935
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Associations level of trauma care and outcomes of patients with specific severe injuries

Systematic review and meta-analysis

Designated levels of trauma care are associated with improved survival for severely injured patients admitted to higher levels of trauma care.

Results have been reproduced when combining populations with specific severe injuries.

Van Ditschulzen JC et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000003930
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DEVELOPMENT AND VALIDATION OF A BAYESIAN NETWORK PREDICTING NEUROSURGICAL INTERVENTION AFTER INJURY IN CHILDREN AND ADOLESCENTS
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2023/06000/DEVELOPMENT_AND_VALIDATION_OF_A_BAYESIAN_NETWORK.PREDICTING_NEUROSURGICAL_INTERVENTION_AFTER_INJURY_IN_CHILDREN_AND_ADOLESCENTS](https://journals.lww.com/jtrauma/fulltext/2023/06000/development_and_validation_of_a_bayesian_network_predicting_neurosurgical_intervention_after_injury_in_children_and_adolescents.aspx)

EVALUATING ASSOCIATIONS BETWEEN LEVEL OF TRAUMA CARE AND OUTCOMES OF PATIENTS WITH SPECIFIC SEVERE INJURIES: A SYSTEMATIC REVIEW AND META-ANALYSIS
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2023/06000/EVALUATING_ASSOCIATIONS_BETWEEN_LEVEL_OF_TRAUMA_CARE_AND_OUTCOMES_OF_PATIENTS_WITH_SPECIFIC_SEVERE_INJURIES:A_SYSTEMATIC_REVIEW_AND_META-ANALYSIS](https://journals.lww.com/jtrauma/fulltext/2023/06000/evaluating_associations_between_level_of_trauma_care_and_outcomes_of_patients_with_specific_severe_injuries_a_systematic_review_and_meta-analysis.aspx)

BEST OF EMERGENCY GENERAL SURGERY ARTICLE

Prospective multicenter external validation of postoperative mortality prediction tools in patients undergoing emergency laparotomy

Emergency Laparotomy patients in 11 centers (n=631)

30-day mortality → 16.3%

30-day follow up

Data entry in 4 risk prediction tools (ACS-NSQIP, NELA, POSSUM and POTTER)

Prospective recording of risk factors and outcomes

Comparison of multiple performance metrics:
Scaled Brier score
Discrimination
Calibration
Decision Curve Analysis
Heterogeneity across hospitals

Superiority of the ACS-NSQIP and the surgeon-adjusted ACS-NSQIP for prediction of 30-day mortality

Kokkinakis S et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000003904
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LETTERS TO THE EDITOR
ARTIFICIAL INTELLIGENCE MAY ENHANCE EMERGENCY TRIAGE AND MANAGEMENT
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2023/06000/ARTIFICIAL_INTELLIGENCE_MAY_ENHANCE_EMERGENCY_TRIAGE_AND_MANAGEMENT](https://journals.lww.com/jtrauma/fulltext/2023/06000/artificial_intelligence_may_enhance_emergency_triage_and_management.aspx)

LETTERS TO THE EDITOR
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[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2023/06000/THE_INTRANASAL_ROUTE_FOR_KETAMINE_ADMINISTRATION_MAY_BE_A_SIMPLE_WAY_TO_IMPROVE_BATTLEFIELD_ANALGESIA](https://journals.lww.com/jtrauma/fulltext/2023/06000/the_intranasal_route_for_ketamine_administration_may_be_a_simple_way_to_improve_battlefield_analgesia.aspx)

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[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2023/06000/INTRAVENOUS_LIDOCAINE_FOR_THE_MANAGEMENT_OF_TRAUMATIC_RIB_FRACTURES:A_DOUBLE_BLIND_RANDOMIZED_CONTROLLED_TRIAL](https://journals.lww.com/jtrauma/fulltext/2023/06000/intravenous_lidocaine_for_the_management_of_traumatic_rib_fractures_a_double_blind_randomized_controlled_trial_initiate_program_of_research_letter_to_the_editor.aspx)

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[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2023/06000/LETTER_TO_THE_EDITOR_A_REPLY_INTRAVENOUS_LIDOCAINE_FOR_THE_MANAGEMENT_OF_TRAUMATIC_RIB_FRACTURES:A_DOUBLE-BLIND_RANDOMIZED_CONTROLLED_TRIAL](https://journals.lww.com/jtrauma/fulltext/2023/06000/letter_to_the_editor_a_reply_intravenous_lidocaine_for_the_management_of_traumatic_rib_fractures_a_double-blind_randomized_controlled_trial.aspx)

IN MEMORIAM: THOMAS HULL COGBILL, MD, FACS, DECEMBER 17, 1952 TO DECEMBER 31, 2022
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2023/06000/THOMAS_HULL_COGBILL_MD_FACS_DECEMBER_17_1952_TO_DECEMBER_31_2022](https://journals.lww.com/jtrauma/fulltext/2023/06000/thomas_hull_cogbill_md_facs_december_17_1952_to_december_31_2022.aspx)

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[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2023/06000/A_PROPOSED_CLINICAL_COAGULATION_SCORE_FOR_RESEARCH_IN_TRAUMA-INDUCED_COAGULOPATHY](https://journals.lww.com/jtrauma/fulltext/2023/06000/a_proposed_clinical_coagulation_score_for_research_in_trauma-induced_coagulopathy.aspx)

COST-EFFECTIVENESS OF A PURPOSE-BUILT WARD ENVIRONMENT AND NEW ALLIED HEALTH MODEL OF CARE FOR MAJOR TRAUMA
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2023/06000/COST_EFFECTIVENESS_OF_A_PURPOSE_BUILT_WARD_ENVIRONMENT_AND_NEW_ALLIED_HEALTH_MODEL_OF_CARE_FOR_MAJOR_TRAUMA](https://journals.lww.com/jtrauma/fulltext/2023/06000/cost-effectiveness_of_a_purpose-built_ward_environment_and_new_allied_health_model_of_care_for_major_trauma.aspx)

ELUCIDATING THE MOLECULAR MECHANISMS OF FIBRINOLYTIC SHUTDOWN AFTER SEVERE INJURY: THE ROLE OF THROMBIN ACTIVATABLE FIBRINOLYSIS INHIBITOR
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2023/06000/ELUCIDATING_THE_MOLECULAR_MECHANISMS_OF_FIBRINOLYTIC_SHUTDOWN_AFTER_SEVERE_INJURY:THE_ROLE_OF_THROMBIN_ACTIVATABLE_FIBRINOLYSIS_INHIBITOR](https://journals.lww.com/jtrauma/fulltext/2023/06000/elucidating_the_molecular_mechanisms_of_fibrinolytic_shutdown_after_severe_injury_the_role_of_thrombin_activatable_fibrinolysis_inhibitor.aspx)

BREAKING BARRIERS & ADVANCING DIVERSITY, EQUITY, AND INCLUSION IN TRAUMA AND ACUTE CARE SURGERY: A CURRENT PERSPECTIVE
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2023/06000/BREAKING_BARRIERS_AND_ADVANCING_DIVERSITY,EQUITY,AND_INCLUSION_IN_TRAUMA_AND_ACUTE_CARE_SURGERY:A_CURRENT_PERSPECTIVE](https://journals.lww.com/jtrauma/fulltext/2023/06000/breaking_barriers_and_advancing_diversity_equity_and_inclusion_in_trauma_and_acute_care_surgery_a_current_perspective.aspx)

PROSPECTIVE MULTICENTER EXTERNAL VALIDATION OF POSTOPERATIVE MORTALITY PREDICTION TOOLS IN PATIENTS UNDERGOING EMERGENCY LAPAROTOMY
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2023/06000/PROSPECTIVE_MULTICENTER_EXTERNAL_VALIDATION_OF_POSTOPERATIVE_MORTALITY_PREDICTION_TOOLS_IN_PATIENTS_UNDERGOING_EMERGENCY_LAPAROTOMY](https://journals.lww.com/jtrauma/fulltext/2023/06000/prospective_multicenter_external_validation_of_postoperative_mortality_prediction_tools_in_patients_undergoing_emergency_laparotomy.aspx)

Disparities in Advance Care Planning Rates Persist Among Emergency General Surgery Patients

Unanticipated changes in health → major health-related decisions

Advance Care Planning (ACP) can promote patient-centered care, reduce depression and anxiety, yet remains infrequent.

681 surgical patients:
20% had ACP
Average of 5 years between existing ACP and surgery
Zero patients had ACP by surgical team preop

Need to develop a targeted approach to ACP for EGS:
1. Review existing ACP
2. Patients 65+
3. Serious illness
4. High risk procedures

Johnson CL et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000003905
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DISPARITIES IN ADVANCE CARE PLANNING RATES PERSIST AMONG EMERGENCY GENERAL SURGERY PATIENTS: CURRENT STATE AND RECOMMENDATIONS FOR IMPROVEMENT
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2023/06000/DISPARITIES_IN_ADVANCE_CARE_PLANNING_RATES_PERSIST_AMONG_EMERGENCY_GENERAL_SURGERY_PATIENTS:CURRENT_STATE_AND_RECOMMENDATIONS_FOR_IMPROVEMENT](https://journals.lww.com/jtrauma/fulltext/2023/06000/disparities_in_advance_care_planning_rates_persist_among_emergency_general_surgery_patients_current_state_and_recommendations_for_improvement.aspx)