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## 'BEST OF' JUNE ARTICLES

BEST OF TRAUMA ARTICLE

Does Center-Level Variability in Practice of Surgical Stabilization of Rib Fractures (SSRF) Impact Outcomes? An ACS-TQIP Analysis.		
<p>N = 23,619 Patients with a flail chest</p>  <p>N = 354 trauma centers</p> 	<p>Centers grouped into quintiles by propensity to perform SSRF</p>	<p>Centers most likely to perform SSRF, when compared to least liberal centers, had:</p> <ul style="list-style-type: none"> <li>No mortality difference (OR 0.86, 95% CI 0.63-1.17)</li> <li>Higher resource utilization (length of stay, mechanical ventilation)</li> <li>Lower likelihood of independent discharge (OR 0.70, 95% CI 0.57-0.87)</li> </ul>
<p>Hylands, M et al. <i>Journal of Trauma and Acute Care Surgery</i>. DOI: 10.1097/TA.0000000000004254 @JTraumaAcuteSurg</p>		

### SURGICAL STABILIZATION OF RIB FRACTURES FOR FLAIL CHEST: ANALYSIS OF CENTER-BASED VARIABILITY IN PRACTICE AND OUTCOMES

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/06000/SURGICAL\\_STABILIZATION\\_OF\\_RIB\\_FRACTURES\\_FOR\\_FLAIL.6.ASPX?CONTEXT=FEATUREDARTICLES&COLLECTIONID=5](https://journals.lww.com/jtrauma/fulltext/2024/06000/surgical_stabilization_of_rib_fractures_for_flail.6.aspx?context=featuredarticles&collectionid=5)






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## BEST OF EGS ARTICLE

BEST OF BASIC SCIENCES ARTICLE

Prostaglandin E-major Urinary Metabolites as a New Biomarker for Acute Mesenteric Ischemia		
<p>What is the relationship between Prostaglandin E-Major Urinary Metabolites (PGE-MUM) and intestinal ischemia?</p>  <p>Rat Ischemia/Reperfusion Model</p>	 <p>Measure Urine PGE-MUM and Urinary Creatinine</p>	<p>Longer ischemic time correlates with increased PGE-MUM/U-Cr</p> 
<p>Morishita K et al. <i>Journal of Trauma and Acute Care Surgery</i>. DOI: 10.1097/TA.0000000000004267 @JTraumaAcuteSurg</p>		



### PROSTAGLANDIN E-MAJOR URINARY METABOLITES AS A NEW BIOMARKER FOR ACUTE MESENTERIC ISCHEMIA

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/06000/PROSTAGLANDIN\\_E\\_MAJOR\\_URINARY\\_METABOLITES\\_AS\\_A\\_NEW.9.ASPX?CONTEXT=FEATUREDARTICLES&COLLECTIONID=5](https://journals.lww.com/jtrauma/fulltext/2024/06000/prostaglandin_e_major_urinary_metabolites_as_a_new.9.aspx?context=featuredarticles&collectionid=5)



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A Core Outcome Set (COS) for Acute Necrotizing Pancreatitis: an EAST Modified Delphi Method Consensus Statement		
<p><b>Background</b></p>  <p>Management of acute necrotizing pancreatitis continues to evolve with a multi-disciplinary, minimally invasive, focus.</p> <p>A COS is needed to standardize data collection and facilitate pooled research.</p>	<p><b>Methods</b></p> <p>Modified Delphi with international experts</p>  <p>4 rounds a priori consensus &gt;=70% Likert score 7-9 and &lt;15% 1-3</p>	<p><b>Results</b></p> <p>16 Core Outcomes</p> <ul style="list-style-type: none"> <li>2 mortalities</li> <li>3 organ failures</li> <li>4 complications</li> <li>4 management/intervention</li> <li>3 social</li> </ul> <p>Minimum set of outcomes that should be reported in future studies.</p>
<p>Farrell M et al. <i>Journal of Trauma and Acute Care Surgery</i>. DOI: 10.1097/TA.0000000000004281 @JTraumaAcuteSurg</p>		

### A CORE OUTCOME SET FOR ACUTE NECROTIZING PANCREATITIS: AN EASTERN ASSOCIATION FOR THE SURGERY OF TRAUMA MODIFIED DELPHI METHOD CONSENSUS STUDY

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/06000/A\\_CORE\\_OUTCOME\\_SET\\_FOR\\_ACUTE\\_NECROTIZING.17.ASPX?CONTEXT=FEATUREDARTICLES&COLLECTIONID=5](https://journals.lww.com/jtrauma/fulltext/2024/06000/a_core_outcome_set_for_acute_necrotizing.17.aspx?context=featuredarticles&collectionid=5)



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## The Severe Acute Cholecystitis Score

• The Parkland Grading Scale (PGS) for cholecystitis outperforms other grading scales in predicting need for conversion, leaks, and OR time in high grade cholecystitis.

• The PGS cannot predict outcomes pre-operatively.

• The Severe Acute Cholecystitis Score (SACS) was derived to predict high-grade PGS pre-operatively.

Single center analysis of 575 patients found 7 variables predict high grade cholecystitis.

Variable	Odds Ratio	Points	95% CI	p-value
Age > 50 years	2.05	1	1.24-3.41	0.005
Male gender	2.97	2	1.90-4.62	<0.001
Presence of Comorbidity	1.68	1	1.05-2.70	0.030
Duration of pain ≥ 4 days	1.71	1	1.09-2.68	0.019
White Blood Cells > 14k	2.20	1	1.35-3.59	0.002
Temperature > 37.5°C	2.18	1	1.17-4.07	0.014
Gallbladder Wall ≥ 4mm	3.11	2	1.70-5.71	<0.001

SACS AUROC is 0.76 and outperformed:

- Tokyo = 0.70
- ESS = 0.60
- Preoperative AAST = 0.53 (p-value <0.001)

• SACS was validated using the AAST MIT data set for acute cholecystitis, n=464 (AUROC = 0.74).

• The SACS can be used to counsel patients and plan OR timing.

The Journal of  
**Trauma and Acute Care Surgery**

Kuhlschmidt K et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/JA.0000000000004308  
@JTraumaAcuteSurg

### A NOVEL PREOPERATIVE SCORE TO PREDICT SEVERE ACUTE CHOLECYSTITIS

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/06000/A\\_NOVEL\\_PREOPERATIVE\\_SCORE\\_TO\\_PREDICT\\_SEVERE\\_ACUTE.4.ASPX](https://journals.lww.com/jtrauma/fulltext/2024/06000/A_NOVEL_PREOPERATIVE_SCORE_TO_PREDICT_SEVERE_ACUTE.4.ASPX)

## Potential of Long-Wavelength Red Light: Mitigating Acute Post-Trauma Outcomes

**Hypothesis:** Enhanced exposure to long-wavelength red light prior to injury attenuates inflammation, and coagulopathy

**Trauma Injury Overview:** Includes Thorax trauma, Soft tissue and muscle injury, Direct organ trauma, Bone fracture, Hemorrhage + Hypocoagulopathy, and Coagulation Pathway Activation.

**Hemorrhagic Shock and Polytrauma Modeling:** Shows a cycle between Coagulation Pathway Activation, Interplay Between Pathways, and Inflammatory Pathway Activation.

**Red Light Benefits:**

- PT prolongation
- Fibrinogen degradation
- IL-6, MCP-1 levels
- Liver injury and kidney damage
- Histological changes in organ tissues

**Conclusion and Implications:**

- Red-light mitigates post-trauma inflammation and organ damage.
- Further research on causality and mechanisms needed.

Neal MD et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/JA.0000000000004234  
@JTraumaAcuteSurg

### LONG WAVELENGTH LIGHT EXPOSURE REDUCES SYSTEMIC INFLAMMATION COAGULOPATHY, AND ACUTE ORGAN INJURY FOLLOWING POLYTRAUMA IN MICE

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/06000/LONG\\_WAVELENGTH\\_LIGHT\\_EXPOSURE\\_REDUCES\\_SYSTEMIC.8.ASPX](https://journals.lww.com/jtrauma/fulltext/2024/06000/LONG_WAVELENGTH_LIGHT_EXPOSURE_REDUCES_SYSTEMIC.8.ASPX)

## Outcomes of Patients Enrolled in a Prospective and Randomized Trial on Basis of Gestalt Assessment or ABC Score

**How do we predict who needs a Massive Transfusion?**

**Methods:** Hemorrhagic Shock? OR Massive Transfusion

**Results:** Both an objective scoring system and physician gestalt should be used to enroll patients in clinical trials.

Hypothesis: There are no differences in mortality when enrolled by Physician Gestalt or ABC Score ≥ 2.

Baird E et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/JA.0000000000004276  
@JTraumaAcuteSurg

### OUTCOMES OF PATIENTS ENROLLED IN A PROSPECTIVE AND RANDOMIZED TRIAL ON BASIS OF GESTALT ASSESSMENT OR ABC SCORE

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/06000/OUTCOMES\\_OF\\_PATIENTS\\_ENROLLED\\_IN\\_A\\_PROSPECTIVE\\_AND.5.ASPX](https://journals.lww.com/jtrauma/fulltext/2024/06000/OUTCOMES_OF_PATIENTS_ENROLLED_IN_A_PROSPECTIVE_AND.5.ASPX)

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**What is the relationship between Prostaglandin E-Major Urinary Metabolites (PGE-MUM) and intestinal ischemia?**

**Longer ischemic time correlates with Increased PGE-MUM/U-Cr**

**Measure Urine PGE-MUM and Urinary Creatinine**

**Rat Ischemia/Reperfusion Model**

Morishita K et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/JA.0000000000004267  
@JTraumaAcuteSurg

### PROSTAGLANDIN E-MAJOR URINARY METABOLITES AS A NEW BIOMARKER FOR ACUTE MESENTERIC ISCHEMIA

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/06000/PROSTAGLANDIN\\_E\\_MAJOR\\_URINARY\\_METABOLITES\\_AS\\_A\\_NEW.9.ASPX](https://journals.lww.com/jtrauma/fulltext/2024/06000/PROSTAGLANDIN_E_MAJOR_URINARY_METABOLITES_AS_A_NEW.9.ASPX)

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Hylands M et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/JA.0000000000004254  
@JTraumaAcuteSurg

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[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/06000/SURGICAL\\_STABILIZATION\\_OF\\_RIB\\_FRACTURES\\_FOR\\_FLAIL.6.ASPX](https://journals.lww.com/jtrauma/fulltext/2024/06000/SURGICAL_STABILIZATION_OF_RIB_FRACTURES_FOR_FLAIL.6.ASPX)

## The Use and Timing of Angioembolization in Pediatric Blunt Liver and Spleen Injury

**Out of 1004 pediatric patients with BLSI**

- 30 underwent angiography
- No patient successfully embolized for splenic injury required splenectomy
- 1 (3.3%) patient underwent AE within 1 hour of arrival at the pediatric trauma center

**Angioembolization**

- is rarely utilized in pediatric BLSI
- results in 100% splenic preservation
- is utilized in a delayed fashion in the management of pediatric BLSI

Nalditch J et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/JA.0000000000004228  
@JTraumaAcuteSurg

### THE USE AND TIMING OF ANGIO-EMBOLIZATION IN PEDIATRIC BLUNT LIVER AND SPLEEN INJURY

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/06000/THE\\_USE\\_AND\\_TIMING\\_OF\\_ANGIOEMBOLIZATION\\_IN.10.ASPX](https://journals.lww.com/jtrauma/fulltext/2024/06000/THE_USE_AND_TIMING_OF_ANGIOEMBOLIZATION_IN.10.ASPX)

## The Invisible Scars: Unseen Financial Complications Worsen Every Aspect of Long-Term Health in Trauma Survivors

**How big is the problem?**

**44%** of patients admitted in three Boston-area trauma centers reported 1+ element of Financial Toxicity (FT)

**Who is at risk?**

- Younger population
- Lower education
- ≥ comorbidities
- Weaker social support networks
- Survivors of road traffic accidents
- Survivors of intentional injuries

**How big is the problem?**

- FT is associated with worse physical health, mental health, social health and lead to depression, anxiety, fatigue, pain, and worse sleep

**Call to Action**

- Early risk assessment
- Financial counseling
- Resource navigation
- Insurance policy change

Ilkhani S A et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/JA.0000000000004247  
@JTraumaAcuteSurg

### THE INVISIBLE SCARS: UNSEEN FINANCIAL COMPLICATIONS WORSEN EVERY ASPECT OF LONG-TERM HEALTH IN TRAUMA SURVIVORS

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/06000/THE\\_INVISIBLE\\_SCARS\\_UNSEEN\\_FINANCIAL.7.ASPX](https://journals.lww.com/jtrauma/fulltext/2024/06000/THE_INVISIBLE_SCARS_UNSEEN_FINANCIAL.7.ASPX)

## Consensus on REBOA in civilian (pre-hospital) trauma care: a Delphi study

**Method:** International three-round Delphi study with a REBOA expert panel.

**Results:** Consensus was reached on potential (contra-)indications, physiological thresholds for patient selection, the use of ultrasound, and practical & technical aspects for early femoral artery access and pre-hospital REBOA.

**Conclusion:** REBOA can be used in civilian pre-hospital settings for temporary control of non-compressible truncal hemorrhage. A randomized clinical trial is recommended by the panel.

**Pre-hospital REBOA (contra-) indications, thresholds, performers and practical aspects.**

Van de Voort JC et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/JA.0000000000004238  
@JTraumaAcuteSurg

### CONSENSUS ON RESUSCITATIVE ENDOVASCULAR BALLOON OCCLUSION OF THE AORTA (REBOA) IN CIVILIAN (PRE-HOSPITAL) TRAUMA CARE: A DELPHI STUDY

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/06000/CONSENSUS\\_ON\\_RESUSCITATIVE\\_ENDOVASCULAR\\_BALLOON.11.ASPX](https://journals.lww.com/jtrauma/fulltext/2024/06000/CONSENSUS_ON_RESUSCITATIVE_ENDOVASCULAR_BALLOON.11.ASPX)

### Surgical Timing of Major Fracture Fixation in Polytrauma

1471 polytrauma patients

Three treatment strategies:

- Early total care
- Safe Definitive Surgery
- Damage Control

Early total care

Safe definitive surgery

Damage Control

Halvachizadeh S et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/JA.0000000000004252

The Journal of Trauma and Acute Care Surgery

### DOES THE INJURY PATTERN DRIVE THE SURGICAL TREATMENT STRATEGY IN MULTIPLY INJURED PATIENTS WITH MAJOR FRACTURES?

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/06000/DOES\\_THE\\_INJURY\\_PATTERN\\_DRIVE\\_THE\\_SURGICAL.12.ASPX](https://journals.lww.com/jtrauma/fulltext/2024/06000/does_the_injury_pattern_drive_the_surgical.12.aspx)

### Early MRI in Severe TBI

Background

MRI is increasingly used in early evaluation of patients with diffuse traumatic brain injury

Methods

- Analysis of 2568 patients from 2019 NTDB with diffuse intracranial injury; COS S 8; and MRI within one week of injury
- Length of stay, ICP management, and disposition were compared between MRI and non-MRI groups using propensity score matching

Results

- MRI was less common in patients with clear reasons for poor exam (bilaterally unreactive pupils, midline shift)
- MRI group: longer ICU stays, more likely to go to inpatient rehab
- No difference between groups in ICP monitoring or withdrawal care
- Need to define optimal role of early MRI in these patients

Impact of early MRI on acute management and disposition has not been well studied

Valadka, AB et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/JA.0000000000004255

The Journal of Trauma and Acute Care Surgery

### USE OF MRI IN PATIENTS WITH SEVERE DIFFUSE TRAUMATIC BRAIN INJURY: A MATCHED NATIONAL TRAUMA DATA BANK ANALYSIS

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/06000/USE\\_OF\\_MRI\\_IN PATIENTS\\_WITH\\_SEVERE\\_DIFFUSE.13.ASPX](https://journals.lww.com/jtrauma/fulltext/2024/06000/use_of_mri_in_patients_with_severe_diffuse.13.aspx) REDUCING LOW-VALUE INTERHOSPITAL TRANSFERS FOR MILD TRAUMATIC BRAIN INJURY

### Next Generation Tourniquet: Recommendations for Future Capabilities and Design Requirements

Tourniquets are life saving

Design largely unchanged

Innovation is needed to address potential Large Scale Combat Operations

Delphi survey method utilized to develop broad tourniquet capability and design recommendations

Tourniquet Consensus

- ✓ Achieved consensus on 89 out of 135 items
- ✓ Compiled key findings that can be used as a guideline for future development of enhanced tourniquets
- ✓ Reaffirmed necessity of form and function of current tourniquets acknowledging needed improvements (e.g. easy to use, lighter weight, patient monitoring, semi-autonomous)

Panelists of varying tourniquet experience and expertise

- 3 Rounds to develop consensus
- Survey
- Virtual discussions

Consensus Analysis

- Tiered consensus of High, Moderate, and Minimum

Vessey S et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/JA.0000000000004237

The Journal of Trauma and Acute Care Surgery

### NEXT GENERATION TOURNIQUET: RECOMMENDATIONS FOR FUTURE CAPABILITIES AND DESIGN REQUIREMENTS

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/06000/NEXT\\_GENERATION\\_TOURNIQUET\\_RECOMMENDATIONS\\_FOR.15.ASPX](https://journals.lww.com/jtrauma/fulltext/2024/06000/next_generation_tourniquet_recommendations_for.15.aspx)

### Firearm Injuries Treated at Trauma Centers in the United States

48,830 people in the US died from firearm injuries in 2021.

The number of non-fatal firearm injuries and the characteristics of patients and injuries is not well known.

This limits our understanding of risk factors that may be associated with non-lethal firearm assaults, how they significantly differ between geographic areas, and what community level social determinants of violence might be modified by local interventions and policies.

128 TQIP centers collected data for one year on firearm injuries treated at their centers, including patients discharged from the ED

17,395 patients were included, with mean (SD) age of 30.2 (13.5) years, 82.5% were male

- 70.4% of injuries were due to assaults. Nearly one-third of patients were discharged from the ED, 25.9% were admitted directly to the operating room, 10.9% to the ICU; 5.9% died in the ED and 10.3% died.
- Nearly two-thirds of patients lived in the two highest distressed categories of communities; only 7.5% lived in the least distressed quintile.

Rivara FP et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/JA.0000000000004172

The Journal of Trauma and Acute Care Surgery

### FIREARM INJURIES TREATED AT TRAUMA CENTERS IN THE UNITED STATES

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/06000/FIREARM\\_INJURIES\\_TREATED\\_AT\\_TRAUMA\\_CENTERS\\_IN\\_THE.16.ASPX](https://journals.lww.com/jtrauma/fulltext/2024/06000/firearm_injuries_treated_at_trauma_centers_in_the.16.aspx)

### A Core Outcome Set (COS) for Acute Necrotizing Pancreatitis: an EAST Modified Delphi Method Consensus Statement

Background

Management of acute necrotizing pancreatitis continues to evolve with a multi-disciplinary, minimally invasive, focus.

A COS is needed to standardize data collection and facilitate pooled research.

Methods

Modified Delphi with international experts

4 rounds

a priori consensus = >70% Likert score 7-9 and <15% 1-3

Results

16 Core Outcomes

- 2 mortalities
- 3 organ failures
- 4 complications
- 4 management/intervention
- 3 social

Minimum set of outcomes that should be reported in future studies.

Farrell M et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/JA.0000000000004281

The Journal of Trauma and Acute Care Surgery

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[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/06000/A\\_CORE\\_OUTCOME\\_SET\\_FOR\\_ACUTE\\_NECROTIZING.17.ASPX](https://journals.lww.com/jtrauma/fulltext/2024/06000/a_core_outcome_set_for_acute_necrotizing.17.aspx)

### ROBOTIC Care Outcomes Project (ROBOCOP) for Acute Gallbladder Pathology

Lap chole = current standard

Robotic surgery with advanced tech now available

How does robotic surgery affect conversion to open and subtotal chole for acute cases from the ED?

Large database review of Custom Hospital Analytics database

Inverse Probability Treatment Weighting used to adjust covariates

n = 3158

n = 26785

Reduced conversion to open OR 0.68 (95% CI 0.48, 0.97)

More subtotal OR 2.12 (95% CI 1.29, 3.48)

Similar: SSI, Readmission, Complications, Mortality, LOC Cost

Mukherjee K et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/JA.0000000000004240

The Journal of Trauma and Acute Care Surgery

### ROBOTIC CARE OUTCOMES PROJECT (ROBOCOP) FOR ACUTE GALLBLADDER PATHOLOGY

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/06000/ROBOTIC\\_CARE\\_OUTCOMES\\_PROJECT\\_FOR\\_ACUTE.18.ASPX](https://journals.lww.com/jtrauma/fulltext/2024/06000/robotic_care_outcomes_project_for_acute.18.aspx)

### AAST/ACS-COT Clinical Protocol for Post-Discharge Venous Thromboembolism Prophylaxis after Trauma

Venous thromboembolism risk persists after discharge

Aims:

1. Recommend safe, effective post-discharge pharmacologic prophylaxis for at risk patients
2. Utilize pharmacologic agents that promote patient adherence

At risk patients:

- Pelvic fracture
- Operative lower extremity fracture
- Spinal cord injury
- Limited mobility

Flowchart: Trauma Inpatient (Trauma, Fracture, Extremity Fracture, or Limited Mobility) -> Did injury with lower extremity deficit? -> Yes -> Trauma Brain Injury? -> Yes -> Continue prophylaxis 2 weeks post-injury (Enoxaparin, Slong Bill) -> No -> Continue prophylaxis 2 weeks post-injury (Enoxaparin, Slong Bill) -> No -> Stop prophylaxis on hospital discharge (Acton Slong Bill)

Costantini TW et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/JA.0000000000004307

The Journal of Trauma and Acute Care Surgery

### AMERICAN ASSOCIATION FOR THE SURGERY OF TRAUMA/ AMERICAN COLLEGE OF SURGEONS COMMITTEE ON TRAUMA CLINICAL PROTOCOL FOR POST-DISCHARGE VENOUS THROMBOEMBOLISM PROPHYLAXIS AFTER TRAUMA

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/06000/AMERICAN\\_ASSOCIATION\\_FOR\\_THE\\_SURGERY\\_OF.19.ASPX](https://journals.lww.com/jtrauma/fulltext/2024/06000/american_association_for_the_surgery_of.19.aspx)

**IN MEMORY OF DR. DAVID FELICIANO**

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/06000/IN\\_MEMORY\\_OF\\_DR\\_DAVI  
DAVID\\_FELICIANO.1.ASPX](https://journals.lww.com/jtrauma/fulltext/2024/06000/in_memory_of_dr_david_feliciano.1.aspx)

WHAT YOU NEED TO KNOW

**NUTRITIONAL SUPPORT FOR THE TRAUMA AND EMERGENCY GENERAL SURGERY PATIENT: WHAT YOU NEED TO KNOW**

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/06000/NUTRITIONAL\\_SUPPORT\\_FOR\\_THE\\_TRAUMA\\_AND\\_EMERGENCY.2.ASPX](https://journals.lww.com/jtrauma/fulltext/2024/06000/nutritional_support_for_the_trauma_and_emergency.2.aspx)

WHAT YOU NEED TO KNOW

**CONTEMPORARY DIAGNOSIS AND MANAGEMENT OF MILD TBI (CONCUSSIONS): WHAT YOU NEED TO KNOW**

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/06000/CONTEMPORARY\\_DIAGNOSIS\\_AND\\_MANAGEMENT\\_OF\\_MILD\\_TBI.3.ASPX](https://journals.lww.com/jtrauma/fulltext/2024/06000/contemporary_diagnosis_and_management_of_mild_tbi.3.aspx)

**REDUCING LOW-VALUE INTERHOSPITAL TRANSFERS FOR MILD TRAUMATIC BRAIN INJURY**

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/06000/REDUCING\\_LOW\\_VALUE\\_INTERHOSPITAL\\_TRANSFERS\\_FOR.14.ASPX](https://journals.lww.com/jtrauma/fulltext/2024/06000/reducing_low_value_interhospital_transfers_for.14.aspx)

**NEXT-GENERATION TOURNIQUET: RECOMMENDATIONS FOR FUTURE CAPABILITIES AND DESIGN REQUIREMENTS**

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LETTER TO THE EDITOR

**LETTER RE: RESUSCITATIVE ENDOVASCULAR BALLOON OCCLUSION OF THE AORTA AND RESUSCITATIVE THORACOTOMY ARE ASSOCIATED WITH SIMILAR OUTCOMES IN TRAUMATIC CARDIAC ARREST**

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/06000/LETTER\\_RE\\_RESUSCITATIVE\\_ENDOVASCULAR\\_BALLOON.21.ASPX](https://journals.lww.com/jtrauma/fulltext/2024/06000/letter_re_resuscitative_endovascular_balloon.21.aspx)

**THE POTENTIALLY FUTILE TRAUMA TRANSFER: SHOULD I STAY OR SHOULD I GO?**

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