

JTACS JUNE TABLE OF CONTENTS

'BEST OF' JUNE ARTICLES

BEST OF TRAUMA ARTICLE

Accuracy, Reliability, and Utility of the Extended FAST Exam in the Setting of Thoracic Gunshot Wounds

Thoracic Gunshot Wounds

eFAST
Cardiac
Thorax
Abdomen

Thoracic & Abdominal Windows

Sensitivity: Deceased > Survived
Chest Tube Intervention
High false negative rate in patients with pneumothorax and hemothorax likely delayed definitive intervention

FN
Delayed

Outcome
Sensitivity, Specificity
PPV, NPV
Chest Tube Intervention

Survived Stable
Deceased Unstable

Arase M et al. *Journal of Trauma and Acute Care Surgery*.
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ACCURACY, RELIABILITY, AND UTILITY OF THE EXTENDED FOCUSED ASSESSMENT WITH SONOGRAPHY IN TRAUMA EXAMINATION IN THE SETTING OF THORACIC GUNSHOT WOUNDS

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READ THE ARTICLE

EVIDENCE-BASED, COST-EFFECTIVE MANAGEMENT OF ACUTE PANCREATITIS. AN ALGORITHM OF THE JOURNAL OF TRAUMA AND ACUTE CARE SURGERY EMERGENCY GENERAL SURGERY ALGORITHMS WORK GROUP

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BEST OF SCC

Ketamine Infusion for Pain Control in Severely Injured Patients: Results of a Randomized Controlled Trial

78 severely injured patients

Randomized to ketamine infusion or placebo

Standardized pain treatment

Placebo (N = 36)

48-hour infusion

Ketamine (N = 42)

Study terminated early due to futility

No Difference in Oral Morphine Equivalents Day 1, Day 2, or Total

No Difference in Pain Scores Day 1 or Day 2

Carver T et al. *Journal of Trauma and Acute Care Surgery*.
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KETAMINE INFUSION FOR PAIN CONTROL IN SEVERELY INJURED PATIENTS: RESULTS OF A RANDOMIZED CONTROLLED TRIAL

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Exploratory Cluster Analysis of IL2RA and Associated Biomarkers and Complications After Blunt Chest Trauma

Rib Fractures are ~40% of all fractures

Association between rib fractures, immune markers and complications?

IL2ra

IL2RA release is significantly correlated with high-energy transfer injuries like first rib fractures

Kidney and lung injuries frequently precede pneumonia

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EXPLORATORY CLUSTER ANALYSIS OF IL2RA AND ASSOCIATED BIOMARKERS AND COMPLICATIONS AFTER BLUNT CHEST TRAUMA

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BEST OF EGS ARTICLE

BEST OF Basic and Translational Research

REBOA: What You Need To Know

REBOA is a useful adjunct in the management of noncompressible truncal hemorrhage. It can be applied at the bedside by a variety of providers.

Keys to success include a multidisciplinary care team and early recognition and treatment of complications

Data shows REBOA use is increasing for both traumatic and nontraumatic applications.

Shaw J and Brenner M. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/JA.0000000000004534

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RESUSCITATIVE ENDOVASCULAR BALLOON OCCLUSION OF THE AORTA: WHAT YOU NEED TO KNOW
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Not All Call is Created Equally: The Impact of Culture and Gender on Burnout Related to In-House Call

224 Acute Care Surgeons

Surgeons expected to complete a normal working day post-call more likely to be burned out

Female surgeons showed higher levels of daily burnout although no difference in the impact of IHC on feelings of burnout between genders

4389 Nights of in-house call

Coleman JJ et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/JA.0000000000004538

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NOT ALL CALL IS CREATED EQUALLY: THE IMPACT OF CULTURE AND SEX ON BURNOUT RELATED TO IN-HOUSE CALL

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WHAT YOU NEED TO KNOW
CONTEMPORARY MANAGEMENT OF ADULT SPLENIC INJURIES

CONTEMPORARY MANAGEMENT OF ADULT SPLENIC INJURIES: WHAT YOU NEED TO KNOW

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Ketamine Infusion for Pain Control in Severely Injured Patients: Results of a Randomized Controlled Trial

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Carver T et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/JA.0000000000004602

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KETAMINE INFUSION FOR PAIN CONTROL IN SEVERELY INJURED PATIENTS: RESULTS OF A RANDOMIZED CONTROLLED TRIAL

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Closer to Home: Managing More than Three Rib Fractures at Level IV Trauma Centers

Problem and Population

Prior to 2020, The Pennsylvania Trauma Systems Foundation mandated transfer of all patients with >3 rib fractures from Level IV to higher level trauma centers until standards change in 2020

What are the outcomes at level IV centers managing >3 uncomplicated rib fractures in a mature trauma network?

How does this compare to outcomes at level I/II centers?

Methods

Uncomplicated rib fractures at level IV centers from 2018-2022

Comparison of demographics, injury characteristics, number of fractures, rate of transfer to higher center

1:1 Propensity Score Match comparing level IV and level I/II centers for similarly injured patients

Results

All Transfers (56% vs. 21%)

>3 Fracture Transfers (84% vs. 34%)

Same LOS Between All Level Centers (2.5 vs. 2d, p=0.37)

Lizak A et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/JA.0000000000004575

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CLOSER TO HOME: MANAGING MORE THAN THREE RIB FRACTURES AT LEVEL IV TRAUMA CENTERS
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Gerri-Screen: A Multicenter Trial of a Novel Screening Tool for Depression and Suicide Risk Among U.S. Trauma Patients

Multicenter Tablet Survey

408 Successfully screened

>1/3 Had symptoms of depression

>1/3 Lived in a home with a firearm

AIM: To identify the prevalence of depression, suicidal ideation & firearm ownership among older adult trauma patients

Inclusion Criteria

- Traumatically injured
- ≥55 years
- Non-ICU admission

We identified high risk older adult trauma patients who could potentially benefit from lethal means safety counseling prior to hospital discharge

Waddie SD et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/JA.0000000000004536

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GERI-SCREEN: A MULTICENTER TRIAL OF A NOVEL SCREENING TOOL FOR DEPRESSION AND SUICIDE RISK AMONG US TRAUMA PATIENTS

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How many minutes matter: Association between time saved with air medical transport and survival in trauma patients

<p>Study Population Patients transported ≤40 mi air & ground</p> <p>Air Transport Time-Saving GIS Counterfactual transport time</p>	<p>Air transport time-savings threshold associated with higher odds of survival</p> <p>Physiologic or Anatomic: National Field Triage Guideline Criteria: 13 minutes aOR 1.14; 95% CI 1.01-1.30</p> <p>Air Medical Prehospital Triage Score Positive: 23 minutes aOR 1.22; 95% CI 1.01-1.48</p> <p>Patients not meeting field triage guidelines or AMPT score: NO amount of time-saved associated with survival</p>	<p>Defined thresholds of time-savings for air transport to confer survival benefit</p> <p>Reduction in prehospital time does not benefit unselected trauma patients</p>
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Boland S et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.00000000000004567

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HOW MANY MINUTES MATTER: ASSOCIATION BETWEEN TIME SAVED WITH AIR MEDICAL TRANSPORT AND SURVIVAL IN TRAUMA PATIENTS

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Exploratory Cluster Analysis of IL2RA and Associated Biomarkers and Complications After Blunt Chest Trauma

<p>Rib Fractures are ~40% of all fractures</p> <p>Association between rib fractures, immune markers and complications?</p>	<p>IL2ra</p>	<p>IL2RA release is significantly correlated with high-energy transfer injuries like first rib fractures</p> <p>Kidney and lung injuries frequently precede pneumonia</p>
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Haines K et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.00000000000004568

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EXPLORATORY CLUSTER ANALYSIS OF IL2RA AND ASSOCIATED BIOMARKERS AND COMPLICATIONS AFTER BLUNT CHEST TRAUMA

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Damage Control Does Not Offer a Survival Advantage and Increases the Risk of Serious Complications Compared to Early Total Care in Severely Injured Patients with Femoral Shaft Fractures.

<ul style="list-style-type: none"> Severely Injured Patients <ul style="list-style-type: none"> Age >14 ISS >15 Femur Shaft Fracture (FSF) <ul style="list-style-type: none"> TQIP 2007-2021 	<p>Damage Control Orthopedics (DCO) vs. Early Total Care (ETS)</p> <p>Open vs. Closed Fractures</p> <p>1st Outcomes: Mortality and Complications (ARDS, AKI, Sepsis, DVT)</p> <p>2nd Outcomes: Resource Utilization</p> <p>IPTW and Logistic Regression used to balance both cohorts</p>	<p>DCO is not associated with improved survival in severely injured patients with FSF.</p> <p>DCO is associated with an increased risk of ARDS, AKI, sepsis, and DVT compared to ETC, independently of the type of fracture.</p>
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Colimbra, Bruno C. et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.00000000000004594

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DAMAGE CONTROL DOES NOT OFFER A SURVIVAL ADVANTAGE AND INCREASES THE RISK OF SERIOUS COMPLICATIONS COMPARED WITH EARLY TOTAL CARE IN SEVERELY INJURED PATIENTS WITH FEMORAL SHAFT FRACTURES

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Management of Adhesive Small Bowel Obstruction during Pregnancy in the United States

<p>Study population</p> <ul style="list-style-type: none"> Pregnant women with adhesive small bowel obstruction (n = 4,266) National Inpatient Sample 2003-2015 	<p>Management Strategy</p> <ul style="list-style-type: none"> Non-operative management (NOM) 46.3% Immediate (≤1 day) operation 27.6% Late (>1 day) operation 26.1% 	<p>Outcomes</p> <p>Compared to successful NOM</p> <ul style="list-style-type: none"> No differences in maternal/perinatal complications ↑ Risks of maternal/perinatal complications
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Ashbrook MJ et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.00000000000004518

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MANAGEMENT OF ADHESIVE SMALL BOWEL OBSTRUCTION DURING PREGNANCY IN THE UNITED STATES

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Longer Time to Surgery for Pelvic Ring Injuries is Associated with Increased Systemic Complications

<p>Study Population</p> <p>1056 patients who underwent operative fixation of a pelvic ring injury from 2015 to 2022.</p> <p>Mean age – 36.9 years Mean Injury Severity Score – 22.1 Most common fracture classifications: LC 1 (36.6%), APC 2 (22.8%), LC 2 (16.3%)</p>	<p>Intervention</p> <p>724 patients underwent surgery within 48 hours of admission</p> <p>332 patients underwent surgery after 48 hours of admission</p>	<p>Results</p> <p>Complication Rates: Surgery <48 hrs: 17.8% Surgery >48 hrs: 34.9%</p> <p>Surgery after 42 hrs had a 2.10 odds of complication with an increasing odds at each subsequent time point</p> <p>Each additional hour delay to surgery was associated with an increased odds of:</p> <p>Overall Complication: 0.4% Sepsis: 0.7% DVT: 0.3% AKI: 0.3% MI: 0.5% Pneumonia: 0.4%</p>
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Patel M et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.00000000000004547

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LONGER TIME TO SURGERY FOR PELVIC RING INJURIES IS ASSOCIATED WITH INCREASED SYSTEMIC COMPLICATIONS

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On Arrival Continuous Brachial Plexus Block Provides Superior Analgesia With Reduced Persistent Postsurgical Pain In Complex Hand Injuries: A Randomized Controlled Trial

<p>Aim: To test the utility of continuous peripheral nerve block in the setting of acute trauma emergencies, particularly for those who are not listed for surgery, due to overlooked operating rooms or are surgically unfit for definitive repair of hand injury</p>	<p>A randomized controlled trial to compare continuous brachial plexus analgesia with standard care using intravenous systemic analgesics in patients with complex hand injuries, awaiting a free slot for surgical repair in operating room.</p>	<p>Continuous brachial plexus analgesia following complex hand injuries provided superior analgesia as compared to standard regimen with parenteral analgesics.</p> <p>Median time to rescue analgesia 11-16 hours in BPB GROUP VS 4-19 hours IN GROUP C</p> <p>Reduced persistent post surgical pain</p>
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Kashyap K et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.00000000000004577

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ON ARRIVAL CONTINUOUS BRACHIAL PLEXUS BLOCK PROVIDES SUPERIOR ANALGESIA WITH REDUCED PERSISTENT POSTSURGICAL PAIN IN COMPLEX HAND INJURIES: A RANDOMIZED CONTROLLED TRIAL

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2025/06000/ON_ARRIVAL_CONTINUOUS_BRACHIAL_PLEXUS_BLOCK.15.ASPX](https://journals.lww.com/jtrauma/abstract/2025/06000/on_arrival_continuous_brachial_plexus_block.15.aspx)

Current practice in obtaining colleague input on challenging Emergency General Surgery cases: A survey of surgeons in a regional Acute Care Surgery Network

<p>Risk factors for mortality as ranked by surgeons:</p> <ul style="list-style-type: none"> Age & ASA Nighttime surgery Junior surgeon 	<p>Surgeon estimate of percentage of cases in which they ask for colleague input:</p> <p>Input influenced decision-making – 33%</p>	<p>Reasons for asking for colleague input and reported barriers:</p> <ul style="list-style-type: none"> Trust Diversity of perspective Expertise Time of day Competing priorities
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Reinke CE et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.00000000000004581

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CURRENT PRACTICE IN OBTAINING COLLEAGUE INPUT ON CHALLENGING EMERGENCY GENERAL SURGERY CASES: A SURVEY OF SURGEONS IN A REGIONAL ACUTE CARE SURGERY NETWORK

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2025/06000/CURRENT_PRACTICE_IN_OBTAINING_COLLEAGUE_INPUT_ON.14.ASPX](https://journals.lww.com/jtrauma/abstract/2025/06000/current_practice_in_obtaining_colleague_input_on.14.aspx)

National Research Agenda for Post-Crash Care

<p>Background</p> <p>Traffic collisions are a leading cause of injury-related death.</p> <p>New Dept. of Transportation national goal of zero deaths from traffic collisions.</p>	<p>Methods</p> <ul style="list-style-type: none"> 4-round modified Delphi process. 27 subject matter experts. Online surveys and in-person conference to create a national research agenda for post-crash care. 	<p>Conclusion</p> <p>High priority research questions may serve as the basis for investigators, policymakers, and funding agencies to support research that will translate into a reduction in preventable death and disability from traffic collisions.</p>
<p>Objective</p> <p>Identify top research questions to improve post-crash care.</p>	<p>Results</p> <p>74 High priority questions identified.</p> <p>Questions cover diverse areas, such as: universal patient tracking, geriatric triage, drone delivery of treatment, and automatic crash notification.</p>	

Goelsby C. et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.00000000000004589

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NATIONAL RESEARCH AGENDA FOR POSTCRASH CARE

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Utility of Computed Tomography Angiography of the Head in the Management of the Blunt Trauma Patient with Intracranial Hemorrhage

Background Computed Tomography of the Head (CTAH) may be useful for diagnosing vascular pathologies that precede cases of traumatic Intracranial Hemorrhage (ICH)	Methods Retrospective cohort study 522 patients with blunt traumatic ICH and underwent CTAH between 2017 and 2022 2 groups: +CTAH and -CTAH	Results 108 (20.7%) patients had +CTAH Patients with -CTAH were 3.9 times more likely to be alive at discharge Neurological deficits on arrival is an independent predictor of +CTAH findings
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Rady EW et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.00000000000004563

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UTILITY OF COMPUTED TOMOGRAPHY ANGIOGRAPHY OF THE HEAD IN THE MANAGEMENT OF THE BLUNT TRAUMA PATIENT WITH INTRACRANIAL HEMORRHAGE

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2025/06000/UTILITY_OF_COMPUTED_TOMOGRAPHY_ANGIOGRAPHY_OF_THE.17.ASPX](https://journals.lww.com/jtrauma/abstract/2025/06000/utility_of_computed_tomography_angiography_of_the.17.aspx)

Platelet Flux in Trauma-associated Venous Thromboembolism: A Secondary Analysis of the Consortium of Leaders in the Study of Traumatic Thromboembolism (CLOTT) Studies

Venous thromboembolism (VTE) after trauma is highly morbid Platelets are integral to the pro-thrombotic phenotype following trauma STUDY OBJECTIVE: Identify quantitative and qualitative platelet measures that can serve as biomarkers for risk of post-injury VTE	Data from 17 US trauma centers used to examine quantitative and qualitative platelet flux <table border="1"> <tr> <th colspan="2">CLOTT 1 arm</th> <th colspan="2">CLOTT 2 arm</th> </tr> <tr> <td>7380 no VTE</td> <td>425 VTE</td> <td>103 no VTE</td> <td>25 VTE</td> </tr> </table> Quantitative platelet flux: - Changes to platelet count - Platelet nadir Qualitative platelet flux: - Changes to platelet aggregometry & conventional TEG	CLOTT 1 arm		CLOTT 2 arm		7380 no VTE	425 VTE	103 no VTE	25 VTE	Risk factors for VTE Initial 10-point reduction in platelet count Lower platelet nadir Increase in early P2Y ₁₂ mediated aggregation Increase in later PAR-1 mediated aggregation
CLOTT 1 arm		CLOTT 2 arm								
7380 no VTE	425 VTE	103 no VTE	25 VTE							

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PLATELET FLUX IN TRAUMA-ASSOCIATED VENOUS THROMBOEMBOLISM: A SECONDARY ANALYSIS OF THE CONSORTIUM OF LEADERS IN THE STUDY OF TRAUMATIC THROMBOEMBOLISM (CLOTT) STUDIES

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2025/06000/PLATELET_FLUX_IN_TRAUMA_ASSOCIATED_VENOUS.18.ASPX](https://journals.lww.com/jtrauma/abstract/2025/06000/platelet_flux_in_trauma_associated_venous.18.aspx)

External Validation of the PECARN Rule to Identify Children at Risk for Intra-abdominal Injury

PECARN rule has NOT been externally validated for intra-abdominal injury (IAI) NOT requiring intervention Applied PECARN rule to 2,188 children with blunt abdominal trauma	PECARN has excellent NPV 99.8% for identifying IAI with need for acute intervention BUT misses 13% of all IAI (most commonly liver lacerations)	The addition of "Belly Labs" and plain films identify almost all missed IAI from PECARN rule 2 required intervention 34 required admission
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MULTICENTER EXTERNAL VALIDATION OF THE PEDIATRIC EMERGENCY CARE APPLIED RESEARCH NETWORK RULE TO IDENTIFY CHILDREN AT VERY LOW RISK FOR INTRA-ABDOMINAL INJURY REQUIRING ACUTE INTERVENTION

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2025/06000/MULTICENTER_EXTERNAL_VALIDATION_OF_THE_PEDIATRIC.19.ASPX](https://journals.lww.com/jtrauma/fulltext/2025/06000/multicenter_external_validation_of_the_pediatric.19.aspx)

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SCREENING FOR MENTAL HEALTH SYMPTOMS FOLLOWING PEDIATRIC TRAUMATIC INJURY: A PRACTICE MANAGEMENT GUIDELINE

SCREENING FOR MENTAL HEALTH SYMPTOMS FOLLOWING PEDIATRIC TRAUMATIC INJURY: A PRACTICE MANAGEMENT GUIDELINE (FROM THE PEDIATRIC TRAUMA SOCIETY, SOCIETY OF TRAUMA NURSES, AND CENTER FOR PEDIATRIC TRAUMATIC STRESS)

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READ THE ARTICLE

GOAL-DIRECTED TRANSFUSION ALGORITHM FOR TRAUMA PATIENTS WITH SEVERE HEMORRHAGE USING TEG® 6S: RESULTS OF A DELPHI CONSENSUS SURVEY AND EXPERT PANEL RECOMMENDATIONS

GOAL-DIRECTED TRANSFUSION ALGORITHM FOR TRAUMA PATIENTS WITH SEVERE HEMORRHAGE USING TEG 6S: RESULTS OF A DELPHI CONSENSUS SURVEY AND EXPERT PANEL RECOMMENDATIONS

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