

JTACS SEPTEMBER TABLE OF CONTENTS

'BEST OF' SEPTEMBER ARTICLES

BEST OF TRAUMA ARTICLE

The A+ Criteria for Pediatric Blunt Cerebrovascular Injury: An ATOMAC+ Multicenter Study

Blunt cerebrovascular injury (BCVI) is rare but has a high stroke rate Previously published screening criteria lack the sensitivity and specificity required for pediatric trauma patients New pediatric BCVI screening criteria are proposed	Multicenter, age < 15, prospectively screened: • Positive Memphis → CTA • All patients → 2-week follow up Planned secondary analysis of variables to derive screening criteria	A+ BCVI Screening Criteria: ✓ Temporal fracture ✓ Sphenoid fracture ✓ Orbital roof fracture ✓ C1-4 fractures ✓ Ligamentous injury of the cervical spine
---	---	--

Nickoles TA et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004696
@JTraumaAcuteSurg

Copyright © 2025 Wolters Kluwer Health, Inc. All rights reserved.

The Journal of Trauma and Acute Care Surgery®

THE A+ CRITERIA FOR PEDIATRIC BLUNT CEREBROVASCULAR INJURY: AN ATOMAC+ MULTICENTER STUDY

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2025/09000/THE_A__CRITERIA_FOR_PEDIATRIC_BLUNT.12.ASPX](https://journals.lww.com/jtrauma/abstract/2025/09000/the_a__criteria_for_pediatric_blunt.12.aspx)



SCAN HERE TO WATCH A VIDEO OVERVIEW

[HTTPS://WWW.DROPBOX.COM/SCL/FI/DOT2JWX407X7MB110ZTD/TRAUMA-VID-SEPT.MP4?RLKEY=MPY2V88GQJ0FGVQ8RD6HUP8W4&ST=YC31MITP&DL=0](https://www.dropbox.com/SCL/FI/DOT2JWX407X7MB110ZTD/TRAUMA-VID-SEPT.MP4?RLKEY=MPY2V88GQJ0FGVQ8RD6HUP8W4&ST=YC31MITP&DL=0)

Healthcare Utilization After Operative vs. Non-Operative Appendicitis Management



Mathew P et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004682
@JTraumaAcuteSurg

Copyright © 2025 Wolters Kluwer Health, Inc. All rights reserved.

The Journal of Trauma and Acute Care Surgery®

HEALTH CARE UTILIZATION AFTER OPERATIVE VERSUS NONOPERATIVE APPENDICITIS MANAGEMENT USING AN ADMINISTRATIVE CLAIMS DATABASE

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2025/09000/HEALTH_CARE_UTILIZATION_AFTER_OPERATIVE_VERSUS.22.ASPX](https://journals.lww.com/jtrauma/abstract/2025/09000/health_care_utilization_after_operative_versus.22.aspx)

BEST OF EGS ARTICLE

SCAN HERE TO WATCH A VIDEO OVERVIEW

[HTTPS://WWW.DROPBOX.COM/SCL/FI/42FEW0B7LCE8JHI6ZCYH/EGS-VID-SEPT.MP4?RLKEY=2NQ2OGNIRELY306QDGZLHS6AR&ST=S2CCDPT0&DL=0](https://www.dropbox.com/SCL/FI/42FEW0B7LCE8JHI6ZCYH/EGS-VID-SEPT.MP4?RLKEY=2NQ2OGNIRELY306QDGZLHS6AR&ST=S2CCDPT0&DL=0)



BEST OF SCC

Waiting to Initiate VTE Prophylaxis Increases the Incidence of VTE in Pediatric Patients with Traumatic Bleeding

Retrospective Observational Study ACS-TQIP Database Children (age < 18 years) with Traumatic Bleeding = high risk cohort Outcome: Venous Thromboembolism (DVT or PE)	4,575 children received blood or hemorrhage control surgery Every one-day delay to initiation of chemical VTE prophylaxis increases odds of VTE by 6%	Consider early initiation of chemical VTE prophylaxis to prevent VTE More study in high-risk cohorts is needed
---	--	---

Feeney E et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004670
@JTraumaAcuteSurg

Copyright © 2025 Wolters Kluwer Health, Inc. All rights reserved.

The Journal of Trauma and Acute Care Surgery®

WAITING TO INITIATE VENOUS THROMBOEMBOLISM PROPHYLAXIS INCREASES THE INCIDENCE OF VENOUS THROMBOEMBOLISM IN PEDIATRIC PATIENTS WITH TRAUMATIC BLEEDING

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2025/09000/WAITING_TO_INITIATE_VENOUS_THROMBOEMBOLISM.9.ASPX](https://journals.lww.com/jtrauma/abstract/2025/09000/waiting_to_initiate_venous_thromboembolism.9.aspx)



SCAN HERE TO WATCH A VIDEO OVERVIEW

[HTTPS://WWW.DROPBOX.COM/SCL/FI/ACALRRR2JJ6RQRT4TSV63/SCC-SEPT-VIDEO.MP4?RLKEY=CJ1F5IVXDNSOE4XS4PHYQ6YIV&ST=N98C1KJD&DL=0](https://www.dropbox.com/SCL/FI/ACALRRR2JJ6RQRT4TSV63/SCC-SEPT-VIDEO.MP4?RLKEY=CJ1F5IVXDNSOE4XS4PHYQ6YIV&ST=N98C1KJD&DL=0)

The Journal of Trauma and Acute Care Surgery
trauma.com

WHAT YOU NEED TO KNOW PELVIC FRACTURE BLEEDING CONTROL

PELVIC FRACTURE BLEEDING CONTROL: WHAT YOU NEED TO KNOW
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2025/09000/PELVIC_FRACTURE_BLEEDING_CONTROL_WHAT_YOU_NEED_TO_I.ASPX](https://journals.lww.com/jtrauma/fulltext/2025/09000/pelvic_fracture_bleeding_control_what_you_need_to_i.aspx)

The Journal of Trauma and Acute Care Surgery
trauma.com

WHAT YOU NEED TO KNOW MANAGEMENT OF ENTEROATMOSPHERIC FISTULAS

MANAGEMENT OF ENTEROATMOSPHERIC FISTULAS: WHAT YOU NEED TO KNOW
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2025/09000/MANAGEMENT_OF_ENTEROATMOSPHERIC_FISTULAS_WHAT_YOU_2.ASPX](https://journals.lww.com/jtrauma/fulltext/2025/09000/management_of_enteroatmospheric_fistulas_what_you_2.aspx)

The Journal of Trauma and Acute Care Surgery
trauma.com

READ THE ARTICLE EVIDENCE-BASED, COST-EFFECTIVE MANAGEMENT OF ACUTE MESENTERIC ISCHEMIA: AN ALGORITHM OF THE JOURNAL OF TRAUMA AND ACUTE CARE SURGERY EMERGENCY GENERAL SURGERY ALGORITHMS WORKING GROUP

EVIDENCE-BASED, COST-EFFECTIVE MANAGEMENT OF ACUTE MESENTERIC ISCHEMIA: AN ALGORITHM OF THE JOURNAL OF TRAUMA AND ACUTE CARE SURGERY EMERGENCY GENERAL SURGERY ALGORITHMS WORKING GROUP
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2025/09000/EVIDENCE_BASED_COST_EFFECTIVE_MANAGEMENT_OF_ACUTE_3.ASPX](https://journals.lww.com/jtrauma/fulltext/2025/09000/evidence_based_cost_effective_management_of_acute_3.aspx)

The Journal of Trauma and Acute Care Surgery
trauma.com

READ THE ARTICLE COMMON STATISTICAL PITFALLS IN CLINICAL RESEARCH: THE GUIDE TO AVOID MISINTERPRETING P-VALUES, CONFIDENCE INTERVALS, ODDS RATIOS, AND MORE

COMMON STATISTICAL PITFALLS IN CLINICAL RESEARCH: THE GUIDE TO AVOID MISINTERPRETING P-VALUES, CONFIDENCE INTERVALS, ODDS RATIOS, AND MORE
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2025/09000/COMMON_STATISTICAL_PITFALLS_IN_CLINICAL_RESEARCH_4.ASPX](https://journals.lww.com/jtrauma/abstract/2025/09000/common_statistical_pitfalls_in_clinical_research_4.aspx)

The Journal of Trauma and Acute Care Surgery
trauma.com

READ THE ARTICLE SYSTEMS-BASED CARE OF THE INJURED CHILD: POLICY STATEMENT

SYSTEMS-BASED CARE OF THE INJURED CHILD: POLICY STATEMENT
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2025/09000/SYSTEMS_BASED_CARE_OF_THE_INJURED_CHILD_POLICY_5.ASPX](https://journals.lww.com/jtrauma/abstract/2025/09000/systems_based_care_of_the_injured_child_policy_5.aspx)

Development of an Algorithm for Adjudicating Actionable Hemorrhage in Pediatric Trauma Patients

Study Population
2019-2021
4,371 pediatric trauma patients with or without transfusion

Actionable Hemorrhage Criteria
Pre-transfusion Hgb<8 g/dL
Hemorrhage control procedure
Autopsy supporting bleeding as the cause of death

Transfusion Receipt vs. Actionable Hemorrhage
Sensitivity 78.7% PPV 77.2%
Specificity 99.1% NPV 99.2%
MCC 0.77

Conclusions
• Transfusion *underestimates* and *overestimates* actionable hemorrhage
• Prospective validation is needed

Kim MS et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004588
 @JTraumaAcuteSurg Copyright © 2025 Wolters Kluwer Health, Inc. All rights reserved.

DEVELOPMENT OF AN ALGORITHM FOR ADJUDICATING ACTIONABLE HEMORRHAGE IN PEDIATRIC TRAUMA PATIENTS
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2025/09000/DEVELOPMENT_OF_AN_ALGORITHM_FOR_ADJUDICATING_7.ASPX](https://journals.lww.com/jtrauma/abstract/2025/09000/development_of_an_algorithm_for_adjudicating_7.aspx)

Current Practice Variations in Venous Thromboembolism Prophylaxis for Adolescents with Severe Traumatic Brain Injury: Trauma Center Type Matters

Study Population
• Adolescent patients with severe TBI (age 14-18 years)
• TQIP 2017-2021

Trauma centers type
• Adult trauma center (ATC)
• Mixed trauma center (MTC)
• Pediatric trauma center (PTC)

Conclusions
• Wide variations between ATC, MTC, and PTC
• Rate and timing of VTE chemoprophylaxis
• Need for the standardized protocols for VTE prophylaxis in adolescent trauma patients

Katsura M. et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004586
 @JTraumaAcuteSurg Copyright © 2025 Wolters Kluwer Health, Inc. All rights reserved.

CURRENT PRACTICE VARIATIONS IN VENOUS THROMBOEMBOLISM PROPHYLAXIS FOR ADOLESCENTS WITH SEVERE TRAUMATIC BRAIN INJURY: TRAUMA CENTER TYPE MATTERS
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2025/09000/CURRENT_PRACTICE_VARIATIONS_IN_VENOUS_8.ASPX](https://journals.lww.com/jtrauma/abstract/2025/09000/current_practice_variations_in_venous_8.aspx)

Waiting to Initiate VTE Prophylaxis Increases the Incidence of VTE in Pediatric Patients with Traumatic Bleeding

Retrospective Observational Study
ACS-TQIP Database
Children (age < 18 years) with Traumatic Bleeding = high risk cohort
Outcome: Venous Thromboembolism (DVT or PE)

4,575 children received blood or hemorrhage control surgery

Every one-day delay to initiation of chemical VTE prophylaxis increases odds of VTE by 6%

Consider early initiation of chemical VTE prophylaxis to prevent VTE

More study in high-risk cohorts is needed

Feeney E et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004670
 @JTraumaAcuteSurg Copyright © 2025 Wolters Kluwer Health, Inc. All rights reserved.

WAITING TO INITIATE VENOUS THROMBOEMBOLISM PROPHYLAXIS INCREASES THE INCIDENCE OF VENOUS THROMBOEMBOLISM IN PEDIATRIC PATIENTS WITH TRAUMATIC BLEEDING
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2025/09000/WAITING_TO_INITIATE_VENOUS_THROMBOEMBOLISM_9.ASPX](https://journals.lww.com/jtrauma/abstract/2025/09000/waiting_to_initiate_venous_thromboembolism_9.aspx)

Variable Management of Pediatric Blunt Renal Trauma: A Multicenter Retrospective Cohort Study

Hypothesis	Results	Conclusions
Management of pediatric blunt renal trauma varies extensively across centers and within injury severity subgroups	<ul style="list-style-type: none"> We included 276 patients: 42 low-grade (I-III) isolated renal injury, 141 low-grade polytrauma, 33 high-grade (IV-V) isolated, & 60 high-grade polytrauma Frequency of clinical strategy use varied extensively across sites Bedrest, antibiotics, and post-discharge renal imaging were not associated with increased adverse or intervention outcomes Other clinical strategies were associated with increased adverse and intervention outcomes among high-grade isolated and polytrauma patients 	<ul style="list-style-type: none"> Pediatric blunt renal injuries are managed variably within and across institutions Patients with isolated, low-grade renal injuries had no differences in outcomes based on use of clinical strategies This cohort may benefit from a consensus-based care algorithm

Mannava SV et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004604

@JTraumaAcuteSurg

Copyright © 2025 Wolters Kluwer Health, Inc. All rights reserved

The Journal of Trauma and Acute Care Surgery

VARIABLE MANAGEMENT OF PEDIATRIC BLUNT RENAL TRAUMA: A MULTICENTER RETROSPECTIVE COHORT STUDY

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2025/09000/VARIABLE_MANAGEMENT_OF_PEDIATRIC_BLUNT_RENAL.T0.ASPX](https://journals.lww.com/jtrauma/abstract/2025/09000/variable_management_of_pediatric_blunt_renal_trauma.10.aspx)

The A+ Criteria for Pediatric Blunt Cerebrovascular Injury: An ATOMAC+ Multicenter Study

Blunt cerebrovascular injury (BCVI) is rare but has a high stroke rate	<ul style="list-style-type: none"> Multicenter, age < 15, prospectively screened: Positive Memphis → CTA All patients → 2-week follow up Planned secondary analysis of variables to derive screening criteria 	<ul style="list-style-type: none"> A+ BCVI Screening Criteria: ✓ Temporal fracture ✓ Sphenoid fracture ✓ Orbital roof fracture ✓ C1-4 fractures ✓ Ligamentous injury of the cervical spine
--	--	--

Nickoles TA et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004686

@JTraumaAcuteSurg

Copyright © 2025 Wolters Kluwer Health, Inc. All rights reserved

The Journal of Trauma and Acute Care Surgery

THE A+ CRITERIA FOR PEDIATRIC BLUNT CEREBROVASCULAR INJURY: AN ATOMAC+ MULTICENTER STUDY

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2025/09000/THE_A+_CRITERIA_FOR_PEDIATRIC_BLUNT.T2.ASPX](https://journals.lww.com/jtrauma/abstract/2025/09000/the_a_plus_criteria_for_pediatric_blunt_cerebrovascular_injury.12.aspx)

Size of Traumatic Pneumothorax on Chest X-Ray is Independently Associated with Failed Observation in Children

<ul style="list-style-type: none"> Aim: Determine size predictive of chest tube need in pediatric traumatic pneumothorax and whether size correlates with failed observation 	<ul style="list-style-type: none"> 12.5% pneumothorax predictive of need for chest tube, independently associated with 6x higher odds of failure of observation 	<ul style="list-style-type: none"> Size on chest x-ray can be used to predict need for chest tube in children with traumatic pneumothorax
---	--	--

Journal of Trauma and Acute Care Surgery. DOI: 10.1097/TA.0000000000004638

@JTraumaAcuteSurg

Copyright © 2025 Wolters Kluwer Health, Inc. All rights reserved

The Journal of Trauma and Acute Care Surgery

SIZE OF TRAUMATIC PNEUMOTHORAX ON INITIAL CHEST X-RAY IS INDEPENDENTLY ASSOCIATED WITH FAILED OBSERVATION IN CHILDREN

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2025/09000/SIZE_OF_TRAUMATIC_PNEUMOTHORAX_ON_INITIAL_CHEST.T4.ASPX](https://journals.lww.com/jtrauma/abstract/2025/09000/size_of_traumatic_pneumothorax_on_initial_chest.14.aspx)

Predictors of Discharge Against Medical Advice in Pediatric Trauma Patients: A Nationwide Analysis

Study Population	Results	Conclusions
<ul style="list-style-type: none"> ACS-TQIP (2017-2019) Pediatric Trauma Patients (n= 351,645) Met the inclusion criteria (n= 259,363) Discharged AMA (n= 436) Not discharged AMA (n= 258,896) 	<ul style="list-style-type: none"> Predictors of discharge AMA Black race Uninsured Substance use Non-pediatric TC Assault victim 	<ul style="list-style-type: none"> AMA discharge is influenced by patient and system factors Understanding these factors could enable targeted interventions in clinical practice

Hejaz O et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004632

@JTraumaAcuteSurg

Copyright © 2025 Wolters Kluwer Health, Inc. All rights reserved

The Journal of Trauma and Acute Care Surgery

PREDICTORS OF DISCHARGE AGAINST MEDICAL ADVICE IN PEDIATRIC TRAUMA PATIENTS: A NATIONWIDE ANALYSIS

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2025/09000/PREDICTORS_OF_DISCHARGE_AGAINST_MEDICAL_ADVICE_IN.T6.ASPX](https://journals.lww.com/jtrauma/abstract/2025/09000/predictors_of_discharge_against_medical_advice_in.16.aspx)

Mechanism Matters for Major Vascular Injury in Children: A TQIP Analysis

Population	Results	Conclusion
<ul style="list-style-type: none"> Pediatric (≤ 12 yrs) trauma patients with major vascular injuries from blunt trauma or gunshot wounds (N=1,605) 	<ul style="list-style-type: none"> Gunshot wound patients had more severe injuries (59.6% vs 33.6%) and higher mortality rates (21.2% vs 5.3%) and complications (13.7% vs 8.4%). 	<ul style="list-style-type: none"> Gunshot wounds led to more severe injuries, higher mortality, and complications than blunt trauma, emphasizing a need for prevention and preparedness.

Gomez MK et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004631

@JTraumaAcuteSurg

Copyright © 2025 Wolters Kluwer Health, Inc. All rights reserved

The Journal of Trauma and Acute Care Surgery

MECHANISM MATTERS FOR MAJOR VASCULAR INJURY IN CHILDREN: A TRAUMA QUALITY IMPROVEMENT PROGRAM ANALYSIS

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2025/09000/MECHANISM_MATTERS_FOR_MAJOR_VASCULAR_INJURY_IN.T11.ASPX](https://journals.lww.com/jtrauma/abstract/2025/09000/mechanism_matters_for_major_vascular_injury_in.11.aspx)

Pediatric Blunt Thoracic Aortic Injuries: Understanding the Role of Patient Size and Utilization of TEVAR

<ul style="list-style-type: none"> 346 pediatric patients with blunt thoracic aortic trauma surviving the emergency department in the NTDB over 5 years 187 Non-Operative 135 TEVAR 24 Open Repair 	<ul style="list-style-type: none"> Patients undergoing TEVAR have improved primary and secondary outcomes Discharge Home In-Hospital Mortality Non-operative: 26% TEVAR: 51% Open: 54% Non-operative: 28% TEVAR: 4% Open: 17% 	<ul style="list-style-type: none"> Despite comparable ages, patients undergoing TEVAR are taller and weigh more Non-operative: 70kg TEVAR: 80kg Open: 71kg Non-operative: 164cm TEVAR: 171cm Open: 165cm Conclusion: Consideration of size in addition to age for aortic injury management could facilitate increased utilization of TEVAR in the pediatric population and improve outcomes.
--	--	--

Grubbs H et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004709

@JTraumaAcuteSurg

Copyright © 2025 Wolters Kluwer Health, Inc. All rights reserved

The Journal of Trauma and Acute Care Surgery

PEDIATRIC BLUNT THORACIC AORTIC INJURIES: UNDERSTANDING THE ROLE OF PATIENT SIZE AND UTILIZATION OF THORACIC ENDOVASCULAR AORTIC REPAIR

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2025/09000/PEDIATRIC_BLUNT_THORACIC_AORTIC_INJURIES_13.ASPX](https://journals.lww.com/jtrauma/abstract/2025/09000/pediatric_blunt_thoracic_aortic_injuries_13.aspx)

Does Pediatric Trauma Center Designation Matter for Children in Shock from Gunshot Wounds? A TQIP Analysis

Population	Results	Conclusion
<ul style="list-style-type: none"> Hypotensive pediatric patients who suffered a GSW (n=687) 	<ul style="list-style-type: none"> Majority of patients were cared for at adult trauma centers. Pediatric trauma center treatment did not lower in-hospital mortality, complications, or failure-to-rescue compared to adult trauma centers. 	<ul style="list-style-type: none"> No advantage in outcomes were found between PTCs or ATCS, stressing the need for all hospitals to be prepared for urgent care.

Gomez, Micaela K. MD *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004637

@JTraumaAcuteSurg

Copyright © 2025 Wolters Kluwer Health, Inc. All rights reserved

The Journal of Trauma and Acute Care Surgery

DOES PEDIATRIC TRAUMA CENTER DESIGNATION MATTER FOR CHILDREN IN SHOCK FROM GUNSHOT WOUNDS? A TRAUMA QUALITY IMPROVEMENT PROGRAM ANALYSIS

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2025/09000/DOES_PEDIATRIC_TRAUMA_CENTER_DESIGNATION_MATTER.T15.ASPX](https://journals.lww.com/jtrauma/abstract/2025/09000/does_pediatric_trauma_center_designation_matter.15.aspx)

Uncovering Gender, Racial, Ethnic, and Socioeconomic Disparities Among Adolescent Survivors of Suicide Attempts in Trauma Centers: Where Can We Do Better?

Study Population	Results	Conclusions
<ul style="list-style-type: none"> Pediatric ACS-TQIP (2017-2021) Adolescents Attempted Suicide (n= 3,738) Survivors (n= 2,127) MHC (n= 760) No-MHC (n= 1,367) 	<ul style="list-style-type: none"> Suicide attempts over the years Predictors of In-hospital Mortality Male, Firearm, Uninsured, Hispanic Predictors of Receiving MHC Male, Non-pediatric TC, Uninsured, Mental disorder, Black race 	<ul style="list-style-type: none"> Need for improved access to mental health care for adolescent survivors of suicide attempt

Khurshid MH et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004587

@JTraumaAcuteSurg

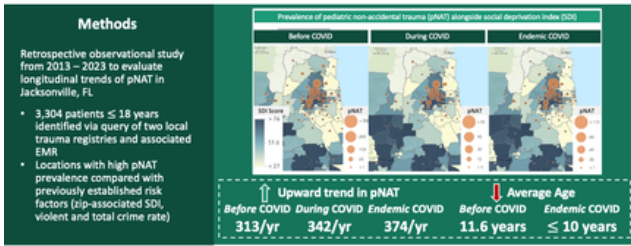
Copyright © 2024 Wolters Kluwer Health, Inc. All rights reserved

The Journal of Trauma and Acute Care Surgery

UNCOVERING GENDER, RACIAL, ETHNIC, AND SOCIOECONOMIC DISPARITIES AMONG ADOLESCENT SURVIVORS OF SUICIDE ATTEMPTS IN TRAUMA CENTERS: WHERE CAN WE DO BETTER?

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2025/09000/UNCOVERING_GENDER_RACIAL_ETHNIC_AND_T7.ASPX](https://journals.lww.com/jtrauma/abstract/2025/09000/uncovering_gender_racial_ethnic_and_socioeconomic_disparities_among_adolescent_survivors_of_suicide_attempts_in_trauma_centers_where_can_we_do_better.17.aspx)

Novel Use of Geographic Information System Mapping to Evaluate Pediatric Non-Accidental Trauma Prevalence Before, During and After the COVID-19 Pandemic



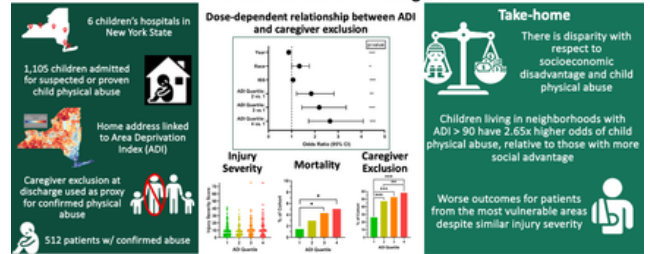
Norris JT et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004630 @JTraumaAcuteSurg

The Journal of Trauma and Acute Care Surgery

GEOGRAPHIC INFORMATION SYSTEM MAPPING OF PEDIATRIC NONACCIDENTAL TRAUMA INCIDENCE WITH SOCIAL DEPRIVATION INDEX BEFORE, DURING, AND AFTER PEAK COVID-19 PANDEMIC

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2025/09000/GEOGRAPHIC_INFORMATION_SYSTEM_MAPPING_OF_PEDIATRIC.18.ASPX](https://journals.lww.com/jtrauma/abstract/2025/09000/geographic_information_system_mapping_of_pediatric.18.aspx)

Neighborhood Deprivation is a Risk Factor for Severe Child Physical Abuse: A Multicenter Cohort Investigation



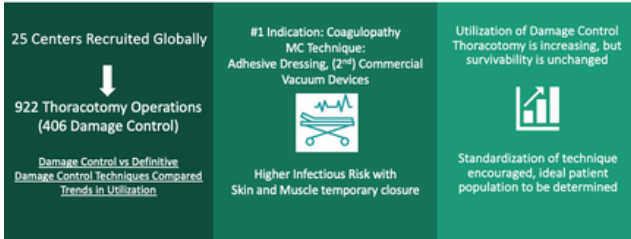
Wilson N. A., et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004560 @JTraumaAcuteSurg

The Journal of Trauma and Acute Care Surgery

NEIGHBORHOOD DEPRIVATION IS A RISK FACTOR FOR SEVERE CHILD PHYSICAL ABUSE: A MULTICENTER COHORT INVESTIGATION

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2025/09000/NEIGHBORHOOD_DEPRIVATION_IS_A_RISK_FACTOR_FOR.19.ASPX](https://journals.lww.com/jtrauma/abstract/2025/09000/neighborhood_deprivation_is_a_risk_factor_for.19.aspx)

Damage Control Thoracotomy Trends, Techniques, and Outcomes: An EAST Multicenter Trial.



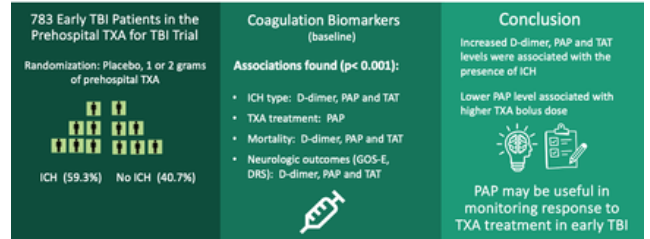
Douglas II A et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004682 @JTraumaAcuteSurg

The Journal of Trauma and Acute Care Surgery

DAMAGE CONTROL THORACOTOMY TRENDS, TECHNIQUES, AND OUTCOMES: AN EAST MULTICENTER TRIAL

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2025/09000/DAMAGE_CONTROL_THORACOTOMY_TRENDS_TECHNIQUES_AND.20.ASPX](https://journals.lww.com/jtrauma/abstract/2025/09000/damage_control_thoracotomy_trends_techniques_and.20.aspx)

Association Between Coagulation Biomarkers, Intracranial Hemorrhage (ICH) Types, and Tranexamic Acid (TXA) Treatments in Early Traumatic Brain Injury (TBI)



Minoza KG et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004669 @JTraumaAcuteSurg

The Journal of Trauma and Acute Care Surgery

ASSOCIATION BETWEEN COAGULATION BIOMARKERS, INTRACRANIAL HEMORRHAGE TYPES, AND TRANEXAMIC ACID TREATMENTS IN EARLY TRAUMATIC BRAIN INJURY

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2025/09000/ASSOCIATION_BETWEEN_COAGULATION_BIOMARKERS.21.ASPX](https://journals.lww.com/jtrauma/abstract/2025/09000/association_between_coagulation_biomarkers.21.aspx)

Healthcare Utilization After Operative vs. Non-Operative Appendicitis Management



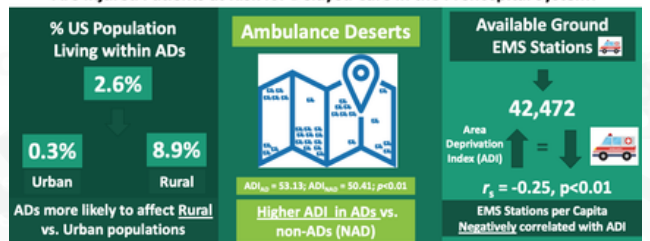
Mathew P et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004682 @JTraumaAcuteSurg

The Journal of Trauma and Acute Care Surgery

HEALTH CARE UTILIZATION AFTER OPERATIVE VERSUS NONOPERATIVE APPENDICITIS MANAGEMENT USING AN ADMINISTRATIVE CLAIMS DATABASE

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2025/09000/HEALTH_CARE_UTILIZATION_AFTER_OPERATIVE_VERSUS.22.ASPX](https://journals.lww.com/jtrauma/abstract/2025/09000/health_care_utilization_after_operative_versus.22.aspx)

Ambulance Deserts (ADs) and Inequities in Access to EMS Care in the US: Are Injured Patients at Risk for Delayed Care in the Prehospital System?



Berry et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004579 @JTraumaAcuteSurg

The Journal of Trauma and Acute Care Surgery

AMBULANCE DESERTS AND INEQUITIES IN ACCESS TO EMERGENCY MEDICAL SERVICES CARE: ARE INJURED PATIENTS AT RISK FOR DELAYED CARE IN THE PREHOSPITAL SYSTEM?

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2025/09000/AMBULANCE_DESERTS_AND_INEQUITIES_IN_ACCESS_TO.23.ASPX](https://journals.lww.com/jtrauma/abstract/2025/09000/ambulance_deserts_and_inequities_in_access_to.23.aspx)

Journal of Trauma and Acute Care Surgery

READ THE ARTICLE

SYSTEMS-BASED CARE OF THE INJURED CHILD: TECHNICAL REPORT

SYSTEMS-BASED CARE OF THE INJURED CHILD: TECHNICAL REPORT

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2025/09000/SYSTEMS_BASED_CARE_OF_THE_INJURED_CHILD_TECHNICAL.24.ASPX](https://journals.lww.com/jtrauma/fulltext/2025/09000/systems_based_care_of_the_injured_child_technical.24.aspx)

Journal of Trauma and Acute Care Surgery

READ THE ARTICLE

TQIP MORTALITY REPORTING SYSTEM CASE REPORTS: UNANTICIPATED MORTALITY DUE TO LIMITATIONS IN BLOOD PRODUCT AVAILABILITY

TRAUMA QUALITY IMPROVEMENT PROGRAM MORTALITY REPORTING SYSTEM CASE REPORTS: UNANTICIPATED MORTALITY BECAUSE OF LIMITATIONS IN BLOOD PRODUCT AVAILABILITY

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2025/09000/TRAUMA_QUALITY_IMPROVEMENT_PROGRAM_MORTALITY_REPORTING_SYSTEM_CASE_REPORTS_UNANTICIPATED_MORTALITY_BECAUSE_OF_LIMITATIONS_IN_BLOOD_PRODUCT_AVAILABILITY.25.ASPX](https://journals.lww.com/jtrauma/abstract/2025/09000/trauma_quality_improvement_program_mortality_reporting_system_case_reports_unanticipated_mortality_due_to_limitations_in_blood_product_availability.25.aspx)