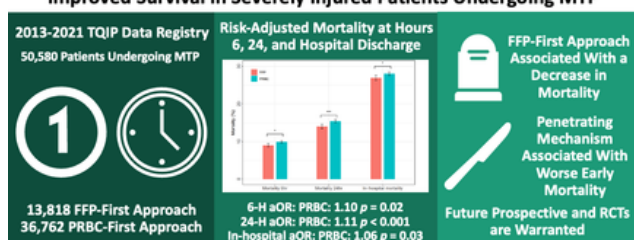


JTACS OCTOBER TABLE OF CONTENTS

'BEST OF' OCTOBER ARTICLES

BEST OF TRAUMA ARTICLE

Fresh Frozen Plasma-First Approach is Independently Associated with Improved Survival in Severely Injured Patients Undergoing MTP



Hynes AM et al. *Journal of Trauma and Acute Care Surgery*.
DOI: 10.1097/TA.0000000000000593

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The Journal of
Trauma and
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FRESH FROZEN PLASMA-FIRST APPROACH IS INDEPENDENTLY ASSOCIATED WITH IMPROVED SURVIVAL IN SEVERELY INJURED PATIENTS UNDERGOING MASSIVE TRANSFUSION

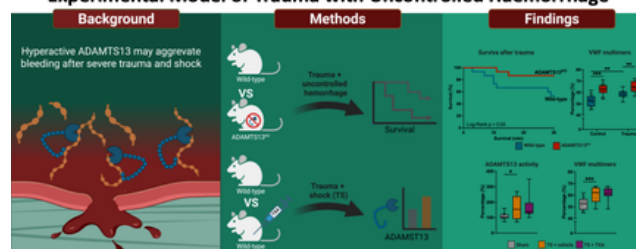
<https://www.ovid.com/jnls/jtrauma/abstract/10.1097/TA.0000000000000593-FRESH-FROZEN-PLASMA-FIRST-APPROACH-IS-INDEPENDENTLY-ASSOCIATED-WITH-IMPROVED-SURVIVAL-IN-SEVERELY-INJURED-PATIENTS-UNDERGOING-MASSIVE-TRANSFUSION.MP4?RLKEY=9WD3YX7JFFF3XUUCC5PGOPXIF&ST=GO7A4T2M&DL=0>



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The Absence of ADAMTS13 Improves Early Outcomes in an Experimental Model of Trauma with Uncontrolled Haemorrhage



Sloos P et al. *Journal of Trauma and Acute Care Surgery*.
DOI: 10.1097/TA.00000000000005064

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THE ABSENCE OF ADAMTS13 IMPROVES EARLY OUTCOMES IN AN EXPERIMENTAL MODEL OF TRAUMA WITH UNCONTROLLED HEMORRHAGE

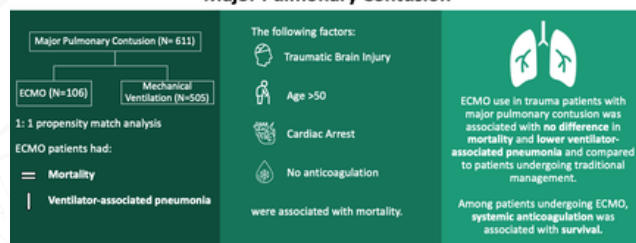
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Extracorporeal Membrane Oxygenation in Trauma Patients with Major Pulmonary Contusion



Rafaqat W et al. *Journal of Trauma and Acute Care Surgery*.
DOI: 10.1097/TA.00000000000005026

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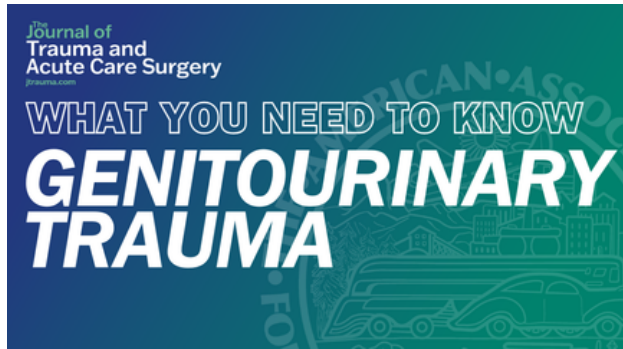
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EXTRACORPOREAL MEMBRANE OXYGENATION IN TRAUMA PATIENTS WITH MAJOR PULMONARY CONTUSION

<https://www.ovid.com/jnls/jtrauma/abstract/10.1097/TA.00000000000005026-EXTRACORPOREAL-MEMBRANE-OXYGENATION-IN-TRAUMA-PATIENTS-WITH-MAJOR-PULMONARY-CONTUSION>

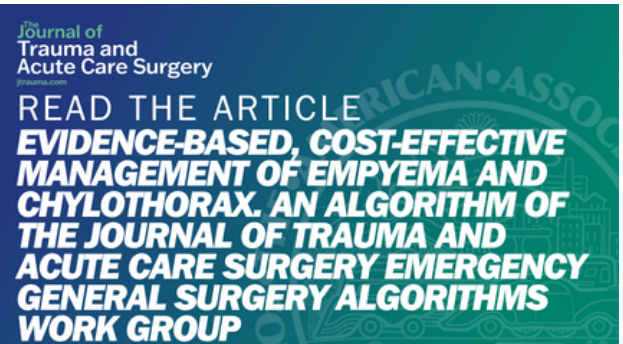
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BEST OF SCC



GENITOURINARY TRAUMA: WHAT YOU NEED TO KNOW

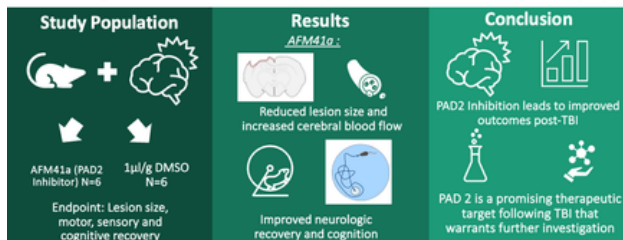
[HTTPS://WWW.OVID.COM/JNLS/JTRAUMA/FULLTEXT/10.1097/TA.00000000000005051-GENITOURINARY-TRAUMA-WHAT-YOU-NEED-TO-KNOW](https://www.ovid.com/jnls/JTRAUMA/FULLTEXT/10.1097/TA.00000000000005051-GENITOURINARY-TRAUMA-WHAT-YOU-NEED-TO-KNOW)



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

[HTTPS://WWW.OVID.COM/JNLS/JTRAUMA/FULLTEXT/10.1097/TA.0000000000000005152-EVIDENCE-BASED-COST-EFFECTIVE-MANAGEMENT-OF-EMPYEMA-AND](https://www.ovid.com/jnls/JTRAUMA/FULLTEXT/10.1097/TA.0000000000000005152-EVIDENCE-BASED-COST-EFFECTIVE-MANAGEMENT-OF-EMPYEMA-AND)

Peptidyl Arginine Deiminase 2 (PAD2) Inhibition Associated with Acute and Long-Term Benefits in a Murine Model of Traumatic Brain Injury



Dawood ZS et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.00000000000005086

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PEPTIDYL ARGININE DEIMINASE 2 (PAD2) INHIBITION IS ASSOCIATED WITH ACUTE AND LONG-TERM BENEFITS IN A MURINE MODEL OF TRAUMATIC BRAIN INJURY

[HTTPS://WWW.OVID.COM/JNLS/JTRAUMA/ABSTRACT/10.1097/TA.00000000000005086-PEPTIDYL-ARGININE-DEIMINASE-2-PAD2-INHIBITION-IS-ASSOCIATED?REDIRECTIONSOURCE=FULLTEXTVIEW](https://www.ovid.com/jnls/JTRAUMA/ABSTRACT/10.1097/TA.00000000000005086-PEPTIDYL-ARGININE-DEIMINASE-2-PAD2-INHIBITION-IS-ASSOCIATED?REDIRECTIONSOURCE=FULLTEXTVIEW)

Hormone Replacement Before Brain Death Increases Organ Donation Rate After Catastrophic Brain Injury: An EAST Multicenter Trial



Nordham K et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.00000000000005029

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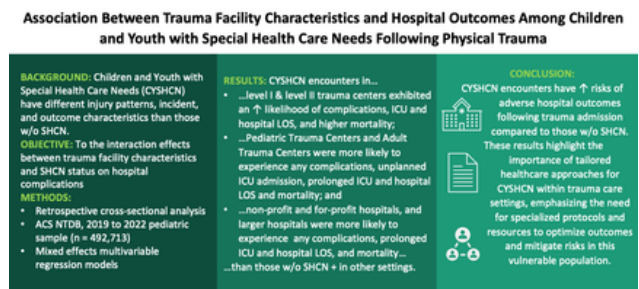
HORMONE REPLACEMENT BEFORE BRAIN DEATH INCREASES ORGAN DONATION RATE AFTER CATASTROPHIC BRAIN INJURY: AN EAST MULTICENTER TRIAL

[HTTPS://WWW.OVID.COM/JNLS/JTRAUMA/ABSTRACT/10.1097/TA.00000000000005029-HORMONE-REPLACEMENT-BEFORE-BRAIN-DEATH-INCREASES-ORGAN?REDIRECTIONSOURCE=FULLTEXTVIEW](https://www.ovid.com/jnls/JTRAUMA/ABSTRACT/10.1097/TA.00000000000005029-HORMONE-REPLACEMENT-BEFORE-BRAIN-DEATH-INCREASES-ORGAN?REDIRECTIONSOURCE=FULLTEXTVIEW)



INITIAL IDENTIFICATION OF SEVERELY INJURED PEDIATRIC TRAUMA PATIENTS—CLINICAL SIGNS, SCORING SYSTEMS, AND ANTICIPATING ACUTE INTERVENTION NEEDS: WHAT YOU NEED TO KNOW

[HTTPS://WWW.OVID.COM/JNLS/JTRAUMA/FULLTEXT/10.1097/TA.00000000000005038-INITIAL-IDENTIFICATION-OF-SEVERELY-INJURED-PEDIATRIC-TRAUMA](https://www.ovid.com/jnls/JTRAUMA/FULLTEXT/10.1097/TA.00000000000005038-INITIAL-IDENTIFICATION-OF-SEVERELY-INJURED-PEDIATRIC-TRAUMA)



Estimote W et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.00000000000005079

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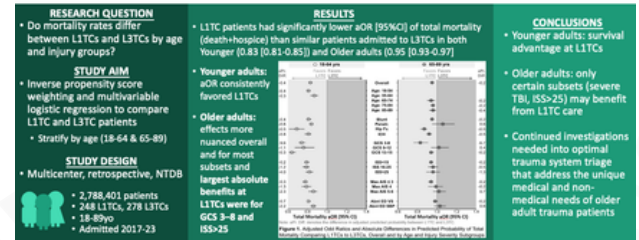
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ASSOCIATION BETWEEN FACILITY CHARACTERISTICS AND HOSPITAL OUTCOMES AMONG CHILDREN AND YOUTH WITH SPECIAL HEALTH CARE NEEDS FOLLOWING PHYSICAL TRAUMA

[HTTPS://WWW.OVID.COM/JNLS/JTRAUMA/ABSTRACT/10.1097/TA.00000000000005079-ASSOCIATION-BETWEEN-FACILITY-CHARACTERISTICS-AND-HOSPITAL?REDIRECTIONSOURCE=FULLTEXTVIEW](https://www.ovid.com/jnls/JTRAUMA/ABSTRACT/10.1097/TA.00000000000005079-ASSOCIATION-BETWEEN-FACILITY-CHARACTERISTICS-AND-HOSPITAL?REDIRECTIONSOURCE=FULLTEXTVIEW)

Impact of Trauma Center LEVEL on Survival in Older Vs Younger Adults: A Propensity-weighted Comparison of Level 1 (L1TC) and Level 3 (L3TC) Trauma Centers in the NTDB



Shen Y et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.00000000000005109

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IMPACT OF TRAUMA CENTERS ON SURVIVAL IN OLDER VS YOUNGER ADULTS: A PROPENSITY-WEIGHTED COMPARISON OF LEVEL 1 AND LEVEL 3 TRAUMA CENTERS IN THE NTDB

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THE ETHICS OF PRESERVATION: BALANCING CLINICAL UTILITY AND DUTY IN CATASTROPHIC BRAIN INJURY

[HTTPS://WWW.OVID.COM/JNLS/JTRAUMA/ABSTRACT/10.1097/TA.00000000000005044-THE-ETHICS-OF-PRESERVATION-BALANCING-CLINICAL-UTILITY-AND?REDIRECTIONSOURCE=FULLTEXTVIEW](https://www.ovid.com/jnls/JTRAUMA/ABSTRACT/10.1097/TA.00000000000005044-THE-ETHICS-OF-PRESERVATION-BALANCING-CLINICAL-UTILITY-AND?REDIRECTIONSOURCE=FULLTEXTVIEW)

READ THE ARTICLE CHARACTERIZING BLEEDING RISK OF EXTRACORPOREAL LIMB SALVAGE WITH CONCOMITANT VASCULAR INJURY

CHARACTERIZING BLEEDING RISK OF EXTRACORPOREAL LIMB SALVAGE WITH CONCOMITANT VASCULAR INJURY
[HTTPS://WWW.OVID.COM/JNLS/JTRAUMA/ABSTRACT/10.1097/TA.00000000000005016-CHARACTERIZING-BLEEDING-RISK-OF-EXTRACORPOREAL-LIMB-SALVAGE?REDIRECTIONSOURCE=FULLTEXTVIEW](https://www.ovid.com/jnls/jtrauma/abstract/10.1097/TA.00000000000005016-CHARACTERIZING-BLEEDING-RISK-OF-EXTRACORPOREAL-LIMB-SALVAGE?REDIRECTIONSOURCE=FULLTEXTVIEW)

Hospital Medicaid Payer Mix Associated with Inpatient Mortality Following Traumatic Brain Injury

- Traumatic brain injury (TBI) disparities are well-documented at the patient level
- Retrospective cohort of 384,394 patients with TBI in TQIP database
 - Exposure: hospital Medicaid payer mix
 - Outcome: inpatient mortality
- Advancing hospital Medicaid payer mix quartile associated with higher odds of inpatient mortality
- Hospitals treating a greater proportion of patients with TBI insured with Medicaid associated with increased mortality odds
- Effect modification with age and Black race
- These findings underscore the importance of addressing hospital-level disparities in trauma care
- However, little is known about how hospital Medicaid payer mix is associated with TBI outcomes
- Observations persist with:
 - Propensity score matching
 - Subgroup of patients <85 years

Vattipally V N et al. *Journal of Trauma and Acute Care Surgery*.
DOI: 10.1097/TA.00000000000004925

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HOSPITAL MEDICAID PAYER MIX ASSOCIATED WITH INPATIENT MORTALITY FOLLOWING TRAUMATIC BRAIN INJURY

[HTTPS://WWW.OVID.COM/JNLS/JTRAUMA/ABSTRACT/10.1097/TA.00000000000004925-HOSPITAL-MEDICAID-PAYER-MIX-ASSOCIATED-WITH-INPATIENT?REDIRECTIONSOURCE=FULLTEXTVIEW](https://www.ovid.com/jnls/jtrauma/abstract/10.1097/TA.00000000000004925-HOSPITAL-MEDICAID-PAYER-MIX-ASSOCIATED-WITH-INPATIENT?REDIRECTIONSOURCE=FULLTEXTVIEW)

A Budding Problem: Marijuana Use in Pediatric Trauma Patients Before and After Legalization

- Adolescent trauma patterns were evaluated before and after marijuana legalization in Michigan
- Following legalization, THC positivity and violent mechanisms of injury increased
- Changes in cannabis policy coincided with higher-risk injury patterns among adolescents

Davis R et al. *Journal of Trauma and Acute Care Surgery*.
DOI: 10.1097/TA.00000000000004979

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A BUDDING PROBLEM: MARIJUANA USE IN PEDIATRIC TRAUMA PATIENTS BEFORE AND AFTER LEGALIZATION

[HTTPS://WWW.OVID.COM/JNLS/JTRAUMA/ABSTRACT/10.1097/TA.00000000000004979-A-BUDDING-PROBLEM-MARIJUANA-USE-IN-PEDIATRIC-TRAUMA-PATIENTS?REDIRECTIONSOURCE=FULLTEXTVIEW](https://www.ovid.com/jnls/jtrauma/abstract/10.1097/TA.00000000000004979-A-BUDDING-PROBLEM-MARIJUANA-USE-IN-PEDIATRIC-TRAUMA-PATIENTS?REDIRECTIONSOURCE=FULLTEXTVIEW)

Neurosurgical and Prehospital Timing in Severe Traumatic Brain Injury: Insights from the Prospective Resuscitation Outcomes Consortium Hypertonic Saline Trial

- Early care of traumatic brain injury (TBI) is critical to ensure good outcomes
- Retrospective cohort of 859 adults with severe TBI from the ROC TBI Trial
 - Exposure: prehospital time, ED length of stay, and time to neurosurgical intervention
 - Outcome: inpatient mortality & functional recovery at (GOSE)
- In high-acuity patients needing craniotomy + ICP monitoring:
 - Longer time to ICP monitor placement associated with:
 - Higher inpatient mortality
 - Worse GOSE at discharge
 - Worse GOSE at 6 months
- However, the long-term effects of intervention timing is still understudied
- No association between prehospital time or ED LOS and mortality or functional outcomes in the full cohort
- Findings persist in:
 - Subgroup undergoing craniotomy within 12 hours
 - Multivariable adjusted models

Kramer P et al. *Journal of Trauma and Acute Care Surgery*.
DOI: 10.1097/TA.00000000000005003

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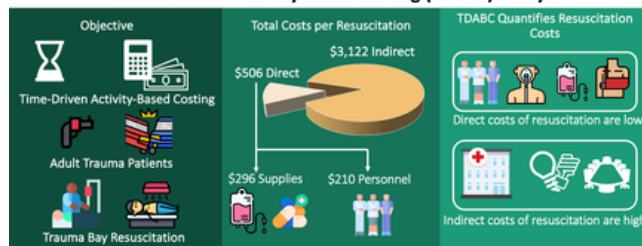
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NEUROSURGICAL AND PREHOSPITAL TIMING IN SEVERE TRAUMATIC BRAIN INJURY: INSIGHTS FROM THE PROSPECTIVE RESUSCITATION OUTCOMES CONSORTIUM HYPERTONIC SALINE TRIAL

[HTTPS://WWW.OVID.COM/JNLS/JTRAUMA/ABSTRACT/10.1097/TA.00000000000005003-NEUROSURGICAL-AND-PREHOSPITAL-TIMING-IN-SEVERE-TRAUMATIC?REDIRECTIONSOURCE=FULLTEXTVIEW](https://www.ovid.com/jnls/jtrauma/abstract/10.1097/TA.00000000000005003-NEUROSURGICAL-AND-PREHOSPITAL-TIMING-IN-SEVERE-TRAUMATIC?REDIRECTIONSOURCE=FULLTEXTVIEW)

Quantifying Costs During Trauma Bay Resuscitation: A Time-Driven Activity-Based Costing (TDABC) Study



Balke M et al. *Journal of Trauma and Acute Care Surgery*.
DOI: 10.1097/TA.00000000000005015

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QUANTIFYING COSTS DURING TRAUMA BAY RESUSCITATION: A TIME-DRIVEN ACTIVITY-BASED COSTING (TDABC) STUDY

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Developing a High-Fidelity Trauma Surgery Simulation to Enhance Team Performance: Lessons Learned from a Complex Implementation

- High-Fidelity Trauma Simulation**
Operative scenarios with dynamic hemorrhage control
- Ad Hoc trauma teams**
Multidisciplinary teams that did not routinely work together
- Performance Assessment**
Measurement of task and team performance via video-based coding and surveys

Cohen T et al. *Journal of Trauma and Acute Care Surgery*.
DOI: 10.1097/TA.00000000000005011

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DEVELOPING A HIGH-FIDELITY TRAUMA SURGERY SIMULATION TO ENHANCE TEAM PERFORMANCE: LESSONS LEARNED FROM A COMPLEX IMPLEMENTATION

[HTTPS://WWW.OVID.COM/JNLS/JTRAUMA/ABSTRACT/10.1097/TA.00000000000005011-DEVELOPING-A-HIGH-FIDELITY-TRAUMA-SURGERY-SIMULATION-TO-ENHANCE-TEAM-PERFORMANCE-LESSONS-LEARNED-FROM-A-COMPLEX-IMPLEMENTATION?REDIRECTIONSOURCE=FULLTEXTVIEW](https://www.ovid.com/jnls/jtrauma/abstract/10.1097/TA.00000000000005011-DEVELOPING-A-HIGH-FIDELITY-TRAUMA-SURGERY-SIMULATION-TO-ENHANCE-TEAM-PERFORMANCE-LESSONS-LEARNED-FROM-A-COMPLEX-IMPLEMENTATION?REDIRECTIONSOURCE=FULLTEXTVIEW)

Automated Control of Inspired Oxygen

- Background**
Mechanical ventilation is ubiquitous to intensive care medicine
The current standard of care requires ventilator settings based on physician order or protocol
Hypoxemia and hyperoxemia both have consequences
- Mechanically ventilated trauma and acute care surgery patients**
 Randomization
 Manual FIO₂ Control (n=98)
 Automated FIO₂ Control (n=97)
 Efficacy - % time at SpO₂ > 92 - 96%
 Safety - % time SpO₂ < 88%
- Results**
Automated control of FIO₂ was non-inferior to manual adjustment over a 12 h period (30% vs 36%)
Automated control of FIO₂ resulted in less time at SpO₂ < 88% (0.1% vs 0.2%, p=0.003)
Less oxygen usage during automated FIO₂ control (0.4 L/min vs 0.9 L/min)
No difference in adverse events between groups

Branson R et al. *Journal of Trauma and Acute Care Surgery*.
DOI: 10.1097/TA.00000000000005000

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AUTOMATED CONTROL OF INSPIRED OXYGEN IN MECHANICALLY VENTILATED TRAUMA AND ACUTE CARE SURGERY PATIENTS: A RANDOMIZED CONTROLLED TRIAL

[HTTPS://WWW.OVID.COM/JNLS/JTRAUMA/ABSTRACT/10.1097/TA.00000000000005000-AUTOMATED-CONTROL-OF-INSPIRED-OXYGEN-IN-MECHANICALLY-VENTILATED-TRAUMA-AND-ACUTE-CARE-SURGERY-PATIENTS-A-RANDOMIZED-CONTROLLED-TRIAL?REDIRECTIONSOURCE=FULLTEXTVIEW](https://www.ovid.com/jnls/jtrauma/abstract/10.1097/TA.00000000000005000-AUTOMATED-CONTROL-OF-INSPIRED-OXYGEN-IN-MECHANICALLY-VENTILATED-TRAUMA-AND-ACUTE-CARE-SURGERY-PATIENTS-A-RANDOMIZED-CONTROLLED-TRIAL?REDIRECTIONSOURCE=FULLTEXTVIEW)

Diaphragm Stimulation After Human Spinal Cord Injury: Effects on Respiratory Function and Diaphragm Muscle Activation

- Research Question**
Does diaphragm pacing improve respiratory function and neuromuscular activation of the diaphragm after acute SCI?
- Study Subjects**
11 adults with acute cervical SCI and severe breathing impairment
→ weekly breathing tests during the first 2 months of diaphragm pacing
- Outcomes Measures**
Max Inspiratory & Expiratory Pressure Generation and Forced Vital Capacity
Tidal Volume, Breathing Frequency & Minute Ventilation during Quiet Breathing
Time to Mechanical Ventilator Weaning
Intramuscular diaphragm EMGs
- Key Findings**
After 2 months of diaphragm pacing significantly improved:
 Spontaneous breathing
 Reduced breathing rate & increased tidal volume → improved minute ventilation
 Volitional max respiratory efforts
 Steady gains in MIP, MEP, FVC over time
 Diaphragm muscle activation particularly for more severe patients
 89% of subjects fully weaned from mechanical ventilation after 41 ± 19 days, which is half the expected time

Vose A et al. *Journal of Trauma and Acute Care Surgery*.
DOI: 10.1097/TA.00000000000005085

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DIAPHRAGM STIMULATION AFTER HUMAN SPINAL CORD INJURY: EFFECTS ON RESPIRATORY FUNCTION AND DIAPHRAGM MUSCLE ACTIVATION

[HTTPS://WWW.OVID.COM/JNLS/JTRAUMA/ABSTRACT/10.1097/TA.00000000000005085-DIAPHRAGM-STIMULATION-AFTER-HUMAN-SPINAL-CORD-INJURY-EFFECTS?REDIRECTIONSOURCE=FULLTEXTVIEW](https://www.ovid.com/jnls/jtrauma/abstract/10.1097/TA.00000000000005085-DIAPHRAGM-STIMULATION-AFTER-HUMAN-SPINAL-CORD-INJURY-EFFECTS?REDIRECTIONSOURCE=FULLTEXTVIEW)

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**SCHOLARLY OUTPUT FROM THE PEDIATRIC TRAUMA
SOCIETY ANNUAL MEETING: A 7-YEAR REVIEW**

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[HTTPS://WWW.OVID.COM/JNLS/JTRAUMA/ABSTRACT/10.1097/TA.00000000000005126-FORGED-IN-THE-CRUCIBLE-OF-LIFE-AND-DEATH-BORNE-OF-LEGACY-AND?REDIRECTIONSOURCE=FULLTEXTVIEW](https://www.ovid.com/jnls/jtrauma/abstract/10.1097/TA.00000000000005126-FORGED-IN-THE-CRUCIBLE-OF-LIFE-AND-DEATH-BORNE-OF-LEGACY-AND?REDIRECTIONSOURCE=FULLTEXTVIEW)

