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Pediatric falls and trauma scores: Are they associated?

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Introduction: Unintentional injuries are the major cause of death among pediatric age group. Fall is a major contributor in unintentional injuries, a minor fall may cause a major head injury among the children. Hence this study is aimed to study the association of vital signs and trauma scores to their outcome following fall.

Methodology: Data was retrieved from a prospectively maintained trauma registry at a level 1 trauma centre, New Delhi for a period of 1st October 2013 to 15th September 2015. It included all admitted multiple injury patients from emergency department and also who died between arrivals to admission. Patients with single long bone injuries and brought dead were excluded. The data were further analyzed using SPSS 23.

Results: There were 4692 samples, among them 7.5% (353) were from pediatric age below 13 years and all of them were unintentional injuries. Majority (65.2%) had history of fall, followed by (27.5%) road traffic accidents. Among the fall, 67.8% were male, with mean age of 4.4±3 years and 47.8% of them were between age group of 0-3. On presentation 30% of them had GCS \leq 8, 34.3% were intubated on arrival. In this cohort, mean values of oxygen saturation (93.9±17), respiratory rate (19.5±18 per minute), heart rate (107±29 beats/minute), and systolic blood pressure (105.8±22 mm of Hg). Among these only systolic blood pressure was statistically associated with outcome (P=.025). Mean ISS, NISS and RTS were 11.12±6.22, 16.92±8.8 and 6.7547±1.518 respectively. Among these RTS was statistically associated with outcome. Total mortality was 14.8% and was highest (25.9%) among infants followed by (19.3%) toddlers and least (6.9%) were school going age (6-12 years).

Conclusion: Systolic blood pressure on arrival and RTS were statistically associated with the outcome in the group of pediatric patients arriving with fall.

Biography

Santosh (Registered Nurse) is a PhD student at Department of Trauma Surgery, All India Institute of Medical Sciences (AIIMS), New Delhi. He has completed his Master in Community Health Nursing (2010) and Masters in Public Health (2014). He has qualified for National Eligibility Test (NET) in Preventive and Social Medicine in year 2010 and DAAD Fellow in November – December 2014. He served as a research assistant in towards Improving Trauma Care Outcome (TITCO) in India. He served as a faculty in different nursing institute in varying capacity as clinical instructor to assistant professor.

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