
NTDB™ data points

“Small package, big problem”

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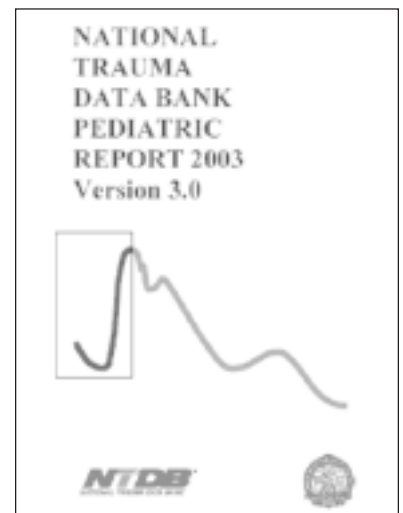
Trauma kills more children than all other diseases combined, and the numbers are staggering. Annually, there are close to 20,000 deaths, approximately 10 million emergency department visits, and over a quarter of a million hospitalizations. An estimated 50,000 children acquire permanent disabilities, most of which are the result of head injury. In addition to the cost in lost lives, the estimated direct annual cost of pediatric trauma approaches \$14 billion. The indirect costs, which include life-long disability and emotional and financial effects on families, are beyond calculation.

With pediatric trauma representing such a tremendous public health issue, it is surprising to find that prior to this report there was not a single accumulation or aggregation of pediatric trauma data that contained anywhere close to the number of cases in the National Trauma Data Bank™ *Pediatric Annual Report for 2003*. Out of the 731,824 records contained in the NTDB, 131,950 cases represent pediatric records that are 19 years of age or younger. The age distribution of pediatric patents peaks from ages 15 to 19, representing predominantly males injured in motor vehicle crashes and by violence (gunshots, shotguns, stabs, and fights). By the time a child reaches this age

group, injured males outnumber females three to one. Depicted on this page is the cover of this new report, which highlights the pediatric subset of patients that are represented by the line in the darker shade of gray surrounded by the rectangle.

Summer is in full swing and children are out of school. Many take to the streets, sidewalks, and trails, peddling their bicycles. According to the national Centers for Disease Control and Prevention (CDC), children are responsible for 59 percent of the more than 500,000 people who are treated in emergency departments annually as a result of bicycle-related injuries.

It is up to all of us to take some simple steps to decrease the injury potential from bicycle-related trauma. The first and foremost is to reinforce the use of properly fitted bicycle helmets with everyone we know or come in contact with. As publicly emphasized by the CDC, bicycle helmets reduce the risk of serious head injury by as much as 85 percent and the risk of brain injury by as much as 88 percent. Another useful approach is to target children's groups with bicycle safety and helmet use presentations. There is a useful Bicycle Helmet Campaign template with links that was put together by the Committee on Trauma's Subcommittee on In-



jury Prevention and which can be found on the Colleges's Web site at <http://www.facs.org/trauma/bicycle.html>. It is part of our responsibility as health care providers to pitch in and do our share toward prevention, especially when the cost of not doing it is so high.

Throughout the year we will be highlighting these data through brief monthly reports in the *Bulletin*. For a complete copy of the NTDB *Pediatric Annual Report 2003*, visit us online at our new Web address, <http://www.ntdb.org>. If you are interested in submitting your trauma center's data, contact Melanie L. Neal, Manager, NTDB, at mneal@facs.org.