

Category :**Polytrauma**

A243 - Examining the predictive effectiveness of atls, rts in polytrauma patients and defining new parameters to be added to trauma scores.

S HOSAF¹; O ayvaz¹; T kayım¹; E karakoc²; B yelken²

¹*Eskisehir osmangazi university, anaesthesia and reanimation, eskisehir, Turkey,* ²*Eskisehir osmangazi university, intensive care unit, eskisehir, Turkey*

Introduction:

Many scoring systems have been evaluated in predicting mortality and prognosis of trauma patients, but their superiority and reliability over each other are still not sufficient. In this study, it was aimed to determine the parameters that could effect mortality and prognosis in order to determine the parameters that should be used for a new scoring system.

Methods:

Polytrauma patients hospitalized in the ICU of a univerisity hospital between June 2020 and June 2023 were retrospectively evaluated. Patients' files, archive records and hospital automation recording systems were examined in detail. Age, gender, chronic disease, trauma etiology, APACHE-2 and weighted revised trauma score, Glaskow coma scores(GCS) at admission to the ICU, ATLS 10 score, length of stay in the ICU, length of hospital stay, mortality rates were evaluated. Lactate levels for the first 5 days were evaluated. Mann Whitney U-Test was used for comparisons between groups, and "Chi-Square or Fisher's Exact Test" was used for comparisons of categorical variables. "Spearman's Correlation Analysis" was used to examine the relationship between continuous variables.

Results:

A total of 4053 patients were treated in the ICU between the specified dates and a total of 96 patients with a diagnosis of polytrauma were included in the study. The median age of the polytrauma patients was 43 and 68.8% (n:66) of them were male. There was statistically significant difference between survivors and nonsurvivors in terms of APACHE-2, revised trauma score, GCS at admission to ICU, ATLS 10 score, lactate levels at 2, 3, 4 and 5 days. Presence of thoracic trauma and ATLS 10 score were correlated with length of stay in ICU.

Conclusion:

As we reported that nonsurvivors' mean GCS points were significantly lower than survivors' we concluded that a score that designed to predict mortality of polytrauma patients should be mostly dominated by GCS. The predictability of the first 5 days lactate levels should be examined to use as a parameter of a mortality score.