

paediatric trauma summary⁴⁰

Overview

There were **216 children** aged **between 0 and 16 years** who sustained injuries with an **ISS >15** in 2005, and who were admitted to a Trauma Centre in NSW. **Paediatric admissions** to Trauma Centres represented **11.3%** of all admissions of injured people with an ISS >15 in 2005, which was almost identical to the 2004 figure of 11.5%.

Of these, **183 children** (or 84.7% of children) were admitted to one of three paediatric hospitals in NSW, namely **John Hunter Children's Hospital** (34 paediatric admissions), **Sydney Children's Hospital** (73 paediatric admissions) and **The Children's Hospital at Westmead** (76 paediatric admissions).

While this report includes children with an ISS >15 admitted to Trauma Centres it is acknowledged that children sustaining injuries with an ISS 9-14 may also require complex trauma care provided at a paediatric Trauma Centre. These children are not included in this report.

Male children greatly outnumber females in the 2005 data set, with **males** representing **over 70%** of injured children in the data set. This ratio is similar to the overall gender distribution across the aggregated data for 2005. The death rate in the paediatric group for 2005 was 4%, lower than the 2004 paediatric death rate (at 7%).

Table 35. Paediatric admissions and deaths

Total admissions	272 admissions (216 patients)	
Survived	207 patients	96% of paediatric patients
Died	9 patients	4% of paediatric patients
Monthly average	23 admissions	

Table 36. Gender

Female	64 patients	30% of paediatric patients
Male	152 patients	70% of paediatric patients

⁴⁰ This section includes all trauma admissions in the age range 0-15 years (inclusive) to Trauma Centres during 2005, as this is the generally accepted paediatric age range for use in the paediatric MDS.

Admitting hospitals

Children were admitted to most Trauma Centres in NSW during 2005. Most children were subsequently transferred from a Trauma Centre to one of the three paediatric Trauma Centres (John Hunter Children's Hospital, Sydney Children's Hospital, and The Children's Hospital at Westmead) if they were not directly admitted to a paediatric hospital. A small number of children remained in other Trauma Centres, the majority of which were teenagers.

Figure 128. Paediatric admissions to each Trauma Service

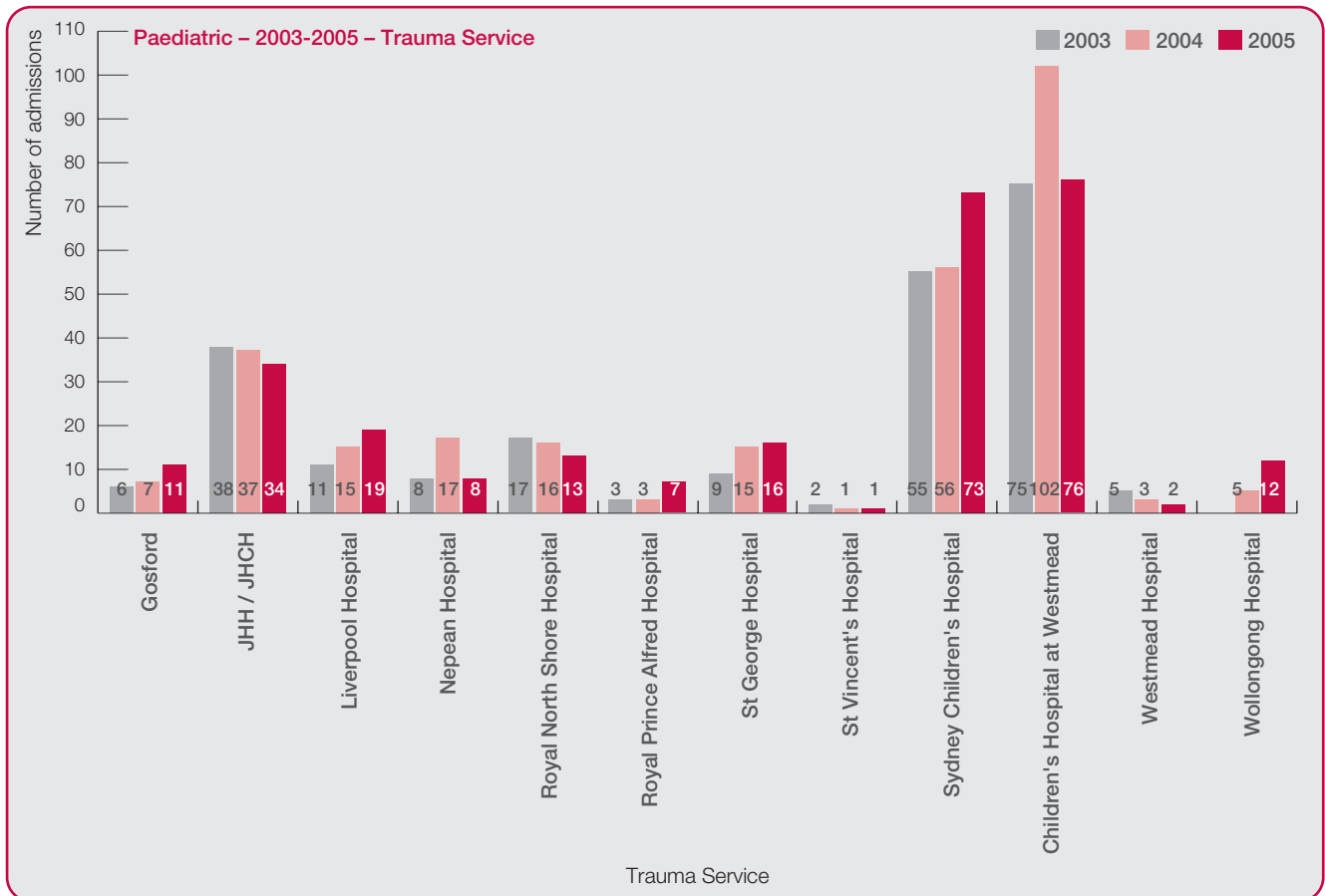


Figure 129. Paediatric admissions to each Trauma Service by transfer out status

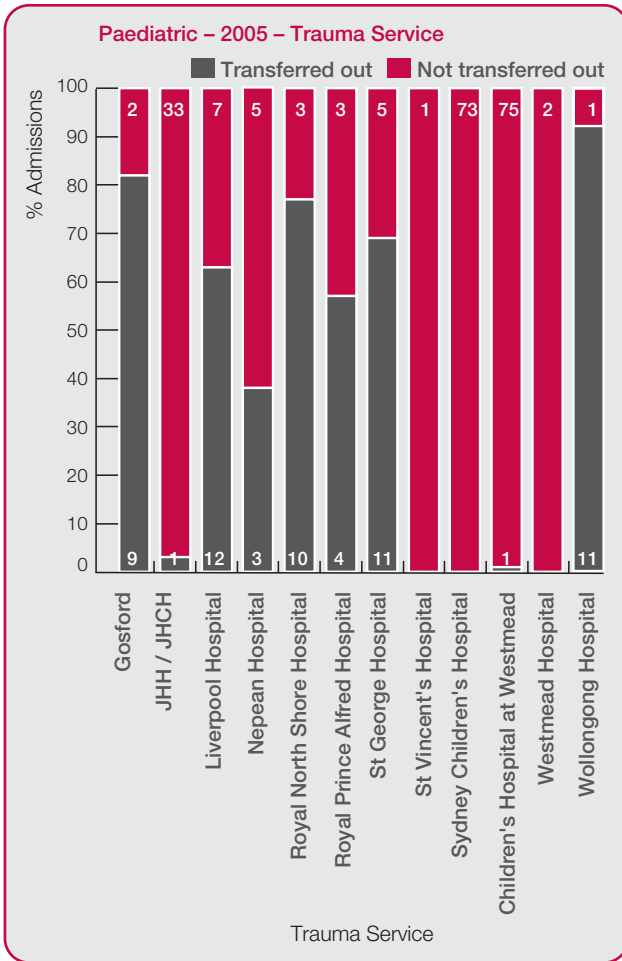
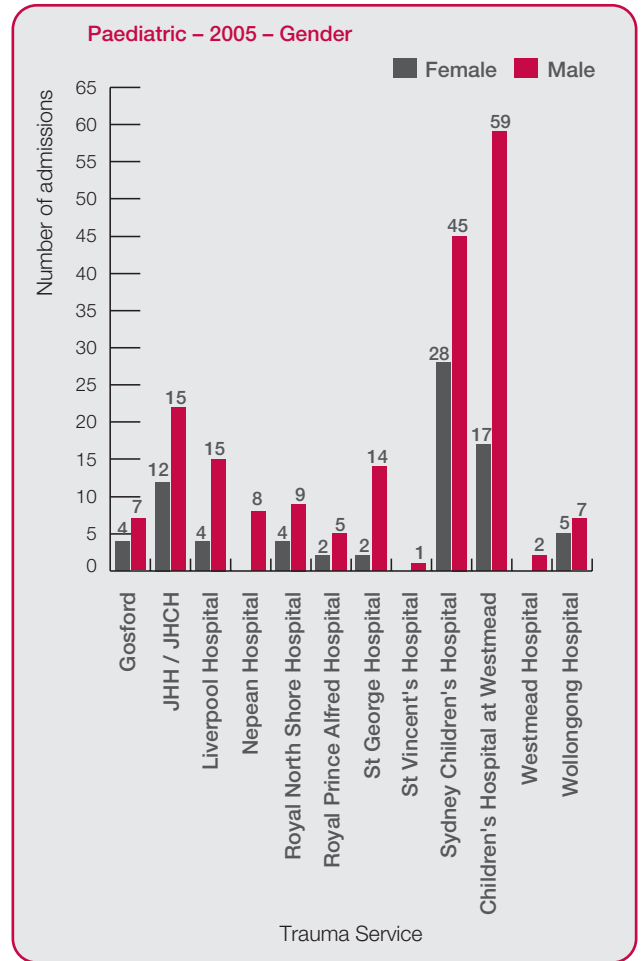


Figure 130. Paediatric admissions to each Trauma Service by gender

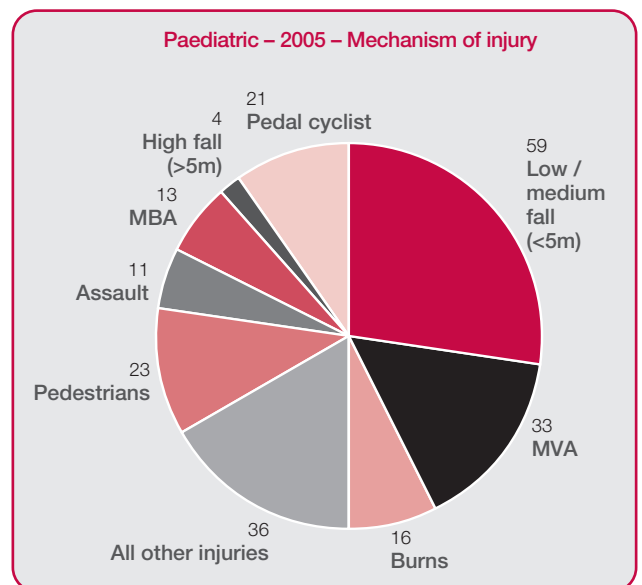


Mechanism

Low / medium falls (<5m) were the **most common mechanism of injury** for paediatric patients in the 2005 Trauma Minimum Data Set, related to **27.3%** of all paediatric injuries. This was slightly higher than the 2004 figure of 26.5% for low / medium falls for paediatric patients. **Motor vehicle accidents** were the **next most common** mechanism of injury in 2005, accounting for **15.3%** of paediatric injuries.

The **death rate** for **assaults** for paediatric patients was **33%**, however the number of children in this group was low.

Figure 131. Paediatric injuries by mechanism of injury



paediatric trauma summary

Figure 132. Paediatric injuries by mechanism of injury

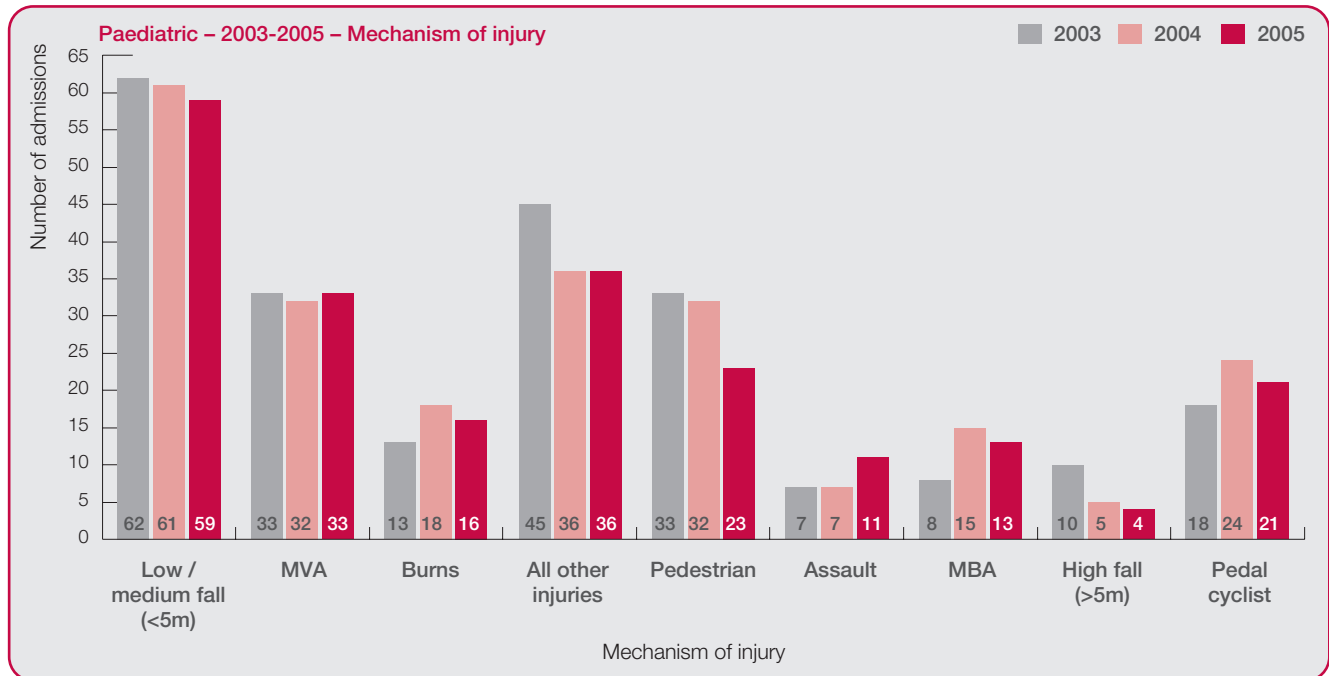
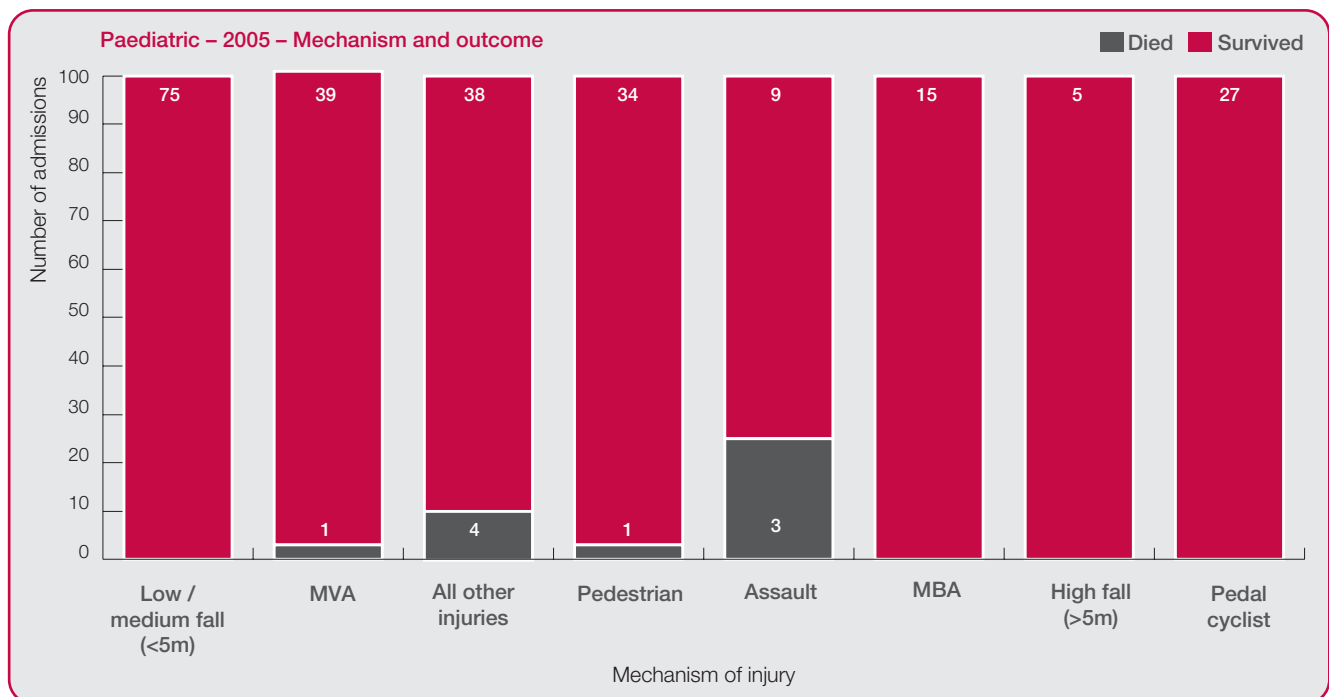


Figure 133. Paediatric patient admissions to all Trauma Services by mechanism of injury and outcome



Arrival mode

The **most common mode of arrival** for paediatric patients in 2005 was **ambulance**, recorded for **62%** of arrivals of children at Trauma Centres in the data set. Private vehicles are used more frequently for transporting children to Trauma Centres than in the general trauma patient population in the data set. **Private transport** was recorded as the arrival mode for **18.5%** of paediatric admissions to Trauma Centres in 2005, whereas **private transport** was recorded as the arrival mode for **6% of all admissions (adults and children)** in the 2005 data set.

The number of **NETS transfers increased** in the data set from **57** in **2004** to **70** in **2005**. The NETS service is used predominantly for inter-hospital transfers of children to specialist paediatric hospitals.

Figure 134. Paediatric patient admissions to all Trauma Services by arrival mode

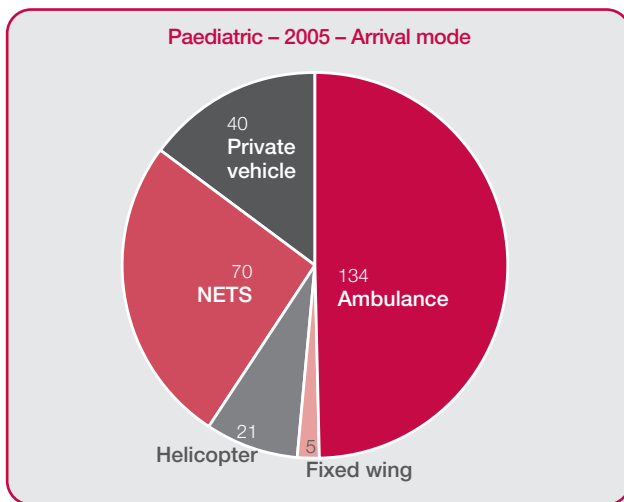


Figure 135. Paediatric patient admissions to all Trauma Services by arrival mode

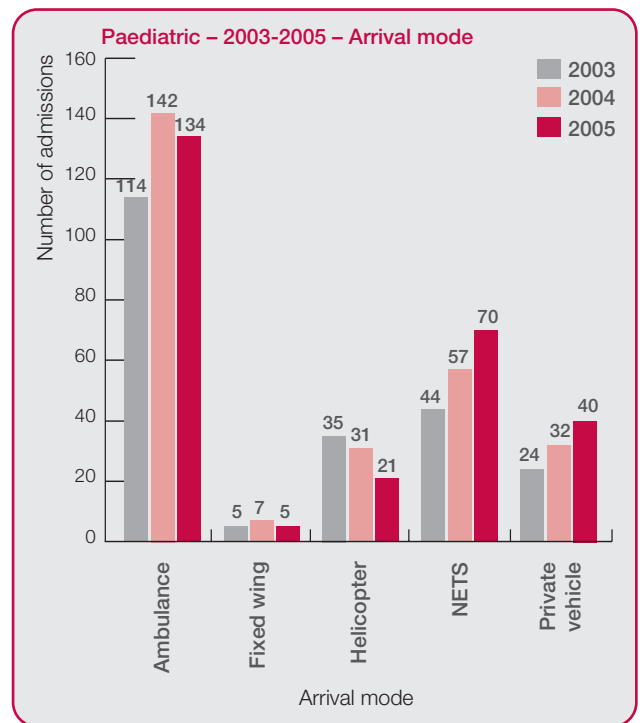
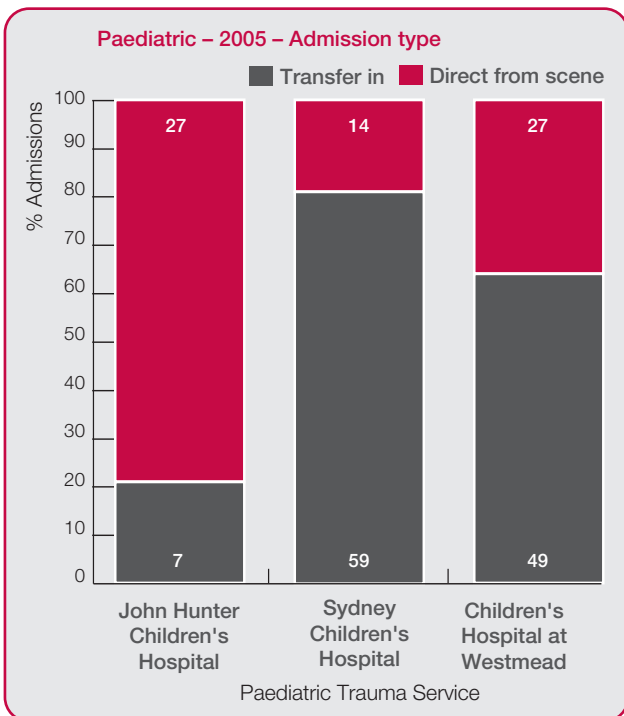


Figure 136. Paediatric admissions to each designated Paediatric Trauma Service by admission type



Paediatric pedal cyclists

Paediatric pedal cycle accidents in 2005 were most common **between 5pm and 6pm** (five admissions) and **between 6pm and 7pm** (four admissions). The **busiest day of the week** recorded for paediatric pedal cycle accidents was **Friday** (eight admissions).

Figure 137. Paediatric patient admission to all Trauma Services by hour of day injury occurred for pedal cycle related admissions

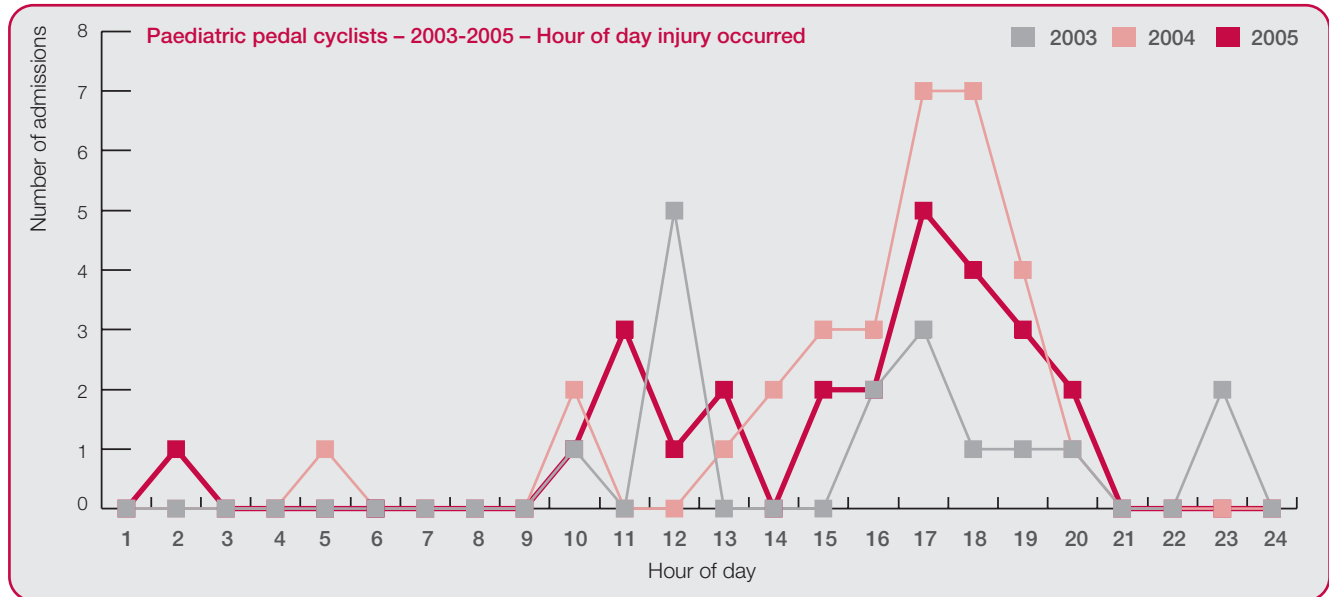
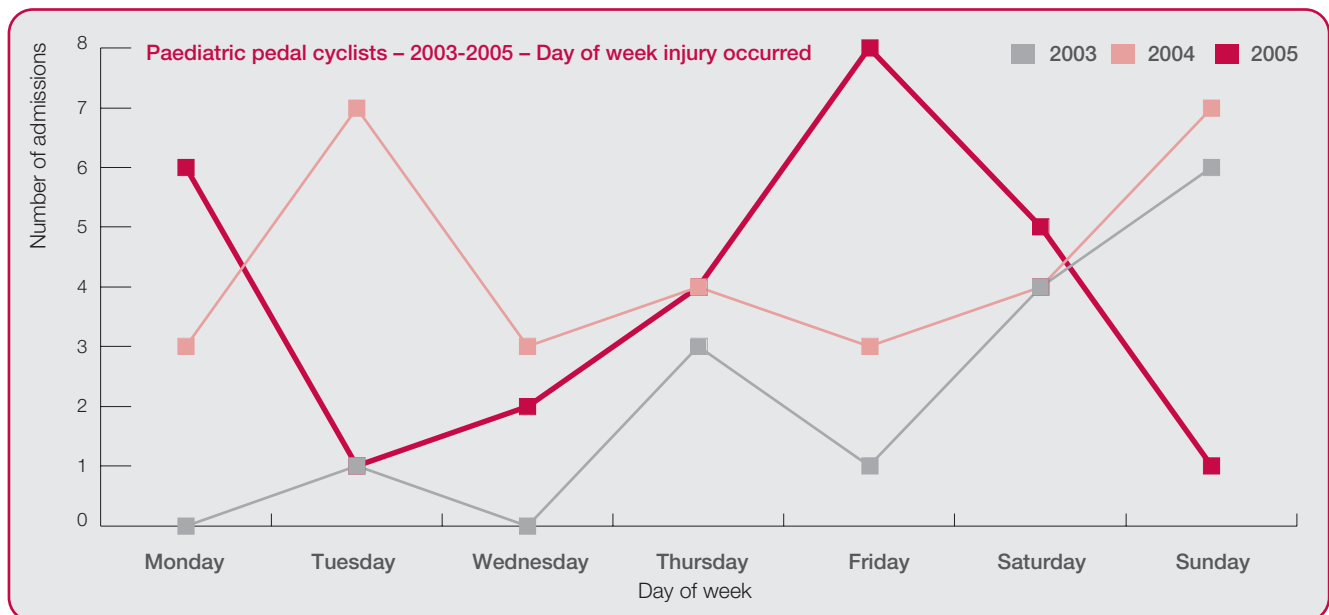


Figure 138. Paediatric patient admission to all Trauma Services by day of week injury occurred for pedal cycle related admissions



Paediatric pedestrians

Paediatric pedestrian accidents in 2005 were most common **between 6pm and 7pm** (eight admissions) and **between 7pm and 8pm** (five admissions). The **busiest day of the week** recorded for paediatric pedestrian accidents was **Saturday** (nine admissions).

Figure 139. Paediatric patient admission to all Trauma Services by hour of day injury occurred for pedestrian related admissions

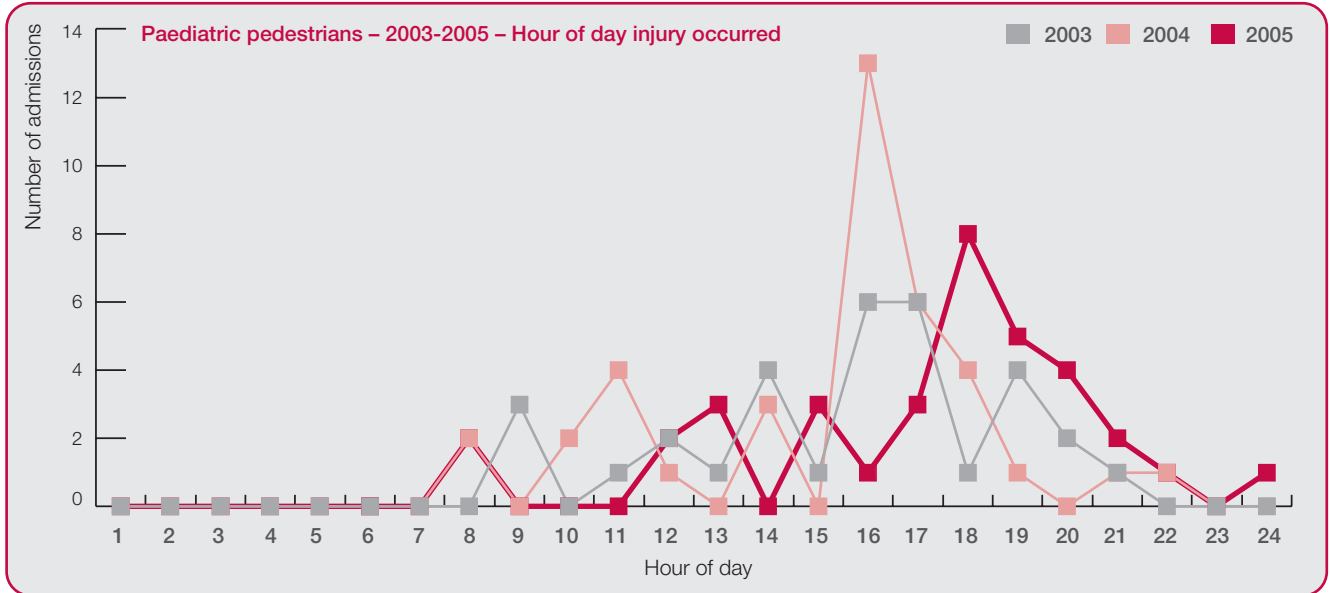
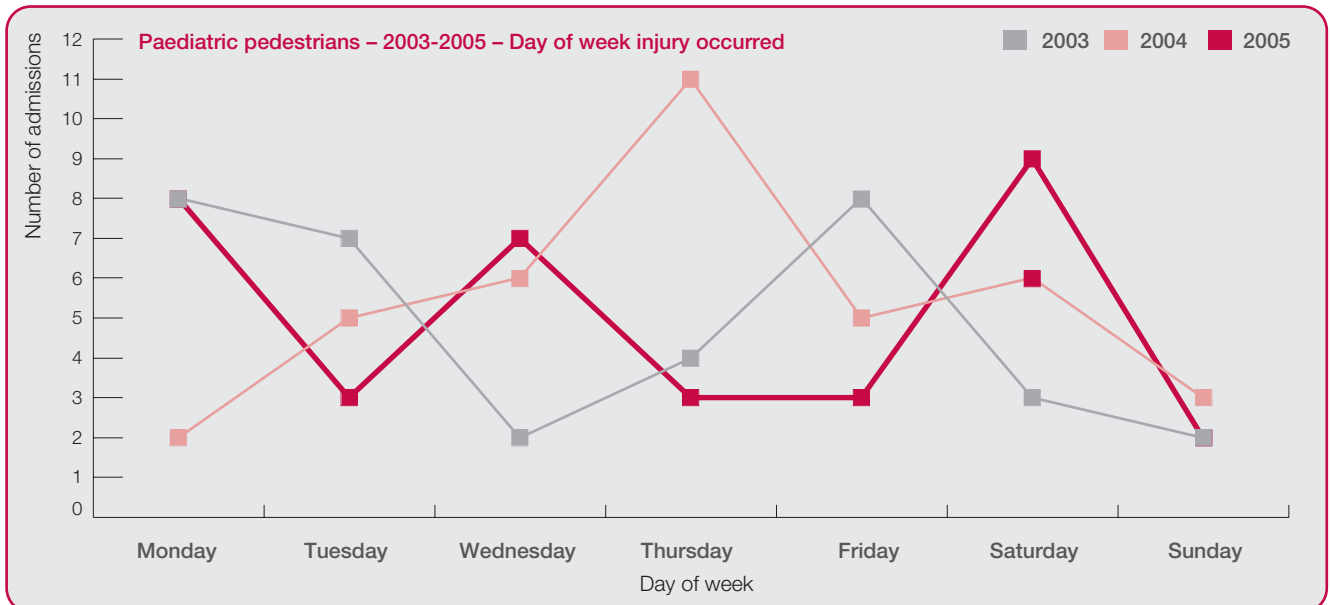


Figure 140. Paediatric patient admission to all Trauma Services by day of week injury occurred for pedestrian related admissions



Pre-school (0-5 years)

Low / medium falls (<5m) were the most common mechanism of injury for pre-school (0-5 years of age) patients in the 2005 Trauma Minimum Data Set, related to 41.2% of all pre-school injuries. This was almost identical to the 2004 figure of 41.7% for this group. Pedestrian accidents were the next most common mechanism of injury in 2005, accounting for 14.9% of pre-school injuries.

The death rate for pre-school patients in 2005 was 4.4% lower than the 2004 death rate for this group of 6.5%.

Figure 141. Pre-School (0-5 years) patient admissions to all Trauma Services by mechanism of injury

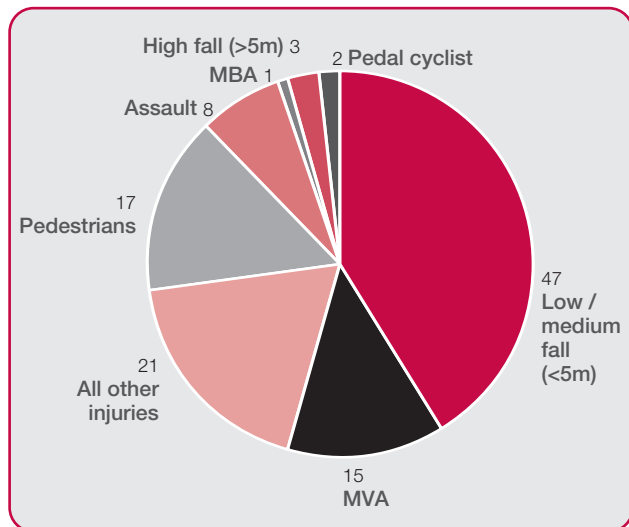


Figure 142. Pre-School (0-5 years) patient admissions to all Trauma Services by mechanism of injury

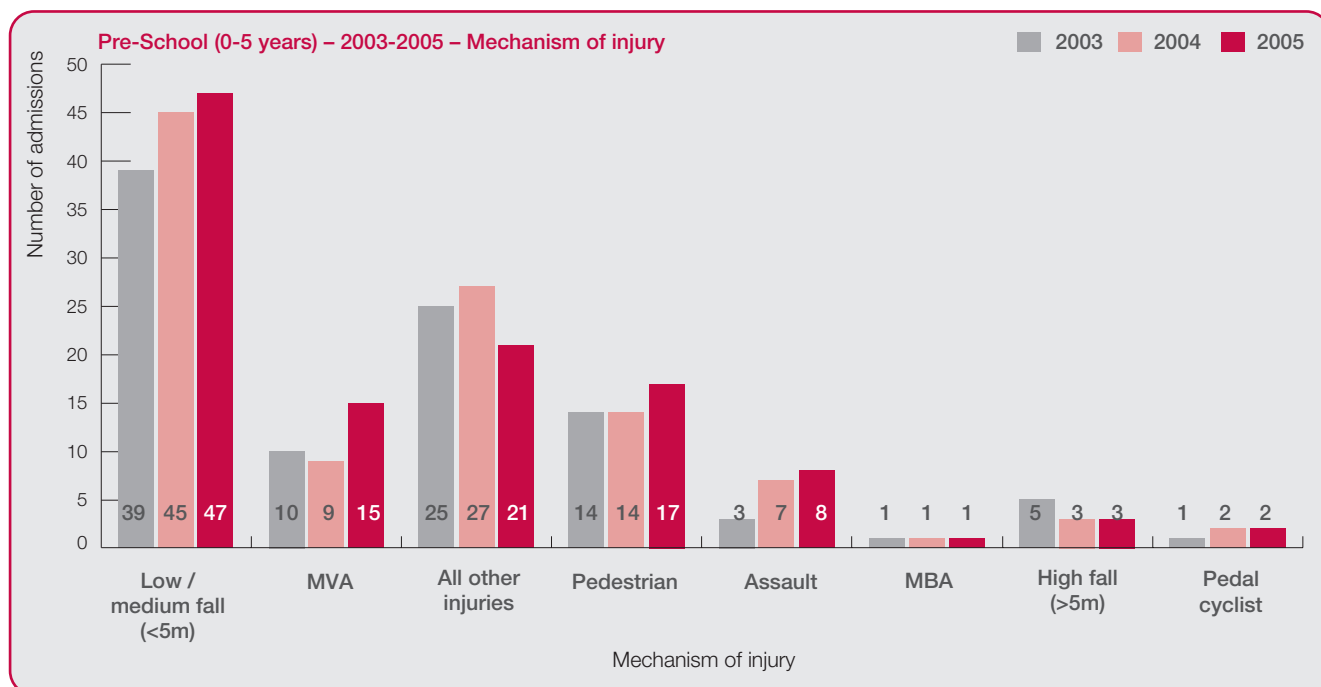


Figure 143. Pre-School (0-5 years) patient admissions to all Trauma Services by place of injury

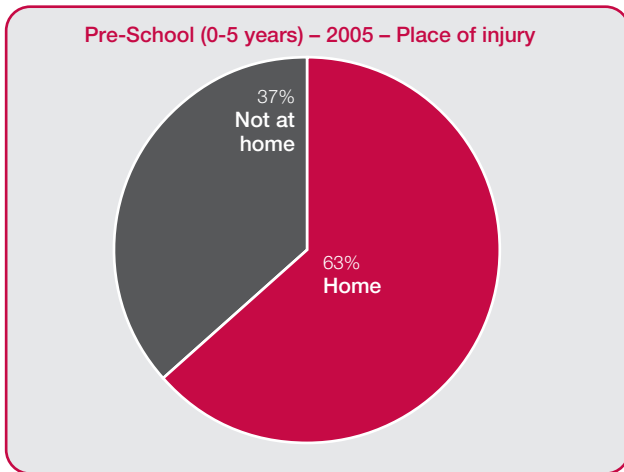


Figure 144. Pre-School (0-5 years) patient admissions to all Trauma Services by place of injury

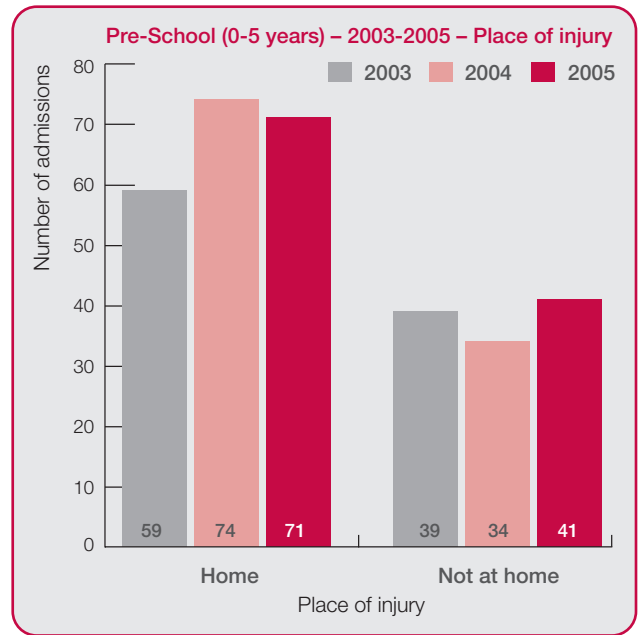


Figure 145. Pre-School (0-5 years) patient admissions to all Trauma Services by outcome

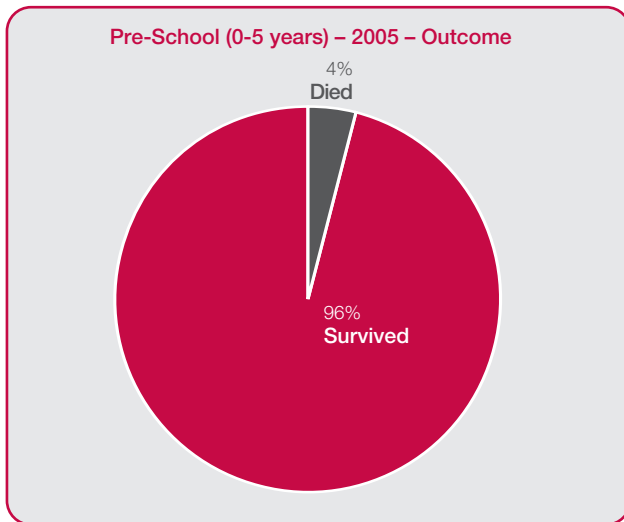


Figure 146. Pre-School (0-5 years) patient admissions to all Trauma Services by outcome

