

Quality of Life and Functional Outcome after Pediatric Trauma

Winthrop AL, Brasel KJ, et.al., *J Trauma* 2005; 58: 468-474.

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While anesthesiologists and critical care specialists concentrate on the acute phase of injury in trauma patients, important information is needed for the activating those specialties and services involved in long term care and post-hospital course of these patients. It is especially important in the pediatric population to access resources needed for the patient as well as the families affected by the injury. Dr. Winthrop et. al. have given some data as regards to the stresses and needs these patients have as they leave the acute care setting.

The study was a prospective, longitudinal evaluation of the quality of life and functional status of patients aged 1-18 years, admitted to the Trauma Service of the Children's Hospital of Wisconsin from 2002 to early 2004 with significant injury (ISS > 9). A total of 156 patients completed data in order for a six-month evaluation to be conducted. Children with head and/or spinal cord trauma were excluded due to the assumption that those patients would continue to have significant long-term impairment in quality of life and functional status. In addition, the impact on family life, financial status, and family strain was assessed.

Not surprisingly, most patients were admitted due to motor vehicle accidents and 45% had femur fractures with the next most common area of injury being abdominal (28%). While children made significant gains in functioning from baseline through one month and six months after injury, children older than five years of age had still not reached their peers in level of functioning at six months post-injury. Additionally, this impairment of functioning had significant affect on the family economics and personal strain although family coping was maintained throughout this period.

While not directly impacting on anesthetic care, this study does reflect the need for continued post-hospitalization care required for these patients and their families and the need to activate social and rehabilitative resources as the patient leaves the acute care setting.