

# FOCUS REPORT PAEDIATRICS

1 JULY 2017 TO 30 JUNE 2018



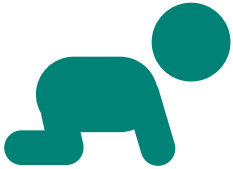
**AUSTRALIA  
NEW ZEALAND  
TRAUMA REGISTRY**  
*Management of the  
Severely Injured*

# PAEDIATRICS (0-15 YEARS OLD)

More than 60,000 children aged 0-14 were hospitalised following injury in Australia in 2011-12, according to the Australian Institute of Health and Welfare. The Australia New Zealand Trauma Registry collects trauma data on only the most severe injuries - those who are hospitalised with an Injury Severity Score (ISS) greater than 12 or death after injury.

Six hundred and forty three severely injured children aged zero to 15 years were reported across Australia and New Zealand for the period 1 July 2017 to 30 June 2018, accounting for 6.6% of all severe injuries. This group of children represent the most severely injured trauma survivors in what is the most common cause of death and disability in children and young people.

51% 0-15 yo deaths were AGED 0-3



## CHILDREN AGED 0-4 YEARS

Children aged zero to four years accounted for one-third of all paediatric severe injuries (n=209). The most common mechanism was low fall (n=52). Forty-three children were classified with a mechanism of *other* or *unknown*, the second largest group (figure 1). Of these, 15 had an intent of maltreatment or assault, 14 were unintentional and 14 had unknown intent. Six out of the seven struck by person were intentional assault. Cases in this age group that have unknown cause or intent are often classified as non-accidental injuries (NAI). The other threat to breathing category in this age group (n=5), includes, accidental hanging, suffocation/strangulation or object inhalation. Injury severity was greatest in the ISS 16-24 range (n=93) followed by the 25-40 range (n=78).

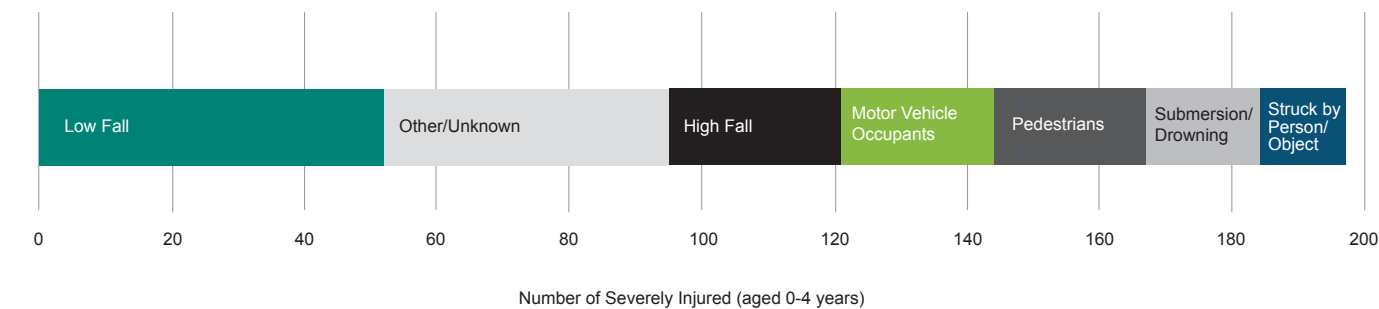


Figure 1. Mechanism of Injury (aged 0-4 years)

60% occurred in HOME

21% occurred on THE ROAD

### OUTCOME

In-hospital mortality accounted for 13 per cent (n=27) of the cohort, above the bi-national mortality (9.9 per cent). Of the deaths, 29.6 per cent died in the emergency department (also well above the bi-national ED mortality of 15.1 per cent). The most common cause of death was submersion or Drowning (n=6) and Other/Unknown (n=6), followed by Pedestrians (n=5). The categories 'other' and 'unknown' is often how non-accidental injuries (NAI) are recorded. 84.3 per cent of children aged 0-4 years were discharged home.



## CHILDREN AGED 5-15 YEARS

Children aged five to 15 years accounted for two-thirds of paediatric severe injuries (n=434). The most common mechanism was motor vehicle (n=72) followed by high falls (n=66). Injury severity was greatest in the ISS 16-24 range (n=214, 49%) followed by the 25-40 range (n=78, 25%).

### CAUSE OF INJURY



53% TRANSPORT RELATED

28% FALLS related

4% CAUSED BY HANGING

### PLACE OF INJURY

38% ROAD

18% HOME

11% sports & ATHLETICS AREA

### OUTCOME

22 in-hospital deaths 5.1%

41% deaths HANGING RELATED

### OUTCOME

In-hospital mortality accounted for 5.1 per cent (n=22) of the cohort, well below the bi-national mortality (9.9 per cent). Of those deaths, 22.7 per cent died in the emergency department (well above the bi-national ED mortality of 15.1 per cent). Almost half (41%) of in-hospital deaths were caused by hangings, followed by pedestrians and motor vehicle occupant. 83.2 per cent were discharged home and 9.7% to rehabilitation. 80 per cent of in-hospital deaths caused by hanging were intentional self-harm.

**ntri** national trauma  
research institute



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