anti-platelet therapy at time of tracheostomy (42.8% vs 9.1%, p=0.050) and less likely to have therapeutic anticoagulation held for the procedure (71.4% vs 100%, p=0.049). There were no differences in bleeding or thrombotic complications, or rates of tracheostomy downsizing or ventilator liberation.

CONCLUSION: Tracheostomy placement is common but performed later among COVID-19 patients with ARDS requiring ECMO. We observed no difference in placement technique in this group. Continuing anticoagulation and antiplatelet therapy appears to be safe.

Trauma Trends in a Low and Middle Income Country During COVID-19 Pandemic
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INTRODUCTION: Societal restrictions due to the COVID-19 pandemic have impacted all areas of the medical profession. Several reports have indicated that trauma admissions decreased in high income countries during the pandemic with changing trends in the presenting traumas. The aim of this study was to determine if this was the case for one of the largest public hospitals in a low and middle-income country.

METHODS: Demographic data and trauma outcomes from the Injury Support Initiative for Trauma (INSIGHT) database was retrospectively analyzed from a prospectively collected trauma registry in the largest public hospital in a LMIC. This facility functions as the main referral trauma hospital for the whole country. Trauma admissions from October 2019 to March 2020 and admissions from September 2020 to February 2021 were analyzed using Z-scores and student's t-distribution for nominal and interval variables respectively.

RESULTS: The trauma-related hospital admissions involving nonintentional injuries decreased from 59.6% to 50.5% (p < 0.05). Penetrating injuries due to violence remained unchanged (22.8% vs 23.8%, p = 0.75). Interverbal assaults decreased from 3.77% to 1% (p < 0.05). Mortality slightly increased from 11.5% to 12.8%, but this was not statistically significant (p = 0.6).

CONCLUSION: The overall proportion of nonintentional injury related hospital admissions decreased significantly; however, penetrating injuries described as gunshot wounds and stabblings persisted, despite COVID related restrictions in a LMIC. The trauma trend, regarding violence during the pandemic, in a LMIC remained unchanged.

Trends in Use of Torso Imaging for the Evaluation of Ground Level Falls at a Level I Trauma Center: More Imaging Does Not Equal Better Care
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INTRODUCTION: Computed tomography (CT) of the chest (CTC), abdomen, and pelvis (CTAP) has become increasingly common when assessing trauma patients in the emergency department (ED). However, excessive imaging can expose patients to unnecessary radiation and increase healthcare costs. Here, we characterize the trends of torso CT imaging for the evaluation of ground level falls (GLF) at our level 1 trauma center.

METHODS: Patients ≥18 presenting to our ED with a GLF (1m or less) in 2018-2019 were included. Data was obtained through chart review. Descriptive statistics were used to summarize the patient demographics, the use of torso CT’s, and health outcomes. Multivariate logistic regression was used to assess the trend in torso imaging use over time.

RESULTS: 492 patients during the study period received 140 (28%) CTC and 148 (30%) CTAP; 125 (25%) received both (CTCAP). Multivariate logistic regression demonstrated a significant increase in the use of CTCAP over time when controlling for age, gender, race, primary language, physical exam findings, injury severity score, Charlson Comorbidity Index, intoxication, intubation, and anticoagulant use (OR=1.05, CI=1.02-1.09, p=0.002).

CONCLUSION: GLF patients evaluated in our ED have had an increase in the use of CTCAP over time even when adjusting for factors that would traditionally prompt CTCAP in this population. Delineation of specific guidelines prompting imaging of this patient population is needed to reduce unnecessary healthcare expenditures and minimize radiation exposure.

Utility of Torso Imaging for Elderly Patients Sustaining Ground Level Falls
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INTRODUCTION: Computed tomography (CT) of the torso has become increasingly common for assessment of fall patients in...
the emergency department (ED). Some data suggests that older adults (≥65) may benefit from torso imaging more than younger patients. We sought to evaluate the usage and utility of CT imaging for elderly patients presenting after falls from 1m or less (GLF) at our level 1 trauma center.

**METHODS:** Patients ≥18 presenting with GLF in 2018-2019 were included. Data was obtained through chart and trauma registry review. Descriptive statistics were used to summarize the use of CT imaging, and results were stratified by age. Multivariate logistic regression was used to compare the rate of abnormal CT imaging between age groups.

**RESULTS:** 194 patients <65 and 298 patients ≥65 were included. Older patients were significantly more likely to receive a pelvic radiograph (p<0.001), brain CT (p=0.002), and neck CT (p=0.003), but not torso CT (p=0.262). On multivariate logistic regression, older patients were equally likely as younger patients to have an injury identified by torso CT (OR= 0.72, CI= 0.27-1.9, p= 0.51). A positive physical exam of the torso, however, was strongly associated with positive imaging findings (OR=2.15, CI=1.26-3.67, p=0.005).

**CONCLUSION:** GLF patients <65 and ≥65 obtained torso CTs at similar rates. The rate of injury identification was also similar and strongly associated with positive physical exam findings. More conservative use of CT on elderly patients could decrease healthcare utilization costs and minimize radiation exposure.

**Vacuum-Assisted Closure Therapy: A Small Journey in Nitor**

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**INTRODUCTION:** The NPWT (Negative pressure wound therapy) machine is expensive in our country (Price $2000). So we modify the aquarium pump and converted it as a VAC machine (Price $1).

**METHODS:** This is a prospective interventional study conducted from June 2019 to Dec 2019 at National Institute of traumatology and Orthopedics Rehabilitation (NITOR), Dhaka. About 28 Patients with musculoskeletal injury were treated with locally made NPWT machine for VAC therapy. Patients were visited after 72 hours and outcome were evaluated according to examination regarding pain, granulation tissue formation, pus deteration or measuring wound size and edema followed by split thickness skin graft and secondary closure.

**RESULTS:** According to Gustilo Anderson classification, out of 28 patients, 27 patients had grade IIIa injury, 1 had grade IIIb injury. Our study showed that after 72 hours of locally made low cost NPWT machine application for VAC, all the patients were improved. Pain and wound size were decreased significantly. Granulation tissue formation and detoration of pus were found significantly. Then secondary interventions were done such as Split thickness skin graft in about 27 patients (91%) in next day after the removal of NPWT machine and secondary closure was done in 1 patient (3%).

**CONCLUSION:** VAC therapy by Low cost locally made machine was found to facilitate to decrease the wound size, subside pain, remove the pus or exudates and stimulate the rapid formation of healthy granulation tissue on open musculo skeletal wounds and thus to shorten healing time in our country.

**Validation of Classification for the Management and Prognosis of Penetrating Precordium Trauma in Developing Countries**

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**INTRODUCTION:** The incidence of penetrating chest trauma is variable, representing 10% of the worldwide mortality rate, 55-82% in developing countries at prehospital care with cardiac trauma and 85% at hospital admission according to classification and management. Colombia is one of the most affected countries by violence, that’s why it’s important to validate its own scales for the classification approach and patient’s trauma management.

**METHODS:** A retrospective observational study including patients with penetrating precordium injuries at hospital in Bogota, Colombia between January 2018 and April 2020. The variables were: mechanism of injury, admission hemodynamic status, hospital management, patient’s outcome and demographic variables. Bivariate statistical analysis, spearman correlation and logistic regression were performed.

**RESULTS:** 499 clinical histories were reviewed. The bivariate analysis showed a significant relationship between mortality and hemodynamic state, injury mechanism, location and grade, cardiac/vessel injury, cardiac tamponade, time between injury and medical assessment, fluid reanimation, Ivatury’s classification and our’s classification, statistically significant (p <0.005). The Spearman correlation between Ivatury’s and our classification showed the proposed classification clinical utility based on adequate coefficient correlation. Furthermore, the logistic regression showed a statistical significant association with mortality (p <0.005).

**CONCLUSION:** It’s necessary to have a standardized management scheme for precordium wounds focused on the population characteristics of each territory in order to improve care and outcomes. The classification proposed was validated by a highly experienced trauma center, is safe and enhances the approach and management for penetrating precordium trauma.