fireworks displays were cancelled, and celebrants shifted to smaller, distributed events. We examine if there was a concomitant increase in firework-related injuries.

**METHODS:** We performed a retrospective review of patients who presented to our urban level 1 trauma center between January 1st, 2015 and July 31st, 2020 with firework-related injuries. Patients were identified from our trauma registry and emergency department records. Charts were reviewed for patient demographics, injuries, procedures performed, and mortality. Patients were grouped by date of presentation and descriptive statistics were derived.

**RESULTS:** We identified 66 patients injured during the study period. The median age was 23 and 91% were male. The incidence was stable over the study period except for a dramatic rise in 2020, when half of all injuries occurred. The most common injuries were fingers (74%), hand and wrist (48%), burns (47%), and ocular (42%). 26% demonstrated the triad of injury to hand or fingers, eyes, and tympanic membrane rupture. 63% needed amputation of at least one digit. 18% required amputation of the hand.

**CONCLUSION:** There has been a steep increase in the number of firework-related trauma in 2020. These injuries continue to cause serious, lifelong disability. Although the recent spike may have been driven by a combination of transient social conditions, this data should inform increased efforts at prevention and research into causative factors.

**Increased Hospital Recidivism Among Marijuana Positive Trauma Patients**

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**INTRODUCTION:** With more states legalizing marijuana for recreational use, it is important to understand the effects on our healthcare utilization. Our objective was to evaluate for differences in hospital recidivism for patients positive for THC (THC+) compared to patients negative for THC (THC-).

**METHODS:** A retrospective cohort study was done from 2015-2018 at a single Level I ACS verified trauma center. Included were trauma activations in subjects greater than 16 years of age with a urine drug test performed. Variables collected included: insurance status, associated alcohol or illicit substances, procedures performed, complications and hospital recidivism defined as a return to hospital or ED within 1 year. Chi square and univariate analysis were used.

**RESULTS:** 2136 patients were included, 73% THC- and 26.5% THC+. The average age of THC- was 52.3 vs 33.7 years in THC+. Among THC- 75.5% were male (p<0.01). More THC+ patients used illegal drugs (27.7% vs 21.5%, p<0.01). The rate of complications (11%), length of stay (4.3 days) and ISS 9 vs 10) were similar. Interventions were higher in the THC+ group (44.5% vs 58.4%, p<0.0001), along with violent injuries (23.5% vs 10.8%, p<0.01) and a higher recidivism in THC+ (17.5% vs 14.1%, p=0.05), but no difference in readmissions (46%). Multivariate analysis only showed that younger age and male gender were associated with an increased rate of violent injury (F=37, p<0.0001).

**CONCLUSION:** Despite THC+ patients being younger with similar ISS and complications compared to THC- patients, THC+ had higher percentage of interventions and higher return to the hospital. This has important considerations for health providers.

**Insurance Status Impacts Hospital Discharge for Penetrating Trauma Survivors: One Decade of Experience From an Urban Level I Trauma Center**

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**INTRODUCTION:** Despite the equalization of acute care in trauma, disparities exist in the long-term outcomes of trauma survivors. Prior studies have revealed insurance status plays a role in the discharge destination of blunt trauma survivors. This has yet to be described in patients with penetrating traumatic injury.

**METHODS:** A retrospective chart review from 2009-2019 from an urban Level 1 trauma center identified adult patients who survived penetrating trauma to discharge. Patients were categorized by insurance status. Patient demographics, discharge destination, and hospital length of stay (LOS) were analyzed using t-test and ANOVA.

**RESULTS:** 1,806 patients were identified with 1,410 survivors to hospital discharge. Among the survivors 26.8% were uninsured, 13.1% were privately insured, and 60.0% had Medicare/Medicaid. The uninsured patients were significantly less likely to be discharged to a rehabilitation facility or skilled nursing facility (OR = 0.49, CI95% 0.35-0.71) compared to the insured patients. Uninsured survivors had shorter LOS compared to the other groups (5.8 vs 7.3, p<0.01). Severity of injury did not significantly influence the discharge destination nor LOS between the groups.

**CONCLUSION:** Despite attempted healthcare reform, many trauma patients remain uninsured affecting outcomes of care. Our study shows that uninsured penetrating trauma survivors are less likely to be discharged to rehabilitation and skilled nursing facilities. This may contribute to uninsured trauma survivors not receiving appropriate post-traumatic care and could lead to the accrual of undue disability, long-term complications, and increased societal burdens.