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[Archives](#)
[Fast Track Issue](#)
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Home > Vol 96, No 10 > **Chittawatanarat**

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Effects of Rapid Response Trauma Team in Thoracic Injuries in Northern Trauma Center Level I

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Abstract

Background and Objective: Associated thoracic injury is the first priority at the initial assessment and its outcomes are time-dependent. Faculty of Medicine, Chiang Mai University organized a rapid response trauma team (RRTT) at mid-year 2006. The aims of this present paper were to report the effects of RRTT regarding outcomes of thoracic injury.

Material and Method: We performed a retrospective review for admitted thoracic injury patients between January 2004 and September 2009. The interval prior to July 2006 was defined as "before RRTT" and the latter as "after RRTT". The severity-adjusted mortality was calculated.

Results: During the 69 months, 951 patients were included (427 in "before RRTT", 524 in "after RRTT"). Although the severity injury score (ISS) was significantly lower before RRTT, the severe trauma patients (ISS >15) had a significantly higher mortality (25.3% vs. 15.3%; $p = 0.01$). RRTT significantly improved the mortality odds ratio in the overall and severe trauma [0.39 (0.22-0.68); $p < 0.01$ and 0.43 (0.25-0.73); $p < 0.01$]. Subgroup analysis found to have positive effects with the RRTT in maxillofacial, head, and orthopedics associated injuries.

Conclusion: RRTT for thoracic injuries in the tertiary level I trauma center could decrease the severity-adjusted mortality, especially in severe trauma patients.

Keywords: Rapid response trauma team, Mortality, Thoracic injury, Severe trauma

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