MP29-07: Floor vs. Intensive Care Unit Management of Isolated Low Grade Renal Trauma: A Retrospective Cohort Study

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Background and Results

- Conservative management of low-grade renal trauma (AAST grade I/II) is well established…
  - However, no admission and transfer protocols exist
- Aim of the study is to determine whether transfer to level one trauma center and ICU care are necessary for patients with isolated low-grade renal trauma
- Single institution registry reviewed from 2005-2018 at a level one trauma center

n(%), Mean [IQR]		Floor (n=31)	ICU (n=46)
Transferred to HMC		14 (45.1)	26 (56.52)
Transfer <72 hr. stay		14 (100)	19 (73.07)
Mean LOS in Hours		43.4 [20.75]	71.9 [45.94]
By Age Group	0-18	25.1 [15]	42.6 [21.56]
	19-64	49.6 [22.88]	63.9 [51.19]
	65+	27.8•	112.6 [81.88]
Mean ICU LOS (Hrs.)		NA	37 [23]
Mean ISS		7.7 [4]	8 [3.75]
Blood Product Admin		0	3 (6.52) ♦
Vasopressor Admin		0	0
Post-Discharge Complications⊖		2 (6.45)	3 (6.52)
Alive post-discharge		31 (100)	46 (100)
HMC discharge. to…			
	Home	31 (100)	41 (89.13)
	SNF♣	0 (0)	5 (10.87)

HMC= Harborview Medical Center, LOS= Length of Stay, ISS= Injury Severity Score, SNF= Skilled Nursing Facility

Results and Conclusions

- All patients survived, no one received vasopressors, and those with no pre-existing renal conditions suffered no post-discharge complications, < 5% of patients under 65yo received blood products

- Patients < 65yo had a short ICU stay (mean ~ 58hrs) → patients could be managed from the floor

- 85% of transfer patients were discharged in less than 72hrs → suggesting transfer was not necessary

- Low complication rate + rapid discharge from ICU + similar outcomes between floor and ICU patients with isolated low grade renal trauma

  → no need for ICU admission, no need for transfer to level 1 trauma center
  → management protocols can lead to proper resource utilization