USP Index for Traumatic Brain Injury



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Introduction

Inspired by prognostic indices used in intensive care unit, the authors advocate with this text method for assessment of survival chances of TBI patients at the time of their admission to the emergency department.

Methods

A total of 1275 patients were evaluated by applying the logistic model to data on age, gender, mechanism of TBI, score on the Glasgow coma scale 'admission, presence of anisocoria, need for intracranial operation, presence of thoracic lesions, presence abdominal injuries, fractures upper limb, lower limb fractures, hip fractures, and in light of computed tomography, patients were classified according to the scale of Marshall, and verified the existence of deviation from the midline brain structures.

Results

Older age, presence of anisocoria, low score on the Glasgow Coma Scale on admission, were the factors most associated with greater likelihood of the patient to develop an outcome of death.

Conclusions

The authors advocate so it is possible the application of USP index to determine the appropriate use of neurological monitoring capabilities that should be reserved for patients with better prognosis.

Learning Objectives

Survival index of TBI patients