

## Definitions of Trauma Death Classifications

A **non-preventable** death results from an event or complication that is a sequela of a procedure, disease, illness, or injury for which reasonable and appropriate preventable steps have been taken.

For example, a gunshot wound to the head with a Glasgow Coma Scale (GCS) of 3 on arrival and subsequent death, posttraumatic pancreatitis, pneumonia, deep venous thrombosis (DVT), and so on, in patients who had appropriate preventative steps taken. Most deaths and morbidities fall into this category.

A **potentially preventable** death results from an event or complication that is a sequela of a procedure, disease, illness, or injury that has the potential to be prevented or substantially ameliorated.

For example, iatrogenic pneumothorax or wound dehiscence, wherein alternate techniques or judgments may have prevented the complication with some certainty. Such a choice is always a difficult call and requires determination from experienced trauma surgeons or a panel of physicians. An example of a potentially preventable mortality may be an elderly trauma patient with a severe head injury who develops a fatal arrhythmia from electrolyte abnormality. The arrhythmia may have been preventable, but it is unlikely that the death was; therefore, the death is deemed "potentially preventable." A patient suffering a preventable morbidity who subsequently expires after being declared DNR (do not resuscitate) by family or advanced directive may be determined to be a potentially preventable mortality. There is no precision in these determinations; these are clinical judgments based on the best available evidence.

A **preventable death** results from an event or complication that is an expected or unexpected sequela of a procedure, disease, illness, or injury that could have been prevented or substantially ameliorated.

For example, a patient admitted with abdominal distention and shock who dies from a ruptured spleen two hours later while waiting for a surgeon. Death as a result of a missed epidural hematoma or esophageal intubation may be preventable. Preventable mortalities should be very unusual in a mature trauma system. A missed fracture resulting from failure to examine the patient may be a preventable morbidity.