provide clues to preventive measures. For example, small infants are helpless in any environment. When they begin to roll over or propel themselves, they can fall from unprotected surfaces. The crawling infant, who has a natural tendency to place objects in the mouth, is at risk for aspiration or poisoning. The mobile toddler, with the instinct to explore and investigate and the ability to run and climb, may experience falls, burns, and collisions with objects. As children grow older, their absorption with play makes them oblivious to environmental hazards such as street traffic or water. The need to conform and gain acceptance compels older children and adolescents to accept challenges and dares. Although the rate of injuries is high in children younger than 9 years old, most fatal injuries occur in later childhood and adolescence.

The pattern of deaths caused by unintentional injuries, especially from MVAs, drowning, and burns, is remarkably consistent in most Western societies. The leading causes of death from injuries for each age-group according to sex are presented in Table 1-1. The majority of deaths from injuries occur in boys. It is important to note that accidents continue to account for more than three times as many teen deaths as any other cause (Annie E Casey Foundation, 2014). Fortunately, prevention strategies such as the use of car restraints, bicycle helmets, and smoke detectors have significantly decreased fatalities for children. Nevertheless, the overwhelming causes of death in children are MVAs, including occupant, pedestrian, bicycle, and motorcycle deaths; these account for more than half of all injury deaths (Centers for Disease Control and Prevention, 2014) (Fig. 1-2).