

Trimodal Death Distribution



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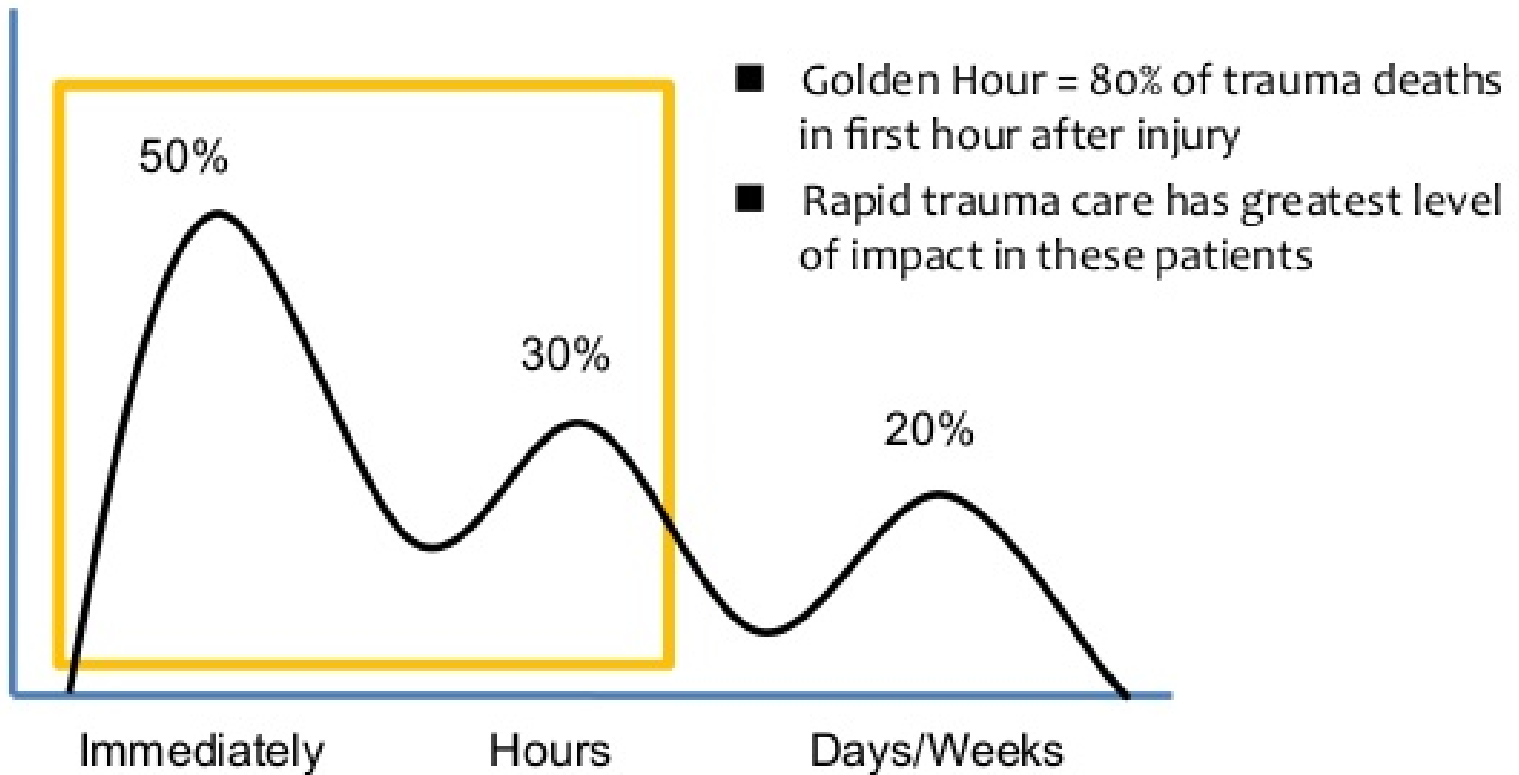
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- First described in 1982, the trimodal distribution of deaths implies that death due to injury occurs in one of three periods, or peaks.



Trimodal Distribution of Trauma Deaths



The First Peak

- Occurs within seconds to minutes of injury.
- During this early period, deaths generally result from apnea due to severe brain or high spinal cord injury or rupture of the heart, aorta, or other large blood vessels.
- Very few of these patients can be saved because of the severity of their injuries.
- Only prevention can significantly reduce this peak of trauma-related deaths.



The Second Peak

- Occurs within minutes to several hours following injury.
- Deaths that occur during this period are usually due to subdural and epidural hematomas, hemopneumothorax, ruptured spleen, lacerations of the liver, pelvic fractures, and/or multiple other injuries associated with significant blood loss.
- **The golden hour of care after injury** is characterized by the need for rapid assessment and resuscitation, which are the fundamental principles of Advanced Trauma Life Support.



The Third Peak

- Occurs several days to weeks after the initial injury, is most often due to sepsis and multiple organ system dysfunctions.
- Care provided during each of the preceding periods affects outcomes during this stage.
- The first and every subsequent person to care for the injured patient has a direct effect on long-term outcome.



- The temporal distribution of deaths reflects local advances and capabilities of trauma systems.
- The development of standardized trauma training, better prehospital care, and trauma centers with dedicated trauma teams and established protocols to care for injured patients has altered the picture.



Timing Distribution of Trauma Deaths Compared With the Historical Trimodal Distribution

