## Trauma Injury Severity Score (TRISS)

## Formula

The formula for the probability of survival using TRISS is :

Ps=1/(1+e-b)

Where

 $b = \alpha i + \beta AGE, i \times AGE + \beta RTS, i \times RTS + \beta ISS, i \times ISS$ 

with i=1 (blunt injury) or 2 (penetrating injury),  $\alpha$ i is the constant for mechanism i,  $\beta$ AGE,i,  $\beta$ RTS,i, and  $\beta$ ISS,i are the coefficients associated with AGE, RTS, and ISS and mechanism i, respectively. RTS is given by :

 $RTS = \beta RR \times RR + \beta SBP \times SBP + \beta GCS \times GCS$ 

Where  $\beta$ RR,  $\beta$ SBP, and  $\beta$ GCS are the coefficients associated with RR, SBP, and GCS. Substituting the formula for RTS into the equation for b gives :

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b=ai+\beta AGE, i \times AGE+\beta RR, i \times RR+\beta SBP, i \times SBP+\beta GCS, i \times GCS+\beta ISS, i \times ISS
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Where  $\beta$ RR,i,  $\beta$ SBP,i and  $\beta$ GCS,i are the coefficients associated with RR, SBP, and GCS with mechanism I, and  $\beta$ AGE,i and  $\beta$ ISS,i are defined as above. The TRISS variable classifications assigned the values and coefficients derived from the MTOS in 1995 and the NTDB in 2010.

## Importance

Despite several limitations, the Trauma Injury Severity Score (TRISS) is normally used to evaluate trauma systems.

The use of the TRISS formula has been suggested to consider definitively preventable death (DP); the deaths occurred with a probability of survival (Ps) higher than 0.50 and possible preventable death (PP); the deaths occurred with a Ps between 0.50 and 0.25. Deaths in patients with a calculated Ps of less than 0.25 is considered as no-preventable death (NP).

A total of 565 consecutive severe trauma patients with ISS>15 or Revised Trauma Score<7 were admitted and excluded a total of 24 patients from our analysis : 22 patients younger than 15 years, and 2 patients with burned injury. Of these, 221 patients with head injury were analyzed in the final study. One hundred eighty-two patients were in DP, 13 in PP and 24 in NP. The calculated predicted mortality rates were 11.13%, 59.04%, and 90.09%. The actual mortality rates were 12.64%, 61.547%, and 91.67%, respectively.

Although it needs to make some improvements, the present study showed that TRISS performed well in predicting survival of traumatic brain injured patients. Also, TRISS is relatively exact and acceptable compared with actual data, as a simple and time-saving method <sup>1)</sup>.

1)

Moon JH, Seo BR, Jang JW, Lee JK, Moon HS. Evaluation of probability of survival using trauma and

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