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Authors: Yuen W. Hung, Huan He, Amber Mehmood, Isaac Botchey, Hassan Saidi, Adnan A. Hyder, Abdulgafoor M. Bachani



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Exploring injury severity measures and in-hospital mortality: a multi-hospital study in Kenya

Yuen W. Hung¹, MHS; Huan He^{1,2}, PhD; Amber Mehmood¹, MD; Isaac Botchey¹, MD; Hassan Saidi³, MD, MMed, FACS; Adnan A. Hyder¹, MD, MPH, PhD; Abdulgafoor M. Bachani¹, PhD, MHS

Authors Affiliation:

¹ Johns Hopkins International Injury Research Unit, Department of International Health, Johns Hopkins University Bloomberg School of Public Health, USA

² Southwestern University of Finance and Economics, Chengdu, China

³ Department of Human Anatomy, University of Nairobi, Kenya

Corresponding author:

Yuen Wai Hung

Address: 615 N. Wolfe Street, E8014, Baltimore, MD 21205

Email: yhung7@jhu.edu

Tel: 678-612-0266

Abstract

Introduction Low- and middle-income countries (LMICs) have a disproportionately high burden of injuries. Most injury severity measures were developed in high-income settings and there have been limited studies on their application and validity in low-resource settings. In this study, we compared the performance of seven injury severity measures: estimated Injury Severity Score (eISS), Glasgow Coma Score (GCS), Mechanism, GCS, Age, Pressure score (MGAP), GCS, Age, Pressure score (GAP), Revised Trauma Score (RTS), Trauma and Injury Severity Score (TRISS) and Kampala Trauma Score (KTS), in predicting in-hospital mortality in a multi-hospital cohort of patients in Kenya.

Methods This study was performed using data from trauma registries implemented in four public hospitals in Kenya. Estimated ISS, MGAP, GAP, RTS, TRISS and KTS were computed according to

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