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### Survival in posttraumatic hypotension

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**Study objectives:** We examine survival rates in posttraumatic patients with either out-of-hospital or emergency department (ED) hypotension.

**Methods:** Using the trauma registry for a Level I trauma center, we retrospectively compared all trauma patients from January 1994 to December 2003 with systolic blood pressure of 90 mm Hg or less either out-of-hospital or in the ED. Patients were sorted according to penetrating or blunt injury.

**Results:** One thousand seven hundred forty-one patients presented with hypotension either out-of-hospital or in the ED. Of these, 667 patients were victims of blunt trauma, and 990 sustained penetrating injuries. Of the blunt trauma patients, 313 were normotensive (systolic blood pressure >90 mm Hg) in the ED after out-of-hospital hypotension, with 93.3% survival, whereas 279 blunt trauma patients remained hypotensive from out-of-hospital to the ED, with 21.9% survival ( $P<.0001$ ). Seventy-five blunt trauma patients became hypotensive in the ED after out-of-hospital normotension, with a survival of 74.7% (late hypotension versus out-of-hospital hypotension,  $P<.0001$ ).

For penetrating trauma patients, 284 were normotensive in the ED after out-of-hospital hypotension, with a survival of 89.4%. In comparison, 650 patients remained hypotensive in the ED after out-of-hospital hypotension, with 19.7% survival ( $P<.0001$ ). Fifty-six patients became hypotensive in the ED after out-of-hospital normotension, with survival of 73.2% (late hypotension versus out-of-hospital hypotension,  $P<.0001$ ).

Conclusion: As expected, patients with persistent hypotension after trauma have a higher mortality than patients who have isolated out-of-hospital hypotension. Patients who develop ED hypotension after out-of-hospital normotension have a significantly higher mortality than patients with isolated out-of-hospital hypotension.



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