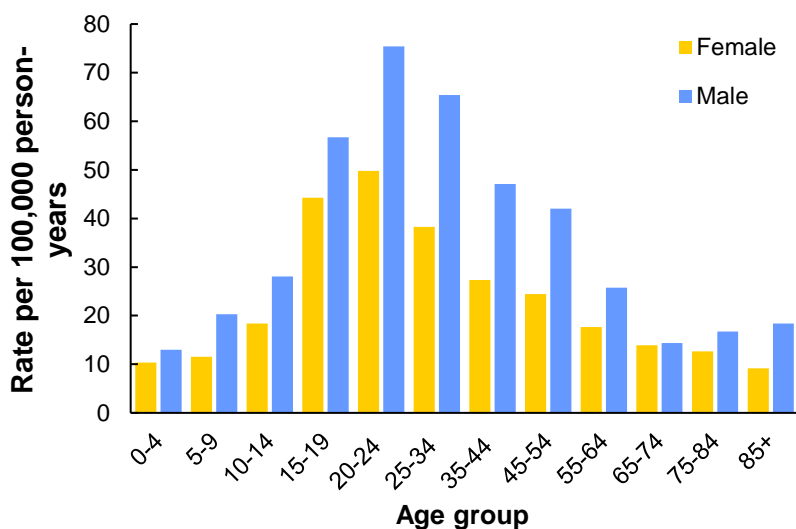


NORTH CAROLINA EMERGENCY DEPARTMENT VISITS FOR PEDESTRIANS INJURED IN TRAFFIC-RELATED MOTOR VEHICLE CRASHES, 2012-2014

The North Carolina Disease Event Tracking and Epidemiologic Collection tool (NC DETECT) provides public health officials and hospital users with the capacity for statewide early event detection and timely public health surveillance. Through NC DETECT, users can access near real-time data from North Carolina acute care emergency departments (EDs), the Carolinas Poison Center (CPC), and the Pre-Hospital Medical Information System (PreMIS). NC DETECT data from ED visits have become increasingly important for the surveillance of injury morbidity in North Carolina. NC DETECT is funded by the NC Division of Public Health (NC DPH). This document summarizes 2012-2014 ED visits with an *ICD-9-CM* External Cause of Injury code (E-code) in the range of E810-E819 (.7) for pedestrian injured in traffic-related crashes.*†

NC ED visits for pedestrian traffic-related crashes, 2012-2014



- During the period 2012-2014, there were 10,952 ED visits for pedestrian injuries (average of 3,651 visits per year). Among the 10,952 ED visits for pedestrian injuries, 9,469 (86.5%) were traffic-related, 1,448 (13.2%) were nontraffic-related, and 35 (0.3%) involved a railway collision.

- Over 2012-2014, there was an average of 3,156 NC ED visits for pedestrians injured in traffic-related motor vehicle crashes, with an average annual incidence rate of 32.1 visits per 100,000 person-years.

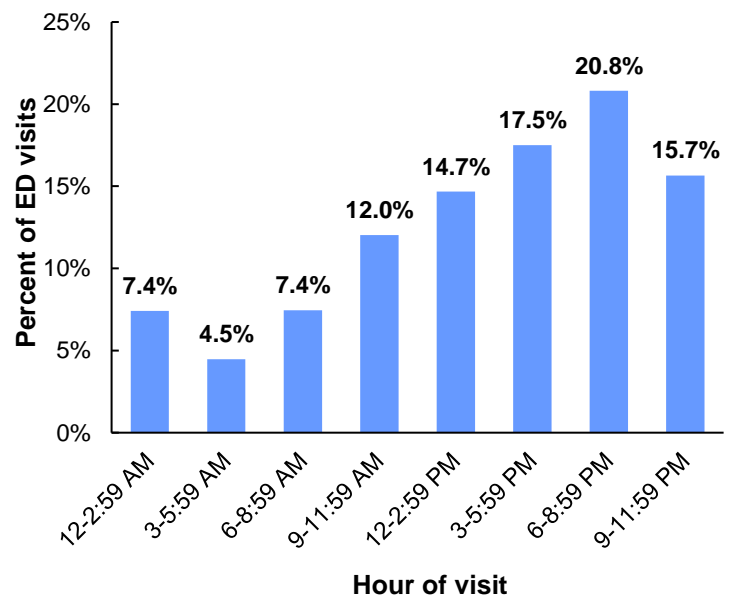
- There were fewer women (3,767 visits) injured in pedestrian traffic-related crashes than men (5,694 visits), with incidence rates of 24.8 and 39.6 visits per 100,000 person-years, respectively.

NC ED visits for pedestrian traffic-related crashes by hour of day and other descriptors, 2012-2014

- Emergency department visits due to pedestrian traffic-related crashes were more likely to occur during the late afternoon/evening hours and on Fridays and Saturdays.

- In nearly half of ED visits for pedestrian traffic-related crashes, the patient arrived via ambulance (47.5%).

- Among NC ED visits due to pedestrian traffic-related crashes, 7.2% of patients were admitted to the hospital, 1.2% died in the ED, 84.7% were discharged home from the ED, and 6.9% had some other disposition.‡

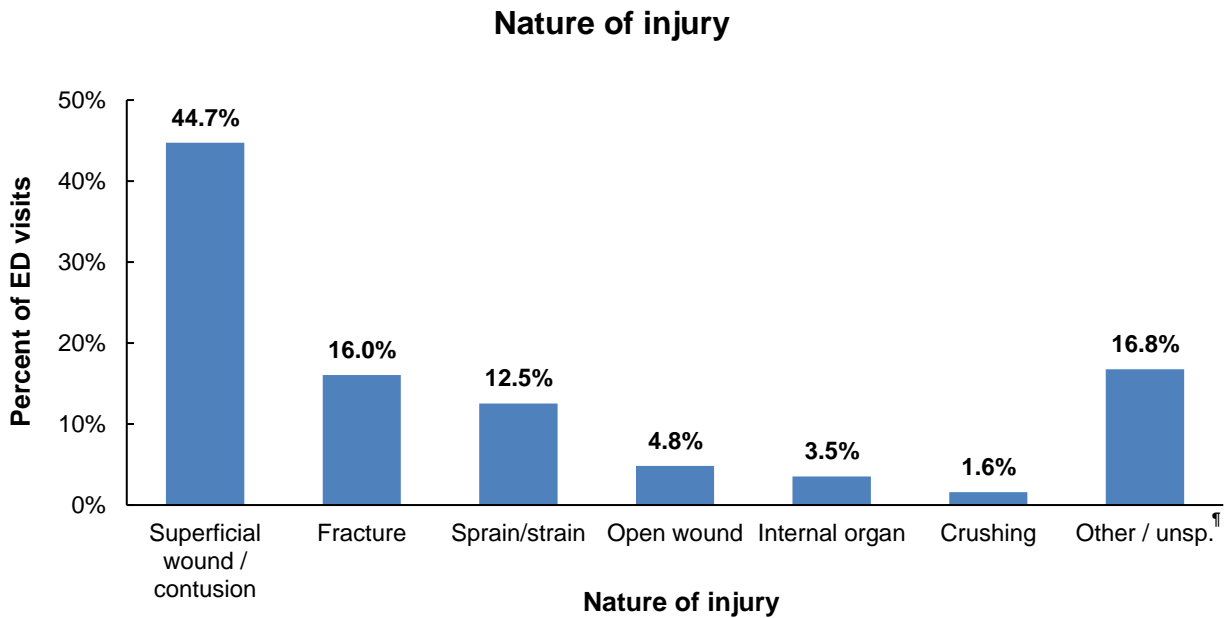


*For questions about the methods used to generate this fact sheet, please email ncdetect@listserv.med.unc.edu.

†According to the *ICD-9-CM* coding guidelines, a pedestrian is defined as a "person involved in an accident who was not at the time of the accident riding in or on a motor vehicle, railroad train, streetcar, animal-drawn or other vehicle, or a bicycle or animal."

‡"Other disposition" consists of visits with a disposition of left against medical advice, left without being seen, placed in observation unit, transferred, or other disposition.

NC ED visits for pedestrians injured in traffic-related crashes classified by Barelle Injury
Diagnosis Matrix, 2012-2014[§]

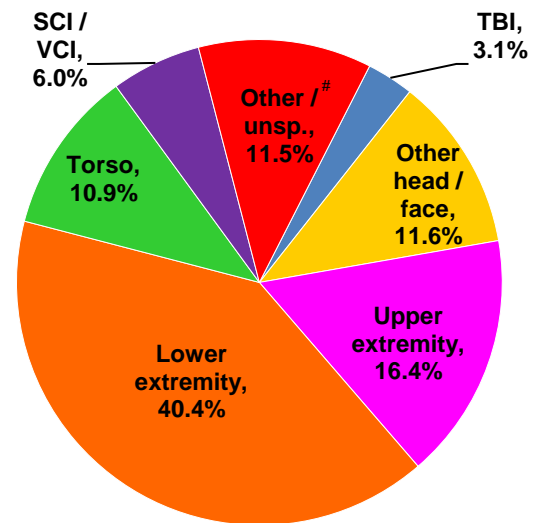


- Of the 9,469 ED visits identified as being due to pedestrian traffic-related crash, 8,242 ED visits contained a valid diagnosis code for a classifiable injury.

- The most common types of injuries were: 1) superficial injuries and contusions (44.7%), 2) other/unspecified injuries[†] (16.8%), and 3) fractures (16.0%).

- Among NC ED visits due to pedestrian traffic-related crashes, the most common body part(s) injured were the 1) lower extremities (40.4%), 2) upper extremities (16.4%), and 3) the head and face (excluding TBI) (11.6%).

Location of injury



Abbreviations: TBI, traumatic brain injury; SCI, spinal cord injury; VCI, vertebral column injury; unsp., unspecified

Missing: 1,227 visits missing a classifiable diagnosis code

[§]ED visits may have up to 11 diagnosis codes; for visits with more than one diagnosis code for an injury, the visit was categorized by the first listed diagnosis code.

[†]Includes injuries to the body surface such as lacerations, bruises, abrasions, friction burns.

[‡]Other and unspecified nature of injury includes amputations, burns, dislocations, injuries to nerves, systemic effects, and injuries of an "other and unspecified" nature.

[#]Other and unspecified location of injury includes system wide injuries and injuries of an "other and unspecified" location.

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Source: Carolina Center for Health Informatics / <https://cchi.web.unc.edu> / Department of Emergency Medicine, University of North Carolina at Chapel Hill, 2017.
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