NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

STATE OF NEVADA

BUREAU OF HEALTH PROTECTION AND PREPAREDNESS

ANNUAL TRAUMA REGISTRY REPORT 2024

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July 2025
Edition 1.0
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Table of Contents

TABLES

Figures

ACKNOWLEDGEMENTS

Thank you to Tabatha Hart, Aiden Hernandes, Sandra Atkinson, Jen L. Thompson, and Donielle Allen for their contributions to this publication.

PURPOSE OF REPORT

This report aims to provide a picture of trauma occurrences within the state of Nevada based on data submitted by hospitals to the Nevada Trauma Registry (NTR). This report presents data in a usable format for local health authorities, healthcare providers, the media, and the public. Nevada regulations require the Nevada Division of Public and Behavioral Health (DPBH) to prepare an Annual Trauma Report in accordance with Nevada Administrative Code (NAC) 450B.768. This annual report's data is based on the calendar year and summarizes data submitted by Nevada hospitals regarding reported traumas handled by each facility.

It should be noted that the data depicted in this report reflects only data entered and reported to the NTR. Therefore, if a facility fails to report trauma data to the registry, it is not reflected in this report.

The information included in this report is accurate to the best knowledge of all reporting facilities and the State of Nevada Trauma Registry.

INTRODUCTION

What is the Nevada Trauma Registry (NTR)?

Per Nevada Revised Statutes (NRS) 450B.238 and Nevada Administrative Code (NAC) 450B.768 the NTR was established in 1987 to collect data on persons who sustain a physical (blunt or penetrating) injury caused by an accident or violence. The NTR data is collected from all licensed acute care hospitals and trauma centers in Nevada.

The NTR currently collects required data points from the National Trauma Data Bank (NTDB) established by the *American College of Surgeons* and data points identified in NAC 450B.766 and NAC 450B.768. Included (but not limited to) are data on the event causing the injury, severity of the injury, place of the injury, length of hospital stays, diagnosis(es) of the patient, discharge destination of the patient, and payer source.

Information on the frequency, occurrence, morbidity, and mortality of injuries reported in Nevada is available from the NTR. Data can be filtered by county, hospital, race, or age range. To measure the effects of trauma in Nevada and launch health education initiatives, grant applicants can use this data, which is available to state, private, or federal entities. Additionally, the Local Health Authorities are given access to data for data analysis, surveillance, and improving outcomes for public health.

The 2024 Annual Trauma Report is based upon data submitted to the NTR by Nevada's five designated trauma centers and 49 non-trauma center hospitals, for a total of 54 facilities that operated during calendar year 2024. To comply with NAC 450B.768, a hospital must enter all trauma records into the NTR or notify the State NTR Manager that no records meet the criteria to be submitted by the quarterly due date.

The percentage of facilities that comply with submitting data to the NTR each year is summarized in the table below.

YEAR	% of Non-Trauma Centers Compliant	% of Trauma Centers Compliant
2019	89%	75%
2020	88%	94%
2021	88%	100%
2022	94%	100%
2023	99%	100%
2024	99%	100%

In 2024, all trauma centers provided the NTR with the required information. There were two noncompliance incidents involving facilities that are not designated trauma centers in the past year.

To ensure that the NTR software is used correctly, and that the data is of the highest quality and accuracy, regular training is conducted for hospital personnel. In addition, hospital personnel have open access to the NTR help desk for questions or concerns. It is the state's NTR staff's priority to continue training hospital staff to increase accuracy.

Preparation → Analysis (Mapping) → Development (Conversion) → Testing → Deployment

It is not recommended to compare year-over-year data due to multiple reporting changes over the years. These changes include transitions to modified ICD codes, the addition or removal of facilities, and the submission of trauma data during a global pandemic that affected the overall prevalence of trauma.

Throughout the state, collaborations have continued with trauma personnel in a variety of disciplines. To date, these efforts have included:

- Participating in local healthcare coalitions.
- Quarterly NTR user group meetings.
- Hosting quarterly conference calls with trauma center staff.
- Meeting hospital staff who enter NTR data in person, if possible.

Educating hospitals about trauma data requirements, creating relationships across the state, and communicating regularly have all contributed to improving hospital data entry compliance. The data from hospitals is both of higher quality and reliability enhancing the overall understanding of trauma in the state.

Nevada Trauma Registry Background

The definition of a traumatic incident and the requirements for trauma reporting are outlined in the Nevada Revised Statutes and Nevada Administrative Code.

NEVADA REVISED STATUTE (NRS)

NRS 450B.105 "Trauma" defined. "Trauma" means any acute injury which, per standardized criteria for triage in the field, involves a significant risk of death or the precipitation of complications or disabilities.

NRS 450B.238 Regulations requiring a hospital to record and maintain information. The State Board of Health shall adopt regulations which require each hospital to record and maintain information concerning the treatment of trauma in the hospital. The Board shall consider the guidelines adopted by the American College of Surgeons, which concern the information which must be recorded.

NEVADA ADMINISTRATIVE CODE (NAC)

The NAC regarding trauma treatment in Nevada and the corresponding Trauma Registry reporting requirements, guidelines, and procedures can be found at NAC 450B.760 through NAC 450B.774, inclusive.

To summarize, the regulations require that the Public and Behavioral Health Division develop a standardized system for collecting trauma treatment information. It is necessary to maintain records regarding treatment both before and after admission to a hospital. This requirement is fulfilled by the Nevada Trauma Registry (NTR).

Each hospital must submit quarterly trauma data to the Division, which meets the criteria prescribed by the Division and contains the minimum data set required by the National Trauma Data Bank (NTDB) established by the American College of Surgeons, as well as any other information required by the Division or State Board.

Data submitted by hospitals on trauma patients shall be compiled into an annual report by the Division for the preceding calendar year.

METHODOLOGY

The NTR is a depository of trauma incident data from across the state. All hospitals within Nevada are required to submit data quarterly to the NTR. Each year the data within the NTR will be statistically analyzed to evaluate incident traumas in Nevada. It should be noted that the data presented in this report is a reflection based solely on data points recorded within the NTR. It does not include patient history or examination. This evaluation is presented in the Annual Trauma Report, prepared by the state, per NAC 450B.768.

A series of criteria identified by the American College of Surgeons must be met to be classified as a trauma. For an incident to be classified as a trauma, the patient must have:

- At least one diagnosis code for injury:
    - ICD-10 code from the following ranges: S00 -S99 (7th Character Modifier A, B, or C), T07, T14, T20-T28 (7th Character modifier A), T30-32, and T79.A1-T79.A9 (7th character modifier A) and the patient must have either:
- At least one of the following criteria:
    - The patient was hospitalized for at least 24 hours due to injuries, or
    - The injury resulted in death; or
    - The patient was transferred between hospitals using a ground or air ambulance.

In 2024, the NTR captured 18,870 trauma cases. This report includes cases for patients with an Emergency Department/Hospital Arrival Date between January 1, 2024, and December 31, 2024. All data were analyzed using Statistical Analysis System (SAS) Version 9.4 (SAS Institute, Cary, NC).

RESULTS

From January 1, 2024, to December 31, 2024, a total of 18,870 traumas were recorded in the NTR from the 54 facilities in Nevada. The following pages include data analysis on trauma cases, risk factors, demographics, injury characteristics, injury location and mechanism, patient discharge and transfer, patient transport, safety equipment, and fall data breakdown.

TRAUMA CENTER LEVELS

Outlined below are standard criteria for Trauma Centers verified by the ACS and designated by states and municipalities. Facilities are set/confirmed as adult and/or Pediatric Trauma Centers. It is not uncommon for facilities to have different designations for each group (i.e., a Trauma Center may be a Level 1 Adult facility and a Level II Pediatric Facility).

Level I

A Level I Trauma Center is a comprehensive regional resource, a tertiary care facility central to the trauma system. A Level I Trauma Center can provide total care for every aspect of injury – from prevention to rehabilitation.

Elements of Level I Trauma Centers Include:

- 24-hour in-house coverage by general surgeons and prompt availability of care in specialties such as orthopedic surgery, neurosurgery, anesthesiology, emergency medicine, radiology, internal medicine, plastic surgery, oral and maxillofacial, pediatric, and critical care.
- Referral resources for communities in nearby regions.
- Provides leadership in the prevention and public education to surrounding communities.
- Provides continuing education to the trauma team members.
- Incorporates a comprehensive quality assessment program.
- Operates an organized teaching and research effort to help direct innovations in trauma care.
- Program for substance abuse screening and patient intervention.
- Meets minimum requirement for annual volume of severely injured patients.

Level II

A Level II Trauma Center can initiate definitive care for all injured patients.

Elements of Level II Trauma Centers Include:

- 24-hour immediate coverage by general surgeons and by the specialties of orthopedic surgery, neurosurgery, anesthesiology, emergency medicine, radiology, and critical care.
- Tertiary care needs such as cardiac surgery, hemodialysis, and microvascular surgery may be referred to as a Level 1 Trauma Center.
- Provides trauma prevention and continuing education programs for staff.
- Incorporates a comprehensive quality assessment program.

Level III

A Level III Trauma Center has demonstrated an ability to provide prompt assessment, resuscitation, surgery, intensive care, and stabilization of injured patients and emergency operations.

Elements of Level III Trauma Centers Include:

- 24-hour immediate coverage by emergency medicine physicians and prompt availability of general surgeons and anesthesiologists.
- Incorporates a comprehensive quality assessment program.
- Has developed transfer agreements for patients requiring more comprehensive care at a Level 1 or Level II Trauma Center.
- Provides backup care for rural and community hospitals.
- Offers continued education of the nursing and allied health personnel or the trauma team.
- Involved with prevention efforts and must have an active outreach program for its referring communities.

Level IV

A Level IV Trauma Center has demonstrated the ability to provide advanced trauma life support (ATLS) before transferring patients to a higher-level trauma center. In addition, it provides evaluation, stabilization, and diagnostic capabilities for injured patients.

Elements of Level IV Trauma Centers Include:

- Basic emergency department facilities to implement ATLS protocols and 24-hour laboratory coverage. Available trauma nurse(s) and physicians are available upon patient arrival.
- May provide surgery and critical-care services if available.
- Has developed transfer agreements for patients requiring more comprehensive care at a Level 1 or Level II Trauma Center.
- Incorporates a comprehensive quality assessment program.
- Involved with prevention efforts and must have an active outreach program for its referring communities.

Level V

A Level V Trauma Center provides initial evaluation, stabilization, and diagnostic *capabilities* and prepares patients for transfer to higher levels of care.

Elements of Level V Trauma Centers Include:

- Basic emergency department facilities to implement ATLS protocols.
- Available trauma nurse(s) and physicians are available upon patient arrival.
- After-hours activation protocols if the facility is not open 24 hours a day.
- May provide surgery and critical-care services if available.
- Has developed transfer agreements for patients requiring more comprehensive care at Level 1 through III Trauma Centers.

TECHNICAL NOTES

There are three ways in which the Nevada Trauma Registry presents traumas. Each category found in the report is explained below.

- Total Trauma Cases include all cases reported to the Nevada Trauma Registry, including transfers between facilities. Therefore, if a trauma patient is presented initially to one facility and is transferred to another facility, that case is represented twice.
- Unique Trauma Cases are calculated by matching trauma records based on birth date, injury date, patient zip code, and discharge/arrival date. Unique trauma cases include only the first presentation to a facility and not transfers between facilities, except in Tables 3, 8, 10, 15, 16, 17, and Figure 11, where traumas are assigned to the last transfer facility. This logic to include the previous transfer facility was used to account for the following situations:
    - When considering traumas that resulted in deaths, it is important to analyze based on the facility at the time of death. Therefore, throughout this report, when a table lists Mortality Proportion and 18,870 in Unique Traumas, the table is based upon the last facility.
    - There were some instances where the mechanism of injury differed between the facility of the first presentation and the facility at the time of death. In this case, the mechanism was assigned based on the facility at the time of death.
        - Please note that the state of Nevada does not attempt to change/correct patient records at the first facility if it does not match information at the last facility.
- Patient Transfer Trauma Cases are determined by the following question reported by the facilities, “if transferred, to which facility?” This question is self-reported by hospital staff and does not always align with the results of the Division’s match to calculate unique trauma cases.

TRAUMA CASES BY FACILITY

Out of all facilities listed in Table 1, the designated trauma centers had the highest number of trauma cases treated. There were five designated trauma centers in the State of Nevada during 2024.

Table 1: Trauma Cases by Facility, 2024 (includes Nevada Residents and Non-Residents)

County	Facility	Unique Traumas Trauma Patients^		Total Trauma Cases*	
Clark County	Boulder City Hospital	45	0.2%	47	0.2%
	Centennial Hills Hospital Medical Center	466	2.5%	480	2.5%
	ER at Cadence	10	0.1%	10	0.1%
	ER at Damonte Ranch	6	0.0%	6	0.0%
	ER at Desert Springs	30	0.2%	30	0.2%
	ER at Desert's Edge	4	0.0%	4	0.0%
	ER at North Las Vegas	8	0.0%	8	0.0%
	ER at Valley Vista	57	0.3%	57	0.3%
	ER at West Craig	34	0.2%	34	0.2%
	Elite Medical Center	6	0.0%	6	0.0%
	Henderson Hospital	448	2.4%	453	2.3%
	Henderson ER at Green Valley Ranch	19	0.1%	22	0.1%
	Mesa View Regional Hospital	59	0.3%	61	0.3%
	*Mike O'Callaghan Federal Medical Center	117	0.6%	118	0.6%
	Mountain View Hospital	799	4.2%	806	4.2%
	Mountain View ER at Aliante	23	0.1%	28	0.1%
	Mountain View ER at Skye Canyon	11	0.1%	11	0.1%
	North Vista Hospital	155	0.8%	156	0.8%
	Southern Hills ER at South Las Vegas Blvd	23	0.1%	27	0.1%
	Southern Hills ER at the Lakes	27	0.1%	36	0.2%
	Southern Hills Hospital Medical Center	466	2.5%	472	2.4%
	Spring Valley - ER at Blue Diamond	52	0.3%	52	0.3%
	Spring Valley Hospital Medical Center	711	3.8%	727	3.8%
	St Rose Dominican Hosp Blue Diamond	48	0.3%	49	0.3%
	St Rose Dominican Hosp De Lima	92	0.5%	104	0.5%
	St Rose Dominican Hosp North Las Vegas	100	0.5%	101	0.5%
	St Rose Dominican Hosp San Martin	174	0.9%	182	0.9%
	*St Rose Dominican Hosp Siena	1,406	7.5%	1,422	7.3%
	St Rose Dominican Hosp West Flamingo	26	0.1%	26	0.1%
	St Rose Dominican Hosp West Sahara	49	0.3%	51	0.3%
	Summerlin Hospital Medical Center	630	3.3%	640	3.3%

	*Sunrise Hospital Medical Center	4,042	21.4%	4,221	21.8%
	*University Medical Center	3,748	19.9%	3,830	19.8%
	Valley Hospital Medical Center	22	0.1%	22	0.1%
Washoe County	Incline Village Community Hospital	7	0.0%	8	0.0%
	Northern Nevada Medical Center	178	0.9%	179	0.9%
	N. NV Medical Center ER at McCarran	44	0.2%	44	0.2%
	N. NV Medical Center ER at Spanish Springs	52	0.3%	58	0.3%
	Sierra Medical Center	177	0.9%	177	0.9%
	*Renown Regional Medical Center	2,576	13.7%	2,600	13.4%
	Renown South Meadows Medical Center	171	0.9%	175	0.9%
	St. Mary's Regional Medical Center	438	2.3%	442	2.3%
All Other Counties	Banner Churchill Community Hospital	47	0.2%	55	0.3%
	Battle Mountain General Hospital	19	0.1%	20	0.1%
	Carson Tahoe Regional Medical Center	449	2.4%	457	2.4%
	Carson Valley Health	168	0.9%	176	0.9%
	Desert View Hospital	266	1.4%	281	1.5%
	Grover C. Dils Medical Center	21	0.1%	21	0.1%
	Humboldt General Hospital	46	0.2%	50	0.3%
	Mt. Grant General Hospital	48	0.3%	49	0.3%
	Northeastern Nevada Regional Hospital	59	0.3%	61	0.3%
	Pershing General Hospital	20	0.1%	20	0.1%
	South Lyon Medical Center	67	0.4%	68	0.4%
	Williams Bee Ririe Hospital	104	0.6%	107	0.6%
Nevada (Total)	* = Trauma Center	**18,870**	**100.0%**	**19,347**	**100.0%**

**Unique trauma patients are calculated by matching transferred patient based on birthdate, injury date, patient zip code, and discharge/arrival date and only counted once by the facility where they first presented with the trauma (excepted when mortality data is analyzed), which is represented as Unique Trauma.*

** Total trauma cases are all cases reported to the Nevada Trauma Registry, for 2024.*

Table 2: Trauma Incidence and Mortality Ratio for Levels 1-3 by Trauma Center Designation

Trauma Center designation	Count	Column Percent	Deaths	Mortality Proportion (Row Percent)
Trauma Center Level 1	3,826	32.1%	182	4.8%
Trauma Center Level 2	6,745	56.5%	246	3.6%
Trauma Center Level 3	1,359	11.4%	20	1.5%
Total	**11,930**	**100.0%**	**448**	**3.8%**

** There were 15 unknown discharge status (dead/alive) cases.*

DEMOGRAPHICS

Of 18,870 unique traumas recorded in the NTR between January 1, 2024, and December 31, 2024, 55.1% of all trauma cases among males, and 44.8% were in females. (Table 3)

Table 3: Nevada Trauma Cases by Sex (Unique Traumas)

Sex	Count	Percent	Rate per 100,000 (95% CI)
Male	10,401	55.1%	626.2 (614.2-638.2)
Female	8,463	44.8%	506.1 (495.4-516.9)
Other	1	0.0%	-
Sex Not Reported	5	0.0%	-
Total	**18,870**	**100%**	**566.2 (558.1-574.2)**

Table 4: Nevada Trauma Cases by Race/Ethnicity (Unique Traumas)

Race/Ethnicity	Count	Percent	Rate per 100,000 (95% CI)
White	11,541	61.2%	724.1 (710.9-737.3)
Black	1,756	9.3%	564.6 (538.2-591.0)
American Indian, Alaskan Native	117	0.6%	329.8 (270.1-389.6)
Asian	944	5.0%	272.7 (255.3-290.1)
Hispanic	2,533	13.4%	242.0 (232.6-251.5)
Other	996	5.3%	. (.-.)
Unknown	983	5.2%	. (.-.)
Total	**18,870**	**100.0%**	**566.2 (558.1-574.2)**

White individuals experienced a significantly higher count of trauma cases reported than any other racial or ethnic group in the state. This trend may be attributed to the higher concentration of individuals identifying as White within the state's population, which resulted in a greater overall number of trauma incidents reported for this group.

Figure 1: Percentage of Unique Trauma Cases by Race/Ethnicity

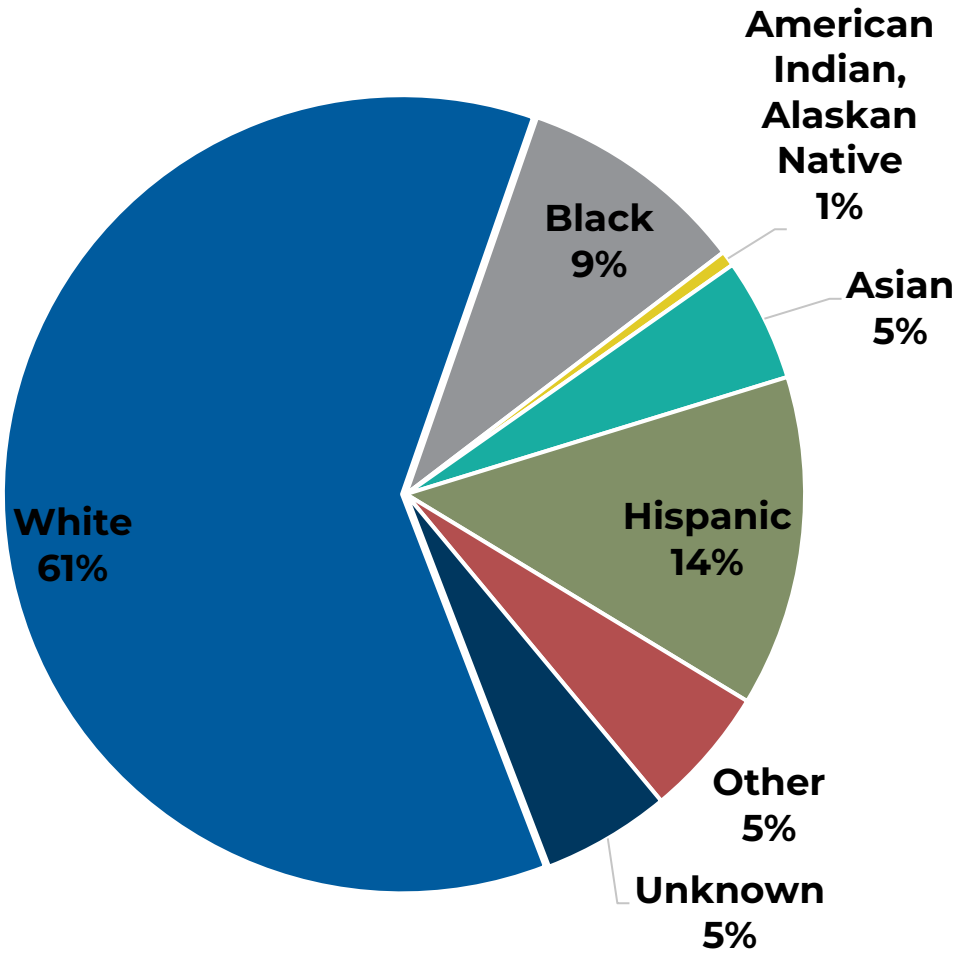


Figure 1 shows the frequencies and percentages among the racial/ethnic of trauma injuries in the Nevada in 2024.

Table 5: Age-Specific Trauma Cases by Race/Ethnicity (Unique Traumas)

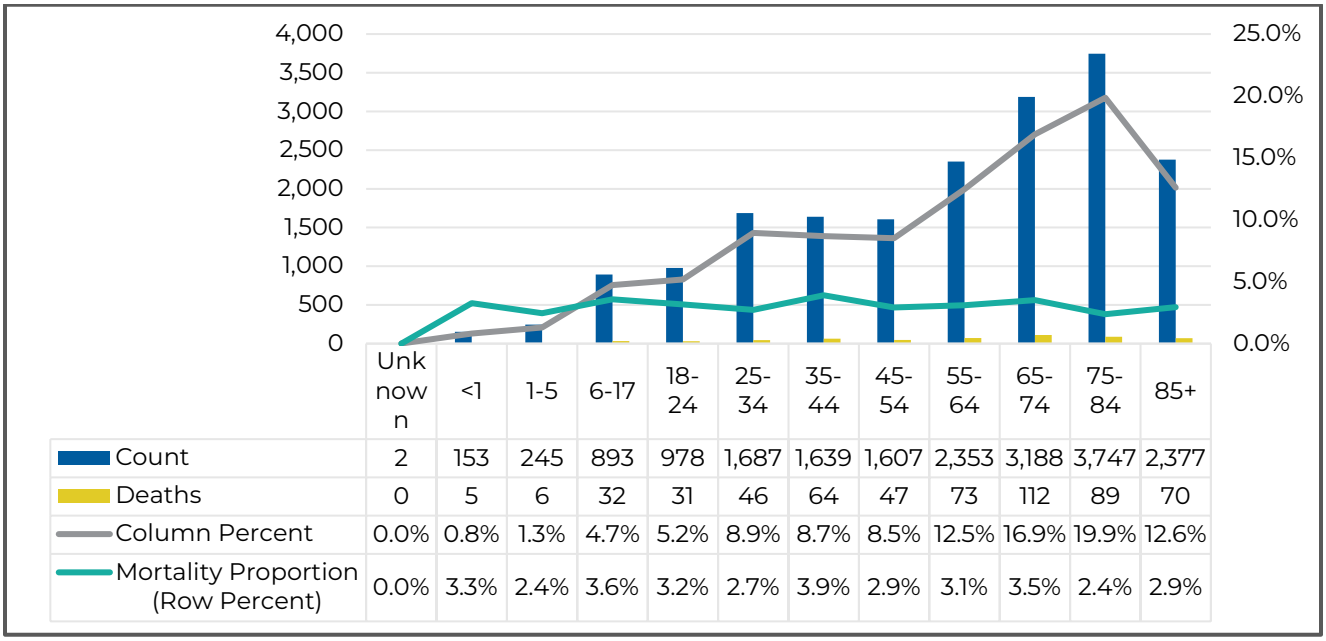
Age Groups	White	Black	American Indian, Alaskan Native	Asian	Hispanic	Other	Unknown	Total
<1	51	21	1	10	45	16	9	153
1-5	99	43	2	16	51	21	13	245
6-17	368	108	7	42	228	70	70	893
18-24	308	171	9	38	266	86	100	978
25-34	627	315	12	51	386	136	160	1,687
35-44	676	276	11	49	373	121	133	1,639
45-54	853	190	10	61	294	86	113	1,607
55-64	1,562	197	19	99	240	124	112	2,353
65-74	2,309	191	21	159	254	142	112	3,188
75-84	2,890	151	19	233	232	121	102	3,748
85+	1,797	93	6	186	164	73	58	2,377
Unknown	1	0	0	0	0	0	1	2
Total	**11,541**	**1,756**	**117**	**944**	**2,533**	**996**	**983**	**18,870**

Table 6: Age-Specific Trauma Cases and Mortality Proportion (Unique Traumas)

Age Groups	Count	Percentage of Cases	Deaths among Cases	Mortality Proportion (Row Percent)
Unknown	2	0.0%	0	0.0%
<1	153	0.8%	5	3.3%
1-5	245	1.3%	6	2.4%
6-17	893	4.7%	32	3.6%
18-24	978	5.2%	31	3.2%
25-34	1,687	8.9%	46	2.7%
35-44	1,639	8.7%	64	3.9%
45-54	1,607	8.5%	47	2.9%
55-64	2,353	12.5%	73	3.1%
65-74	3,188	16.9%	112	3.5%
75-84	3,747	19.9%	89	2.4%
85+	2,377	12.6%	70	2.9%
Total	**18,869**	**100.0%**	**575**	**3.0%**

In Tables 5 and 6, trauma cases are presented by age groups and death rate among cases. During 2024, Nevada experienced 18,870 unique trauma cases. Of those, 3,188 were in the 65-74 age group, 3,747 in the 75-84 age group, and 2,353 in the 55-64 age group. In Figure 2, the 35-44 age group has the highest percentage of deaths from trauma, with 3.9%, followed by the 6-17 age group with 3.6%, and the 65-74 age group with 3.5%. Additionally, the mortality rate for individuals under 1 year of age was 3.3%, while the mortality rate for the 18-24 age group was 3.2%.

Figure 2: Age-Specific Trauma Cases and Mortality Proportion (Unique Traumas)



	Unknown	<1	1-5	6-17	18-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
Count	2	153	245	893	978	1,687	1,639	1,607	2,353	3,188	3,747	2,377
Deaths	0	5	6	32	31	46	64	47	73	112	89	70
Column Percent	0.0%	0.8%	1.3%	4.7%	5.2%	8.9%	8.7%	8.5%	12.5%	16.9%	19.9%	12.6%
Mortality Proportion (Row Percent)	0.0%	3.3%	2.4%	3.6%	3.2%	2.7%	3.9%	2.9%	3.1%	3.5%	2.4%	2.9%

Table 7: Age and Sex-Specific Trauma Rate per 100,000 Nevada Residents (Unique Traumas)

Age Group	Male		Female		Unknown / Other	Total	
	Residents	Rate per 100,000 (95% CI)	Residents	Rate per 100,000 (95% CI)	Residents	Residents	Rate per 100,000 (95% CI)
Pediatric <18	714	194.2 (180.0-208.5)	369	105.0 (94.3-115.7)	1	1,084	150.8 (141.8-159.7)
Adult 18-64	4,564	434.4 (421.8-447.0)	2,146	208.5 (199.7-217.3)	5	6,715	322.8 (315.1-330.6)
Geriatric >64	3,380	1,392.8 (1,345.8-1,439.8)	4,840	1,661.1 (1,614.3-1,707.9)	0	8,220	1,539.2 (1,505.9-1,572.5)
Unknown	1	-	0	-	0	1	-
Total	8,659	521.3 (510.3-532.3)	7,355	439.9 (429.8-449.9)	6	16,020	480.6 (473.2-488.1)

Figure 3: Age and Sex-Specific Trauma Rates per 100,000 Nevada Residents

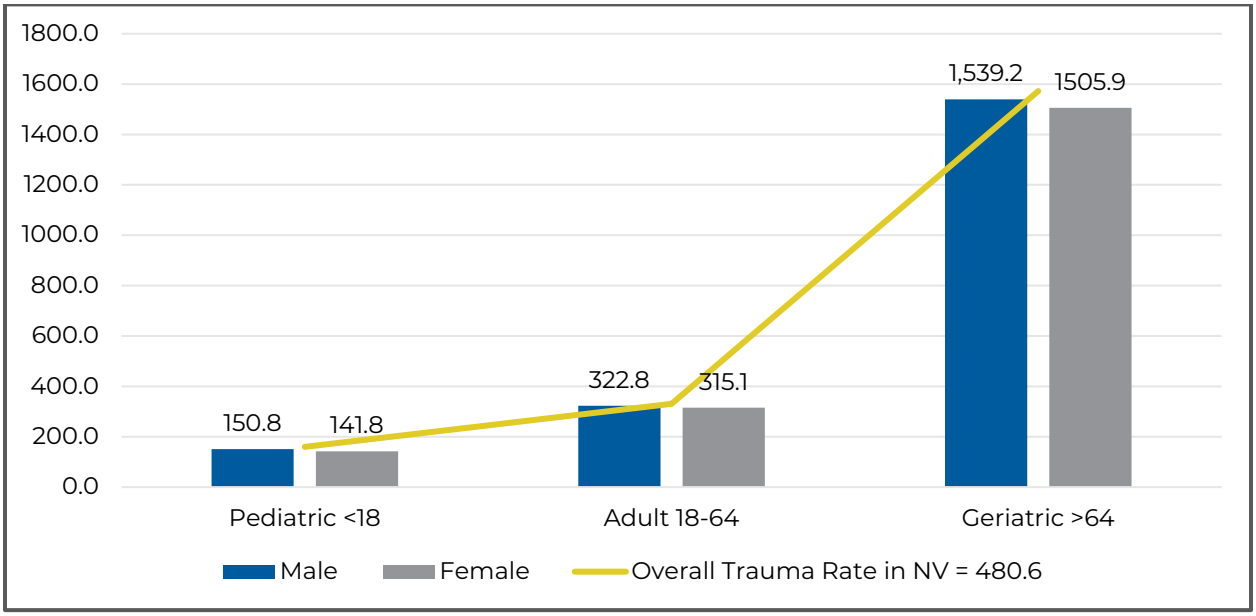
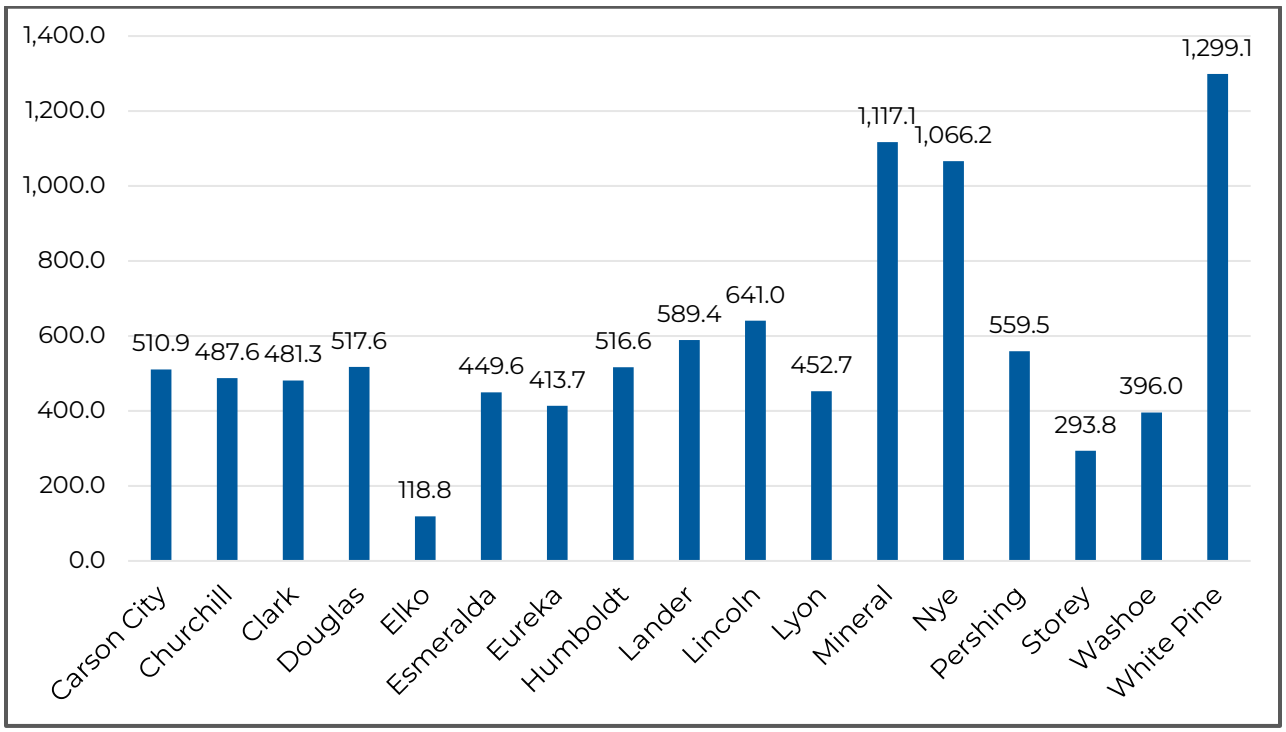


Table 8: Nevada Trauma Cases by County of Injury (non-duplicated)

County	Count	Rate per 100,000 (95% CI)
Carson City	305	510.9 (453.5-568.2)
Churchill	130	487.6 (403.8-571.4)
Clark	11,746	481.3 (472.6-490.0)
Douglas	281	517.6 (457.1-578.2)
Elko	67	118.8 (90.3-147.2)
Esmeralda	5	449.6 (55.5-843.8)
Eureka	8	413.7 (127.0-700.3)
Humboldt	92	516.6 (411.0-622.2)
Lander	37	589.4 (399.5-779.3)
Lincoln	32	641.0 (418.9-863.1)
Lyon	283	452.7 (399.9-505.4)
Mineral	54	1,117.1 (819.1-1,415.0)
Nye	563	1,066.2 (978.1-1,154.3)
Pershing	41	559.5 (388.2-730.8)
Storey	14	293.8 (139.9-447.7)
Washoe	2,062	396.0 (378.9-413.1)
White Pine	133	1,299.1 (1,078.3-1,519.9)
Out of State	1,074	-
Unknown	1,943	-
Total	**18,870**	**566.2 (558.1-574.2)**

Figure 4: County-Specific Trauma Rates per 100,000 County Residents



This analysis found that White Pine County, with 1299.1, had the highest rate of trauma cases per 100,000 residents. Mineral County came in second with 1117.1, followed by Nye County with 1066.2.

According to the Federal Information Processing Standard (FIPS) code for trauma cases, Trauma Rates per county are calculated exclusively based on ICD-10 diagnosis coding recorded by treating facilities, without regard for backgrounds, patient histories, or examinations.

Highest Trauma Cases (Figures 5-7)

Utilizing ZIP and FIPS codes of where an injury occurred:

#1) Clark County recorded the highest number of Trauma Cases at 11,746 Cases.

#2) Washoe with 2,062 Trauma Cases.

#3) Nye with 563 Trauma Cases.

1,074 Trauma Cases occurred out-of-state.

Figure 5: NV Trauma Cases by Zip Code of Injury (Unique Traumas)

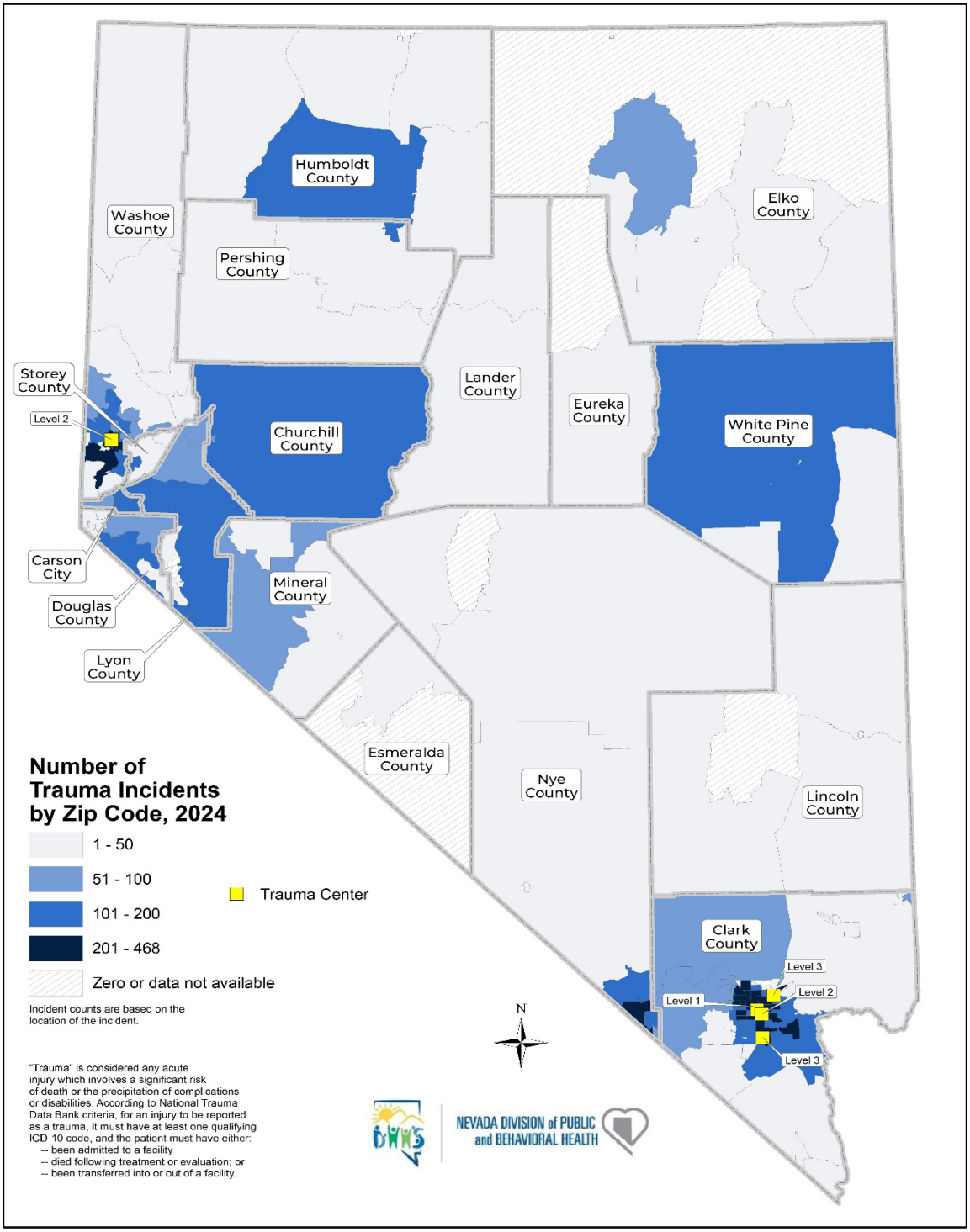


Figure 6: NV Trauma Cases by County of Injury (Unique Traumas)

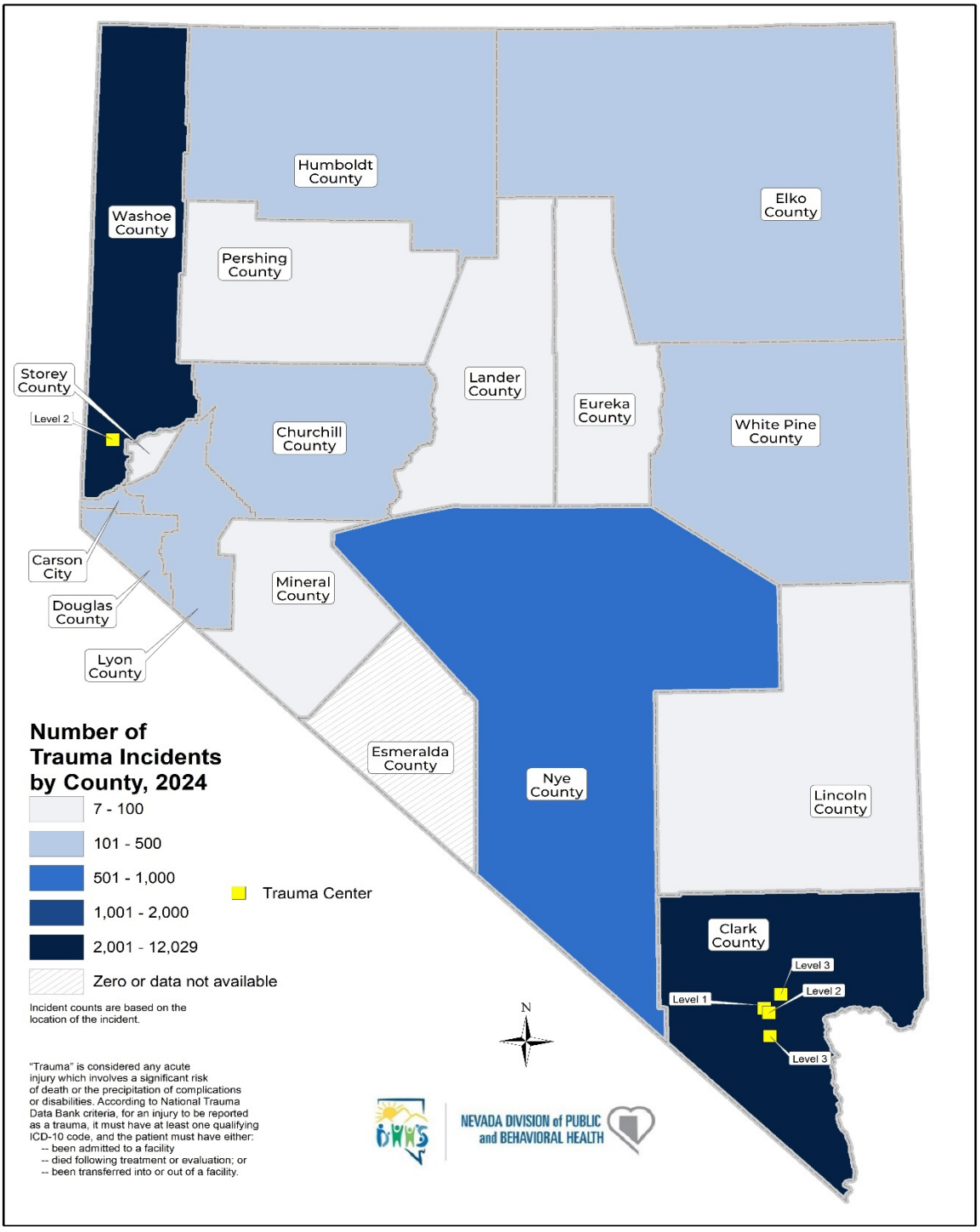


Figure 7: NV Trauma Cases by County of Injury (Unique Traumas)

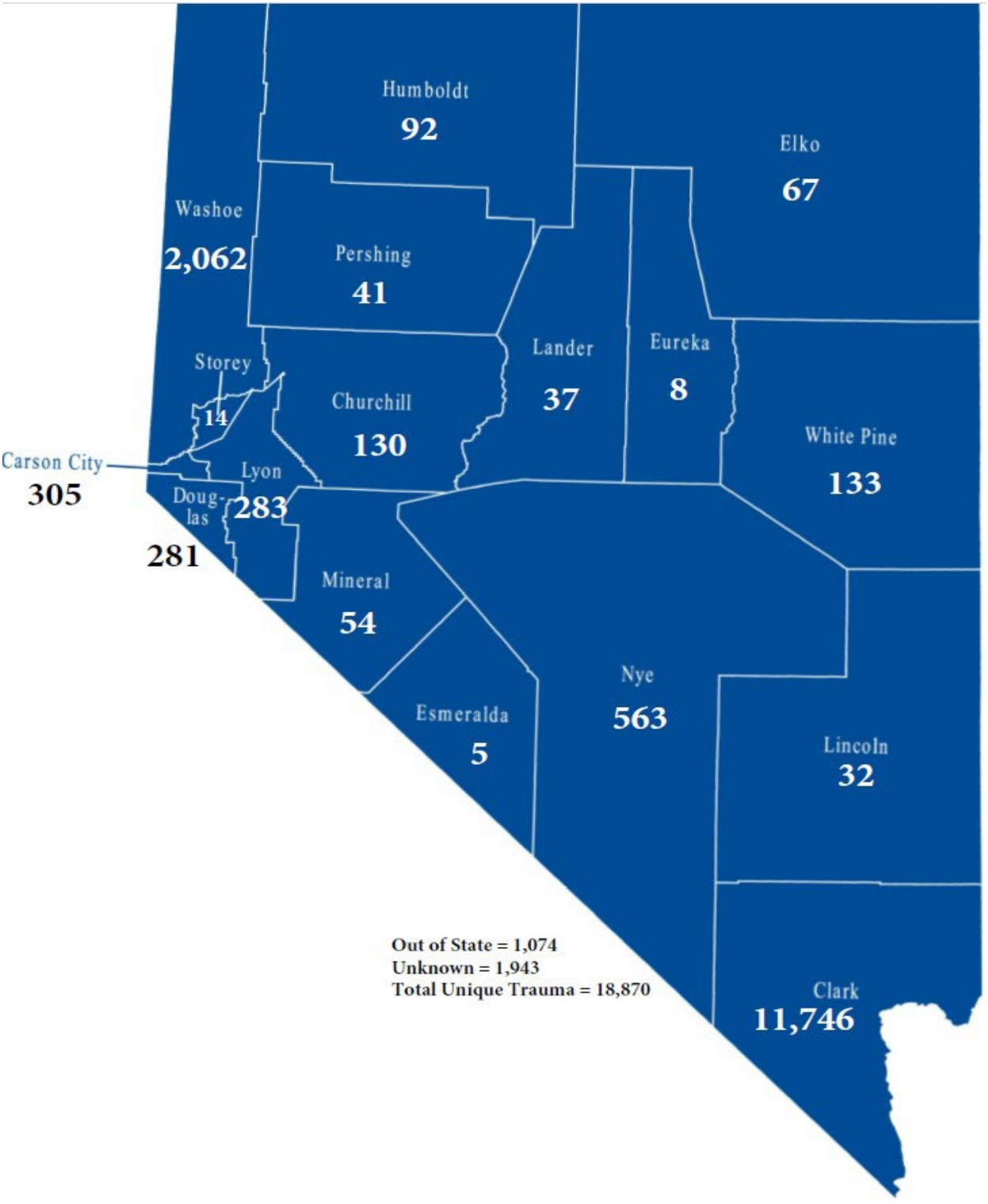


Table 9: Age-Specific Traumatic Brain Injury Incidence and Mortality Proportion (Unique Traumas)

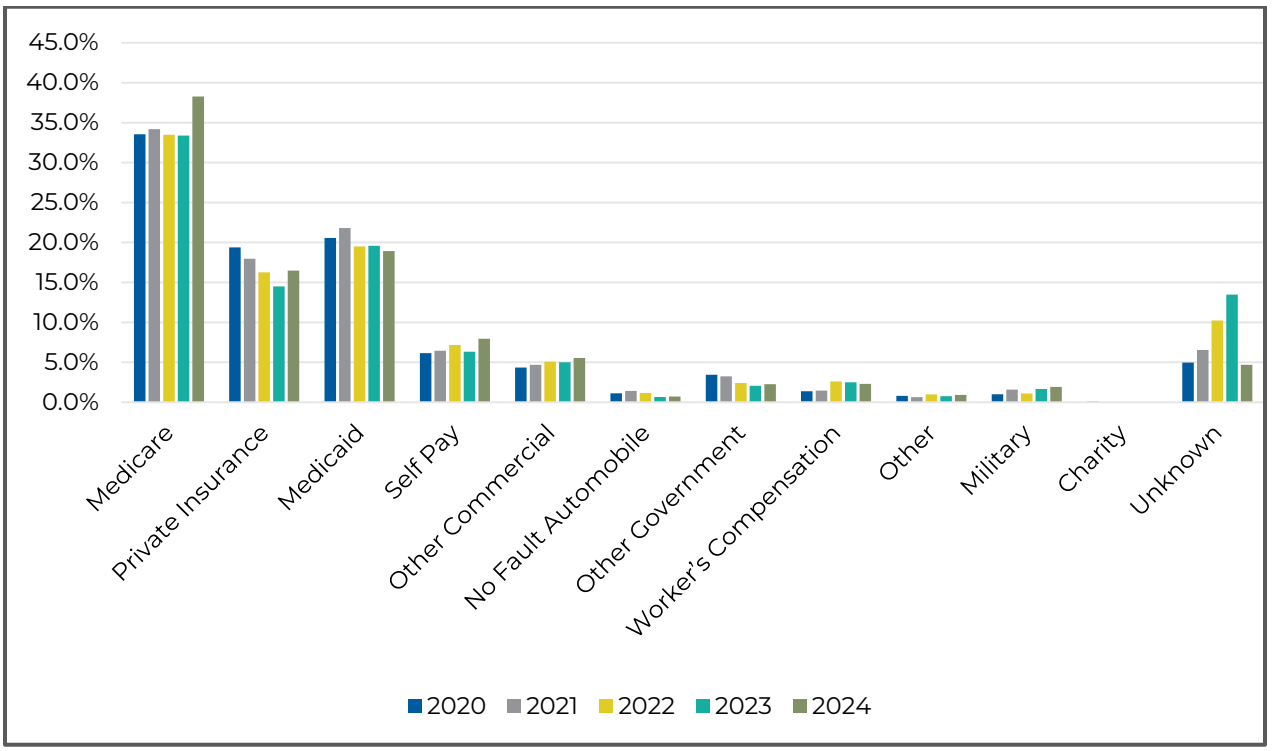
Age Group	Count	Column Percent	Deaths	Mortality Proportion (Row Percent)
Pediatric <18	205	6.0%	23	11.2%
Adult 18-64	1,576	46.3%	108	6.9%
Geriatric >64	1,624	47.7%	101	6.2%
Unknown	1	0.0%	0	0.0%
Total	**3,406**	**100.0%**	**232**	**6.8%**

*Throughout the report Unique Traumas are analyzed by where the patient first originated, but mortality data is analyzed based on their final facility. ** 9 unknown dead/alive status **

Table 10: Age-Specific Traumatic Brain Injury Incidence and Mortality Proportion (Unique Traumas)

Age Groups	Count	Column Percent	Deaths	Mortality Proportion (Row Percent)
Unknown	1	0.0%	0	0.0%
<1	29	0.9%	2	6.9%
1-5	37	1.1%	4	10.8%
6-17	141	4.1%	17	12.1%
18-24	185	5.4%	14	7.6%
25-34	310	9.1%	20	6.5%
35-44	359	10.5%	30	8.4%
45-54	266	7.8%	19	7.1%
55-64	454	13.3%	25	5.5%
65-74	594	17.4%	38	6.4%
75-84	625	18.3%	37	5.9%
85+	405	11.9%	26	6.4%
Total	**3,406**	**100.0%**	**232**	**6.8%**

Figure 8: Proportion of Trauma Primary Payment Sources in Nevada, 2020-2024*



**Year over year trauma data comparison is not recommended due to the changes mentioned in the introduction section of this report. However, the data from previous years in Figure 8 were included as it was derived from proportional data.*

Table 11: Proportion of Trauma Primary Payment Sources in Nevada, 2020-2024

Primary Source of Payment	2020	2021	2022	2023	2024
Medicare	33.5%	34.2%	33.5%	33.4%	38.3%
Private Insurance	19.4%	18.0%	16.3%	14.5%	16.5%
Medicaid	20.6%	21.8%	19.5%	19.6%	18.9%
Self-Pay	6.2%	6.4%	7.2%	6.3%	8.0%
Other Commercial	4.3%	4.7%	5.1%	5.0%	5.5%
No Fault Automobile	1.1%	1.4%	1.2%	0.7%	0.7%
Other Government	3.4%	3.2%	2.4%	2.1%	2.3%
Worker's Compensation	1.4%	1.5%	2.6%	2.5%	2.3%
Other	0.8%	0.6%	1.0%	0.8%	0.9%
Military	1.0%	1.6%	1.1%	1.7%	1.9%
Charity	0.1%	0.0%	0.0%	0.0%	0.0%
Unknown	5.0%	6.6%	10.2%	13.5%	4.7%

PLACE AND MECHANISM OF INJURY

Table 12: Trauma Incidence by Place of Injury (Unique Traumas)

Place of Injury	Trauma Count	Percent
Residence	9,218	48.9%
Street	4,456	23.6%
Trade and Service Area	1,166	6.2%
Recreation Area	405	2.1%
Wilderness Area	318	1.7%
Sports Area	299	1.6%
School or Public Area	224	1.2%
Other Specified	208	1.1%
Industrial and Construction	135	0.7%
Transport vehicle	107	0.6%
Farm	38	0.2%
Railroad Track	12	0.1%
Military Training Ground	6	0.0%
Unknown/Unspecified	2,278	12.1%
Total	**18,870**	**100%**

Table 13: Trauma Incidence and Mortality by Mechanism of Injury (Unique Traumas)

Mechanism	Count	Column Percent	Deaths	Mortality Proportion (Row Percent)
Falls	11,411	60.5%	261	2.3%
Motor Vehicle Traffic	2,895	15.3%	161	5.6%
Struck by/Against	1,046	5.5%	6	0.6%
Cut/Pierce	733	3.9%	12	1.6%
Firearm	486	2.6%	101	20.8%
Other Specified	358	1.9%	8	2.2%
Unknown	329	1.7%	8	2.4%
Natural/Environmental	272	1.4%	0	0.0%
Motor Vehicle Non-Traffic	267	1.4%	4	1.5%
Suffocation	265	1.4%	1	0.4%
Pedal Cyclist, Other	236	1.3%	1	0.4%
Other Transport (Land, Sea, Sky)	170	0.9%	2	1.2%
Unspecified	103	0.5%	0	0.0%
Overexertion	91	0.5%	0	0.0%
Machinery	79	0.4%	7	8.9%
Pedestrian, Other	75	0.4%	0	0.0%
Fire/Burn	47	0.2%	1	2.1%
Drowning	6	0.0%	2	33.3%
Total	**18,869**	**100.0%**	**575**	**3.0%**

In 2024, the state of Nevada saw the highest incidence of traumatic injury caused by Falls (60.5%), Traffic-Related Accidents (15.3%), and Being Struck by/Against (5.5%). In total trauma cases, the highest proportion of deaths came from Drowning incidents (33.3%), Firearm incidents (20.8%), and Machinery incidents (8.9%).

ICD-10 codes are currently used by the NTR to collect trauma data. Some trauma mechanisms are not coded in the ICD-10 system. If the cause of trauma cannot be identified using an ICD-10 code, there are still ICD-10 codes available: Pedestrian Other, Other Specified, Unspecified, and Unknown.

Table 14: Trauma Rates for Top Three Mechanisms of Injury by Age (Unique Traumas)

Age Group	Falls		Struck by/Against		Motor Vehicle Traffic	
	n	Rate per 100,000 (95% CI)	n	Rate per 100,000 (95% CI)	n	Rate per 100,000 (95% CI)
Pediatric <18	767	106.7 (99.1-114.2)	66	9.2 (7.0-11.4)	204	28.4 (24.5-32.3)
Adult 18-64	4,950	238.0 (231.4-244.6)	452	21.7 (19.7-23.7)	1,333	64.1 (60.6-67.5)
Geriatric >64	5,694	1,066.2 (1,038.5-1,093.9)	547	102.4 (93.8-111.0)	1,296	242.7 (229.5-255.9)
Unknown	1	-	0	-	1	-
Total	**11,412**	**342.4 (336.1-348.7)**	**1,065**	**32.0 (30.0-33.9)**	**2,834**	**85.0 (81.9-88.2)**

Table 14 outlines the top three mechanisms for injury by age. The number one trauma injury per all age groups in 2024 was Falls.

Figure 9: Top Five Mechanisms of Unintentional Trauma

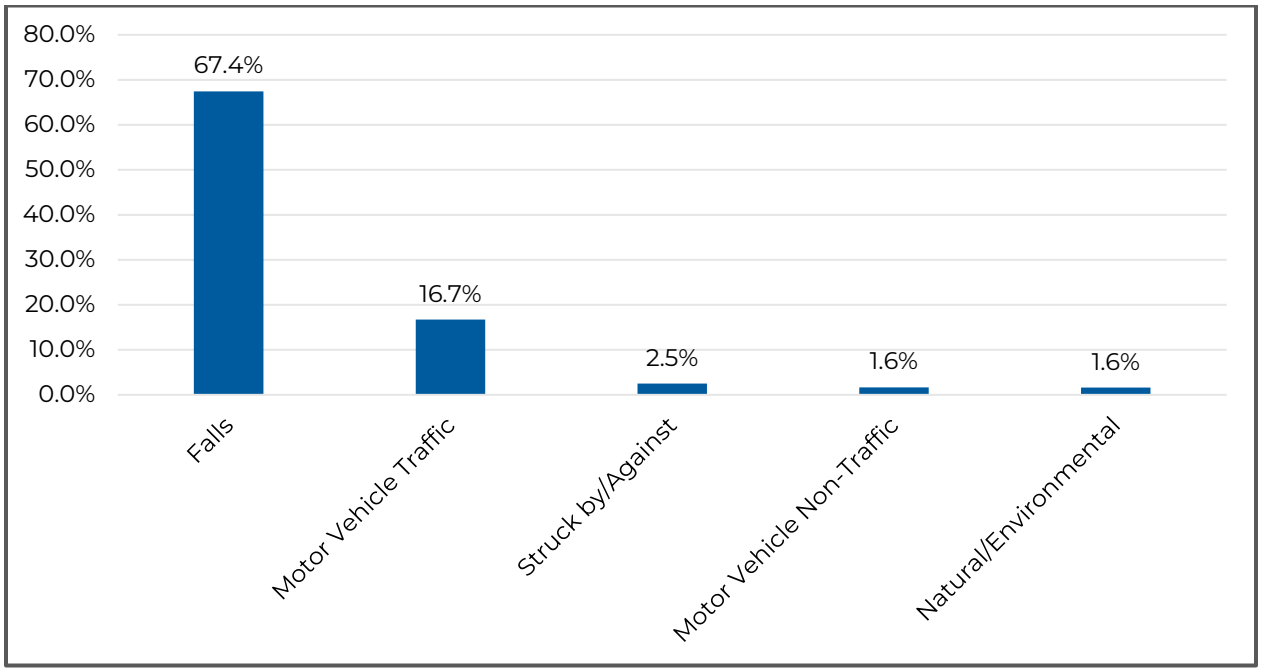


Figure 10: Top Five Mechanisms of Homicide/Assault-Related Trauma

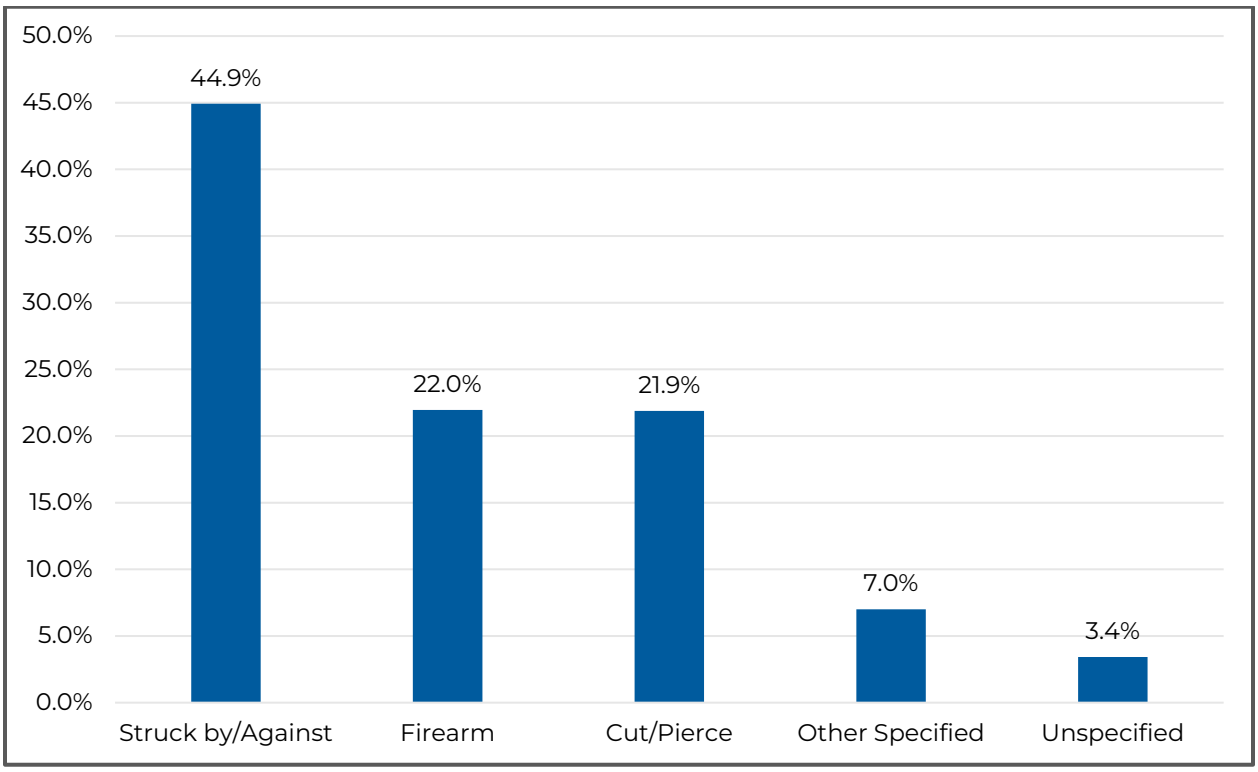


Figure 11: Top Five Mechanisms of Suicide/Self-Inflicted Trauma

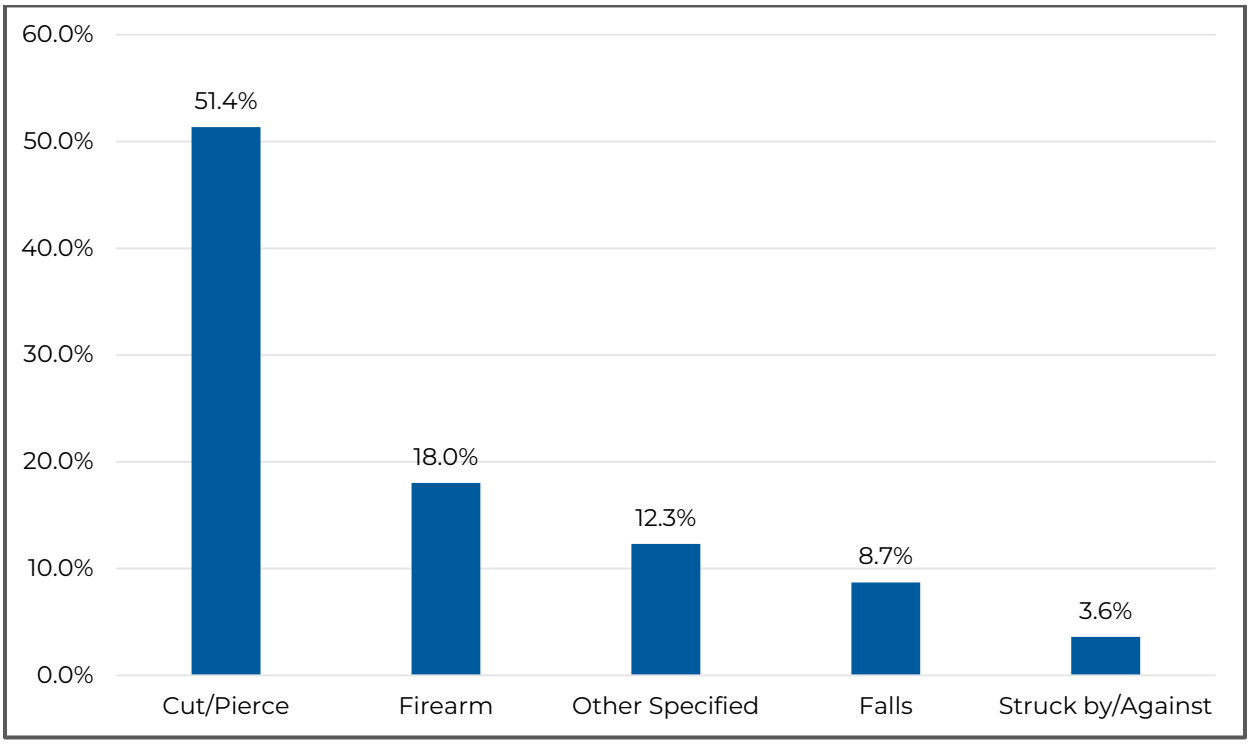
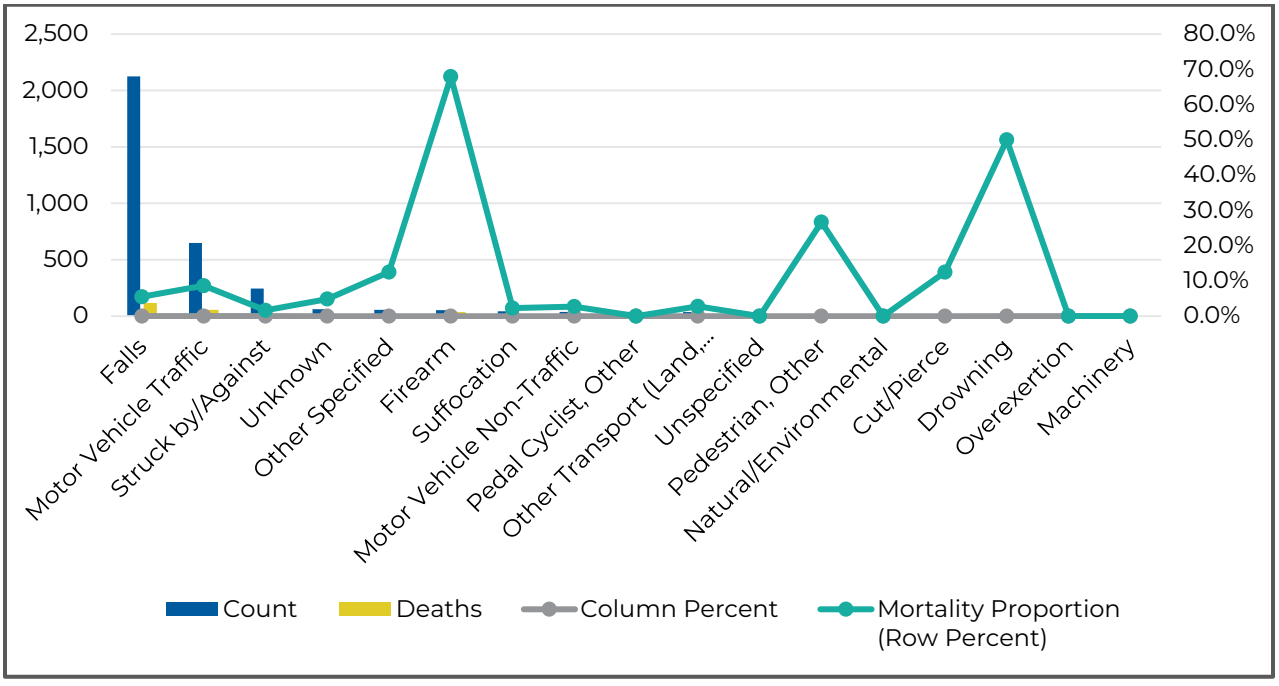


Table 15: Traumatic Brain Injury Incidence and Mortality by Mechanism of Injury

Mechanism	Count	Column Percent	Deaths	Mortality Proportion (Row Percent)
Falls	2,125	62.4%	117	5.5%
Motor Vehicle Traffic	649	19.1%	56	8.6%
Struck by/Against	244	7.2%	4	1.6%
Unknown	62	1.8%	3	4.8%
Other Specified	56	1.6%	7	12.5%
Firearm	53	1.6%	36	67.9%
Suffocation	44	1.3%	1	2.3%
Motor Vehicle Non-Traffic	37	1.1%	1	2.7%
Pedal Cyclist, Other	37	1.1%	0	0.0%
Other Transport (Land, Sea, Sky)	36	1.1%	1	2.8%
Unspecified	22	0.6%	0	0.0%
Pedestrian, Other	15	0.4%	4	26.7%
Natural/Environmental	13	0.4%	0	0.0%
Cut/Pierce	8	0.2%	1	12.5%
Drowning	2	0.1%	1	50.0%
Overexertion	2	0.1%	0	0.0%
Machinery	1	0.0%	0	0.0%
Total	**3,406**	**100.0%**	**232**	**6.8%**

Figure 12: Mortality Proportion of Traumatic Brain Injury Incidence by Mechanism of Injury (Unique Traumas)



INJURY CHARACTERISTICS: INJURY SEVERITY SCORE (ISS)

Injury Severity Score (ISS) is an anatomical scoring system that provides an overall score for patients with multiple injuries. The ISS has values from 1 to 75:

ISS score of 1-8 = Minor
ISS score of 9-15 = Moderate
ISS score of 16-24 = Serious
ISS score of 25-75 = Severe

Table 16: Trauma Incidence and Mortality Proportion by Injury Severity Score (ISS) (Unique Traumas)

Injury Severity Score	Count	Column Percent	Deaths	Mortality Proportion (Row Percent)
Minor, 1-8	8,672	45.1%	98	1.1%
Moderate, 9-15	7,734	40.5%	145	1.9%
Serious, 16-24	1,423	7.6%	61	4.3%
Severe, 25-75	1,035	6.7%	271	26.2%
Missing/NA/ND	5	0.0%	0	0.0%
Total	18,869	100.0%	575	3.0%

Throughout the report Unique Traumas are analyzed by where the patient first originated, but mortality data is analyzed based on their final facility.

Table 17: Traumatic Brain Injury Incidence and Mortality Proportion (Unique Traumas) by Injury Severity

Injury Severity Score	Count	Column Percent	Deaths	Mortality Proportion (Row Percent)
Minor, 1-8	655	19.2%	6	0.9%
Moderate, 9-15	1,481	43.5%	34	2.3%
Serious, 16-24	657	19.3%	22	3.3%
Severe, 25-75	613	18.0%	170	27.7%
Total	**3,406**	**100.0%**	**232**	**6.8%**

Table 18: Injury to ED arrival time for a patient with a score of >15 for their injury, broken down by their location (Rural, Urban, or Statewide).

County	<1hour	1-3 hours	3-6 hours	6-9 hours	9-12 hours	>12 hours
Carson City	12	0	1	1	0	3
Churchill	9	1	0	0	0	1
Clark	1,128	164	66	50	25	64
Douglas	30	6	1	0	0	0
Elko	2	0	0	0	0	0
Esmeralda	1	0	0	0	0	0
Eureka	1	0	0	0	0	0
Humboldt	21	1	0	1	0	0
Lander	6	0	0	0	0	0
Lincoln	5	2	0	1	0	0

Lyon	20	5	1	1	2	7
Mineral	10	0	0	0	0	0
Nye	28	0	0	2	0	1
Pershing	3	0	1	0	0	1
Storey	1	0	0	0	0	0
Washoe	207	7	10	14	0	6
White Pine	17	1	1	1	0	1
Out of State	411	65	11	3	2	26
Total	**1,912**	**252**	**92**	**74**	**29**	**110**

PATIENT TRANSPORTATION

In Nevada, ground ambulances outnumbered private cars and walk-ins when transporting trauma patients to hospitals in 2024 (Table 19)

Table 19: Trauma Incidence by Mode of Arrival (Unique Traumas)

Mode of Arrival	Trauma Count	Percent
Ground Ambulance	13,390	71.0%
Private Vehicle or Walk-in	4,212	22.3%
Helicopter Ambulance	1,049	5.6%
Fixed-Wing Ambulance	89	0.5%
Water Ambulance	4	0.0%
Police	55	0.3%
Other	53	0.3%
Public Safety	4	0.0%
Missing	14	0.1%
Total	**18,870**	**100%**

It is useful to look at patient methods of arrival based on their Injury Severity Score (ISS) ranges in addition to reviewing the data by mode of patient arrival (Table 20). As demonstrated in Table 20, individuals with the greatest ISS were also the ones who were frequently transported to hospitals by ground ambulance.

Table 20: Mode of arrival by Injury Severity Score

Mode of Arrival	Injury Severity Score Range				
	Minor 1-8	Moderate 9-15	Serious 16-24	Severe 25-75	Missing/NA ISS Scores
Ground Ambulance	5,757	5,893	988	748	4
Private Vehicle or Walk-in	2,485	1,392	228	106	1
Helicopter Ambulance	303	378	200	168	0
Fixed-Wing Ambulance	29	45	10	5	0
Water Ambulance	0	0	3	1	0
Police	33	14	5	3	0

Other	47	4	1	1	0
Public Safety	3	0	1	0	0
Missing	6	7	1	0	0
Total	**8,663**	**7,733**	**1,437**	**1,032**	**5**

PATIENT DISCHARGE AND TRANSFER

Of the 18,870 trauma cases that occurred in Nevada in 2024, 1,856 were sent to trauma centers. The most trauma patients were transferred to Sunrise Hospital Medical Center from other facilities. The trauma center with the lowest average ISS was located at St. Rose Dominican Hospital – Siena Campus. (See Table 21)

Table 21: Patient Transfer to Nevada Trauma Centers by Injury Severity Score

Facility Patient Transferred To	Injury Severity Score Range			
	Trauma Cases	Mean ISS	Standard Deviation	ISS Range
Renown Regional Medical Center	561	8.6	5.8	1 - 75
St. Rose Dominican Hospital Siena Campus	90	6.7	4.2	1 - 25
Sunrise Hospital Medical Center	857	9.1	7.7	1 - 75
University Medical Center	348	10.2	8.8	1 - 75
Total	**1,856**	**9.0**	**7.3**	**1 - 75**

"Patient Transfer to" is determined by the question, "Was Patient Transferred to Facility?" and not through the matching process that creates the Unique Traumas

RISK FACTORS: DRUG/ALCOHOL USE

Table 22: Injury Intent and Drug/Alcohol Use (Unique Traumas)

Injury Intent	Trauma Cases	Drug/Alcohol Use	Percent Drug/Alcohol Use (Row Percent)
Unintentional	16,855	2,343	14%
Suicide	333	134	40%
Homicide/Assault	1,371	382	28%
Legal Intervention	31	15	48%
Undetermined (accidental/intentional)	134	32	24%
Unknown	146	17	12%
Total	**18,870**	**2,923**	**15%**

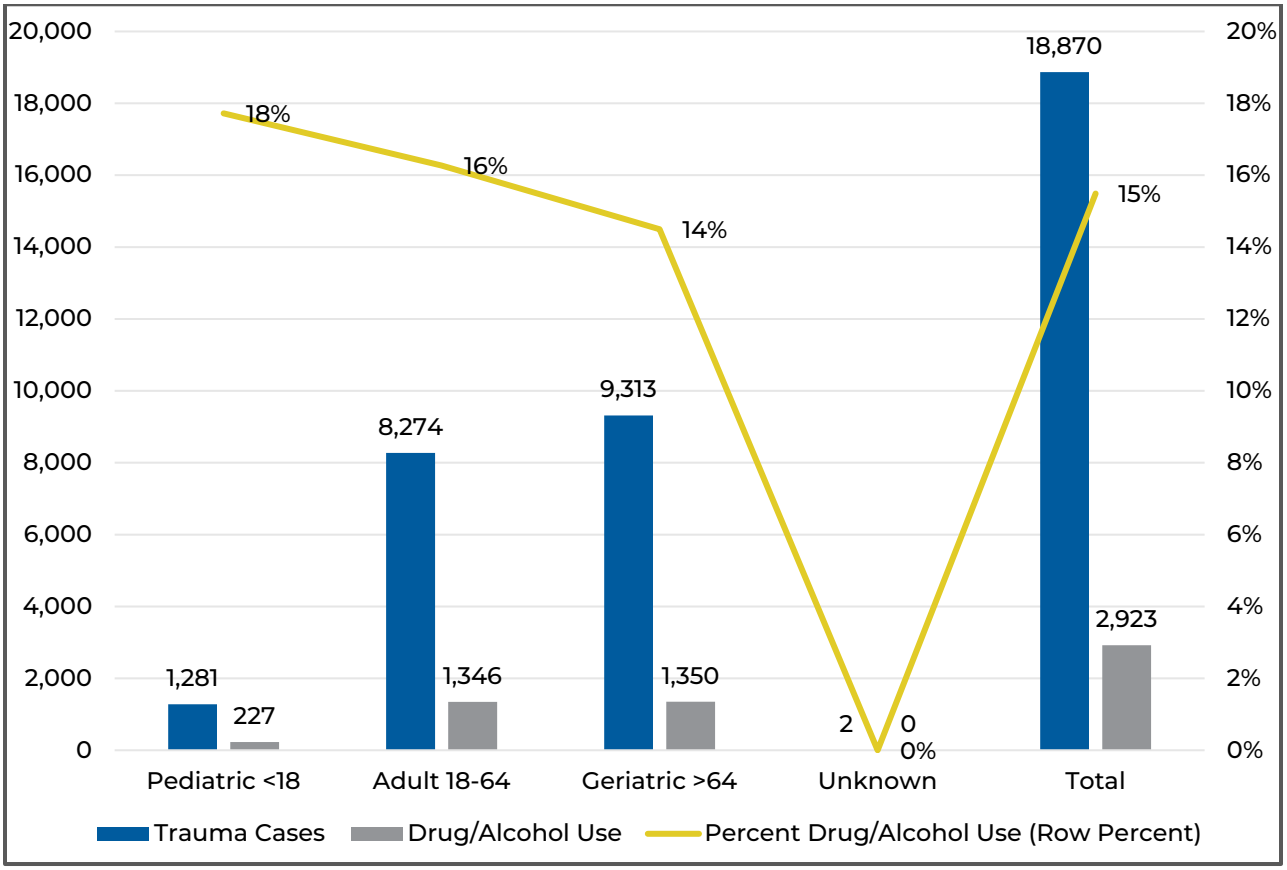
2,923 (15%) of the 18,870 distinct traumas listed in the NTR for 2024 involved drug or alcohol use. Additionally, drug or alcohol use was present in 40% of suicides and 28% of Homicide or Assault related trauma incidents.

Table 23: Age-Specific Prevalence of Restraint Use Among Passengers in Moving Vehicles (Positive Blood Alcohol Content [BAC])

Protective Device Restraint	Pediatric <18	Adult 18-64	Geriatric >64	Total
None	5	20	58	83
Seatbelt – Lap & Shoulder	0	8	9	17
Seatbelt – Lap Only	1	2	1	4
Seatbelt – NFS	0	2	1	3
Unknown	16	75	58	149
Total	**22**	**107**	**127**	**256**

There was no restraint or safety measure used in 83 of the 256 unique trauma cases with reports of drug or alcohol use.

Figure 13: Age-Specific Trauma and Drug/Alcohol Use (Unique Traumas)



While adults aged 18 to 64 had a notable prevalence of positive or high Blood Alcohol Content (BAC) results—16% of the 8,274 recorded trauma cases in this age group—the highest percentage of positive BAC cases was actually seen in pediatric patients, at 18%. The geriatric population had the highest total number of trauma cases (9,313), with 14% testing positive for BAC.

Table 24: Age-Specific Ratio of Restraint Use Among Drivers and Passengers in Motor Vehicles (Use of Drugs and Alcohol)

Protective Device Restraint	Pediatric <18	Adult 18-64	Geriatric >64	Total
None	9	37	93	139
Seatbelt – Lap & Shoulder	1	15	14	30
Seatbelt – Lap Only	1	2	2	5
Seatbelt – NFS	0	4	1	5
Unknown	27	133	107	267
Total	**38**	**191**	**217**	**446**

Table 25: Trauma Incidence by Mechanism of Injury (Unique Traumas) and Drug/Alcohol Use

Mechanism	Trauma Cases	Drug/Alcohol Use	Percent Drug/Alcohol Use (Row Percent)
Falls	11,412	1,213	11%
Motor Vehicle Traffic	2,834	832	29%
Struck by/Against	1,065	214	20%
Cut/Pierce	731	198	27%
Firearm	488	121	25%
Other Specified	360	47	13%
Unknown	333	55	17%
Natural/Environmental	284	23	8%
Motor Vehicle Non-Traffic	278	38	14%
Suffocation	264	61	23%
Pedal Cyclist, Other	243	28	12%
Other Transport (Land, Sea, Sky)	171	30	18%
Unspecified	100	24	24%
Overexertion	93	7	8%
Machinery	79	3	4%
Pedestrian, Other	77	19	25%
Fire/Burn	52	7	13%
Drowning	6	3	50%
Total	**18,870**	**2,923**	**15%**

The following specific traumas were linked to the highest reported rates of drug and alcohol use: 50% of drowning cases and 29% motor vehicle traffic incidents. These are followed by cut/pierce injuries at 27% and firearm and pedestrian injuries both at 25%. Drug/alcohol use was found in 24% of incidents with unspecified mechanisms.

Table 26: Trauma Incidence by Mechanism of Injury (Unique Traumas) and BAC Levels (Interval)

Mechanism	<0.08	0.08 to 1	2 to 20	21 to 50	51 to 100	101 to 200	More than 200	Unknown	Total
Falls	34	24	53	45	70	135	305	10,746	11,412
Motor Vehicle Traffic	1	1	31	49	55	124	214	2,359	2,834
Struck by/Against	3	2	10	5	17	32	63	933	1,065
Cut/Pierce	9	11	9	11	9	37	38	607	731
Firearm	0	1	8	7	14	26	22	410	488
Other Specified	0	2	2	2	2	9	5	338	360
Unknown	1	1	1	3	3	8	17	299	333
Natural/Environmental	0	0	0	0	2	4	3	275	284
Motor Vehicle Non-Traffic	1	2	0	1	5	7	3	259	278
Suffocation	0	0	5	4	9	14	8	224	264
Pedal Cyclist, Other	0	0	5	2	1	4	2	229	243
Other Transport (Land, Sea, Sky)	0	0	2	4	4	8	3	150	171
Unspecified	1	0	3	0	0	2	6	88	100
Overexertion	1	0	0	1	0	0	0	91	93
Machinery	0	0	0	0	0	0	1	78	79
Pedestrian, Other	0	0	2	1	0	0	5	69	77
Fire/Burn	3	0	0	0	0	1	1	47	52
Drowning	0	1	0	0	1	0	1	3	6
Total	**54**	**45**	**131**	**135**	**192**	**411**	**697**	**17,205**	**18,870**

Table 27: Trauma Incidence by County and BAC (Unique Traumas)

County	<0.08	0.08 to 1	2 to 20	21 to 50	51 to 100	101 to 200	more than 200	Unknown	Total
Out of State	2	1	13	14	20	40	37	947	1,074
Carson City	0	0	3	1	7	10	16	268	305
Churchill	0	0	2	1	0	8	4	115	130
Clark	42	31	60	75	96	209	442	10,791	11,746
Douglas	0	0	4	2	3	7	7	258	281
Elko	0	0	2	2	2	2	1	58	67
Esmeralda	0	0	0	0	0	0	0	5	5
Eureka	0	0	0	1	0	1	0	6	8
Humboldt	0	0	2	1	1	1	2	85	92
Lander	0	0	0	2	0	2	0	33	37
Lincoln	1	0	0	0	0	0	0	31	32
Lyon	0	0	1	1	2	6	9	264	283
Mineral	0	0	1	1	0	0	3	49	54
Nye	0	0	5	0	3	6	0	549	563
Pershing	0	0	4	0	0	1	2	34	41
Storey	0	0	0	1	0	1	2	10	14
Washoe	0	4	14	15	26	59	125	1,819	2,062
White Pine	0	0	0	1	0	2	6	124	133
Unknown	9	9	20	17	32	56	41	1,759	1,943
Total	**54**	**45**	**131**	**135**	**192**	**411**	**697**	**17,205**	**18,870**

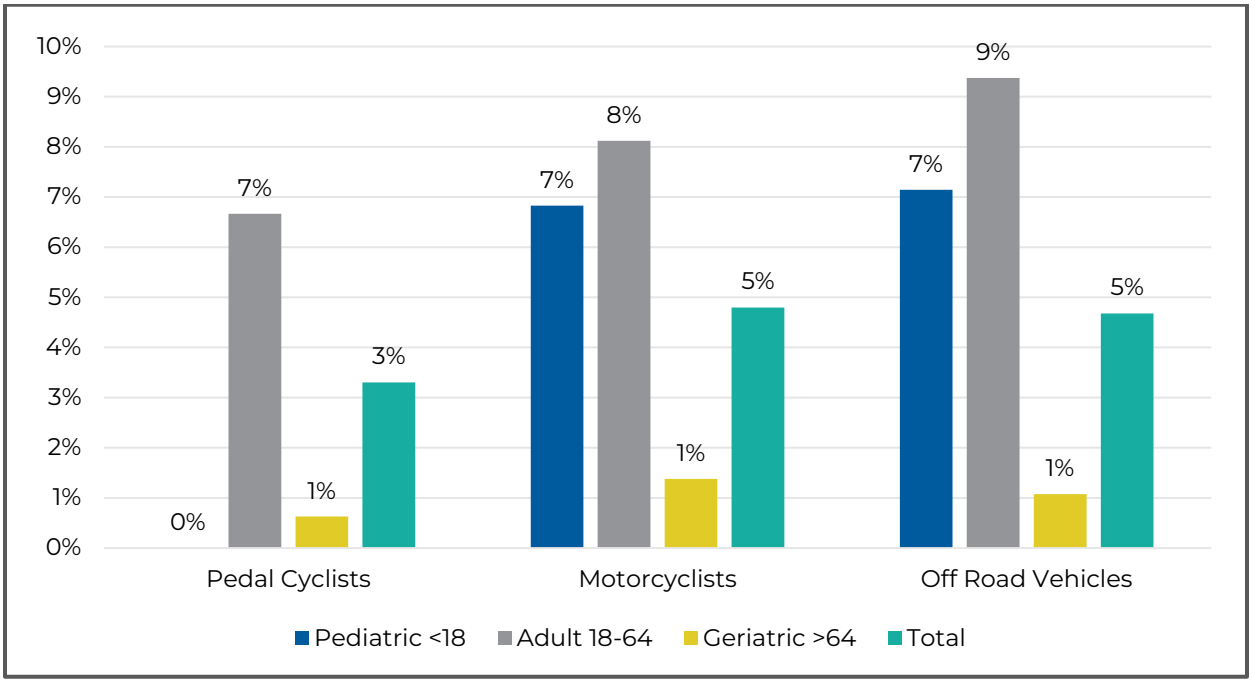
Table 28: Trauma Incidence by County and Drug/Alcohol Use (Unique Trauma)

County	Trauma Cases	Drug/Alcohol Use	Percent Drug/Alcohol Use (Row Percent)
Out of State	1,074	236	22%
Carson City	305	54	18%
Churchill	130	16	12%
Clark	11,746	1,814	15%
Douglas	281	29	10%
Elko	67	9	13%
Esmeralda	5	0	0%
Eureka	8	2	25%
Humboldt	92	8	9%
Lander	37	4	11%
Lincoln	32	3	9%
Lyon	283	23	8%
Mineral	54	6	11%
Nye	563	42	7%
Pershing	41	7	17%
Storey	14	6	43%
Washoe	2,062	310	15%
White Pine	133	15	11%
Unknown	1,943	339	17%
Total	**18,870**	**2,923**	**15%**

SAFETY EQUIPMENT

Wearing a helmet is crucial for safety, particularly when operating an off-road vehicle, motorcycle, or bicycle. —Figure 14.

Figure 14: Proportion of Helmet Use Among Pedal Cyclists, Motor Cyclists, and Off-Road Users (UT)



In Nevada, 1,660 of the 2,895 people injured in motor vehicle accidents reported wearing age-appropriate restraints at the time of the accident. According to the National Highway Traffic Safety Administration (NHTSA), in 2024, 91.2 percent of Americans wore seat belts, showing that they are aware of the importance of doing so for their own safety. According to the NHTSA, using a seatbelt can reduce your risk of suffering a fatal injury by 45% and a moderate to critical injury by 50%. Additionally, for light trucks, seatbelt use reduces the risk of fatal injury by 60% and moderate to critical injury by 65%

Table 29: Age-Specific Restraint Use Among Motor-Vehicle Traffic Occupants

Age Group	Pediatric <18	Adult 18-64	Geriatric >64	Total
Seatbelt	8	81	44	133
Child or Infant booster/car seat	1	0	0	1
None	47	197	334	580
Unknown	67	488	391	946
Total	**123**	**766**	**769**	**1,660**

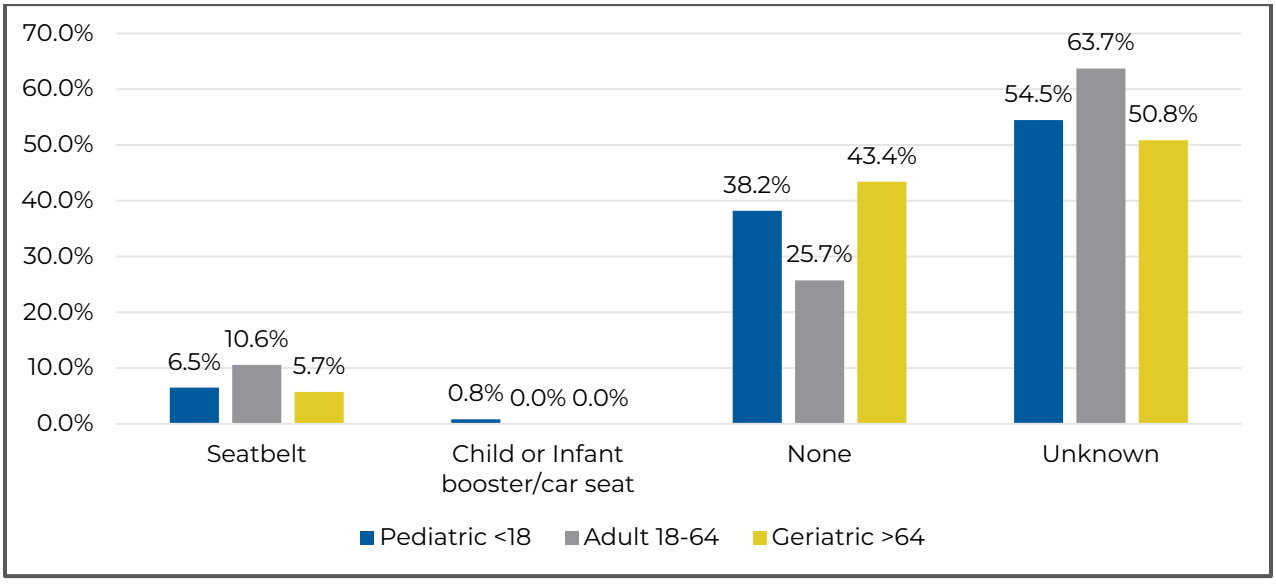
Table 30: Age-Specific Proportion of Restraint Use Among Motor-Vehicle Traffic Occupants

Age Group	Pediatric <18	Adult 18-64	Geriatric >64	Total (column percent)
Seatbelt	6.5%	10.6%	5.7%	8.0%
Child or Infant booster/car seat	0.8%	0.0%	0.0%	0.1%
None	38.2%	25.7%	43.4%	34.9%
Unknown	54.5%	63.7%	50.8%	57.0%
Total Age-Specific Proportion	**7.4%**	**46.2%**	**46.4%**	**100.0%**

- *Among Motor vehicle occupants: 7.4% are <18, 46.2% are 18-64 and 46.4% are >64years.*
- *Among Motor vehicle occupants 8.0% use seatbelt, 0.1% used Child booster/car seat, 39.9% used no restraint. 57% of motor vehicle occupants have unknown restraint information.*
- *Among all motor vehicle traffic occupants < 18 years, 8.1% used seatbelts.*

Table 30 and Figure 15 demonstrate that 6.5% of pediatric passengers involved in motor vehicle related traumas were properly restrained by a seat belt. While 10.6% of adult drivers reported wearing a seatbelt, the elderly population over the age of 64 reported wearing one at a rate of 5.7%. As individuals' self-reported use of restraints at the time of incidents there is potential for some data inaccuracies. It is important to note Figure 15 refers to the populations in shown age range that reported being properly restrained using the correct type of safety restraint. In 2024, data on restraint use appeared limited across all age groups in cases where a Motor Vehicle Crash (MVC) or related incident was the primary cause of injury. Figure 15 reflects a higher proportion of 'unknown' responses, particularly in relation to restraint use in MVC-related cases. Contributing factors may include limitations in available documentation or an elevated number of 'unknown' responses.

Figure 15: Age-Specific Proportion of Restraint Use Among Motor-Vehicle Traffic Occupants



FALLS – BY LAST TRANSFER FACILITY

Slipping, tripping, and stumbling were considered the main contributors to the types of falls that resulted in trauma injuries, accounting for 65.1%. This was also the most frequent types of falls that resulted in death.

In 2024, falls were Nevada's leading cause of trauma. In line with this, most traumas occur at home (Table 12). In analyzing the falls by sex, males experienced more trauma than females by 1,180 cases. (Table 31). In two instances, the patient's sex was not documented in the record. A breakdown of the types of falls is provided in Table 32.

Table 31: Trauma Rate for Falls by Sex (Unique Traumas)

Sex	n	Rate per 100,000 (95% CI)
Female	5,250	313.9 (305.4-322.4)
Male	6,430	387.1 (377.7-396.6)
Unknown	2	-
Total	**11,682**	**350.5 (344.1-356.8)**

Table 32: Incidence and Mortality Proportion by Type of Fall (Unique Traumas)

Type of Falls	Count	Percent of Falls (Column Percent)	Deaths	Mortality Proportion (Row Percent)
Same level, Slipping/Tripping/Stumbling	7,602	65.1%	173	2.3%
Unspecified	1,256	10.8%	47	3.7%
From Furniture	721	6.2%	14	1.9%
Steps	713	6.1%	12	1.7%
Pedestrian Conveyance Accident	370	3.2%	0	0.0%
Fall Due to Environmental Factors	334	2.9%	4	1.2%
On or From Ladder/Scaffolding	295	2.5%	5	1.7%
Out of Building/Structure	103	0.9%	2	1.9%
Multi-Level: Cliff, Tree, Water, etc.	85	0.7%	0	0.0%
Playground Equipment	78	0.7%	0	0.0%
Collision/Push/Shove By/Oth. Person	73	0.6%	0	0.0%
Suicide Related	35	0.3%	1	2.9%
Undetermined Fall High Place	13	0.1%	3	23.1%
Assault Related	4	0.0%	0	0.0%
Total	**11,682**	**100.0%**	**261**	**2.2%**

Table 33: Trauma Rate by Age and Type of Fall (Unique Traumas)

Age Group	Type of Fall					
	Steps		From Same Level (tripping, slipping, stumbling)		From Furniture (bed, chair, etc.)	
	n	Rate per 100,000 (95% CI)	n	Rate per 100,000 (95% CI)	n	Rate per 100,000 (95% CI)
Pediatric <18	53	7.4 (5.4-9.4)	517	71.9 (65.7-78.1)	47	6.5 (4.7-8.4)
Adult 18-64	311	15.0 (13.3-16.6)	3,364	161.7 (156.3-167.2)	318	15.3 (13.6-17.0)
Geriatric >64	349	65.3 (58.5-72.2)	3,720	696.6 (674.2-718.9)	356	66.7 (59.7-73.6)
Total	713	21.4 (19.8-23.0)	7,602	228.1 (223.0-233.2)	721	21.6 (20.1-23.2)

FINAL NOTE

Trauma Registry (NTR) continues to improve due to increased data entry compliance and accuracy. The NTR Manager and Coordinator thank all NTR users for their perseverance in mastering accurate data entry into the NTR at the various trauma and non-trauma centers throughout Nevada. We appreciate and are aware of your commitment.

We are working to compile and maintain complete historical data for Nevada's trauma centers as collaboration among the facilities and the Nevada Trauma Registry continues to grow. Additionally, these data and subsequent reports become more valuable to the various NTR community stakeholders through ongoing partnerships to improve the quantity and quality of the information in the NTR.

ADDITIONAL INFORMATION

For additional information regarding this publication, contact:

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Should any county or facility need specific trauma data for their hospital facilities and zip codes, please contact the contact listed above. As a reminder, all data from the Nevada State Trauma Registry is self-reported by treating facilities. Information requestors and readers should be aware that there may be minor inconsistencies if facilities do not capture trauma data correctly.

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FUNDING SOURCE

This report was produced by the Division of Public and Behavioral Health and supported by Grant Number U3REP240774-01-00, funded by the Centers for Disease Control and Prevention and the Assistant Secretary for Preparedness and Response. Its contents are solely the authors' responsibility. They do not necessarily represent the official views of the Centers for Disease Control and Prevention, Office of the Assistant Secretary for Preparedness and Response, or the Department of Health and Human Services.

RECOMMENDATIONS

Division of Public and Behavioral Health. *2023 Annual Trauma Registry Report*. Carson City, Nevada. e 1.0, June 2024. (Division of Public and Behavioral Health, 2023)