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2021 TRAUMA REPORT 2021



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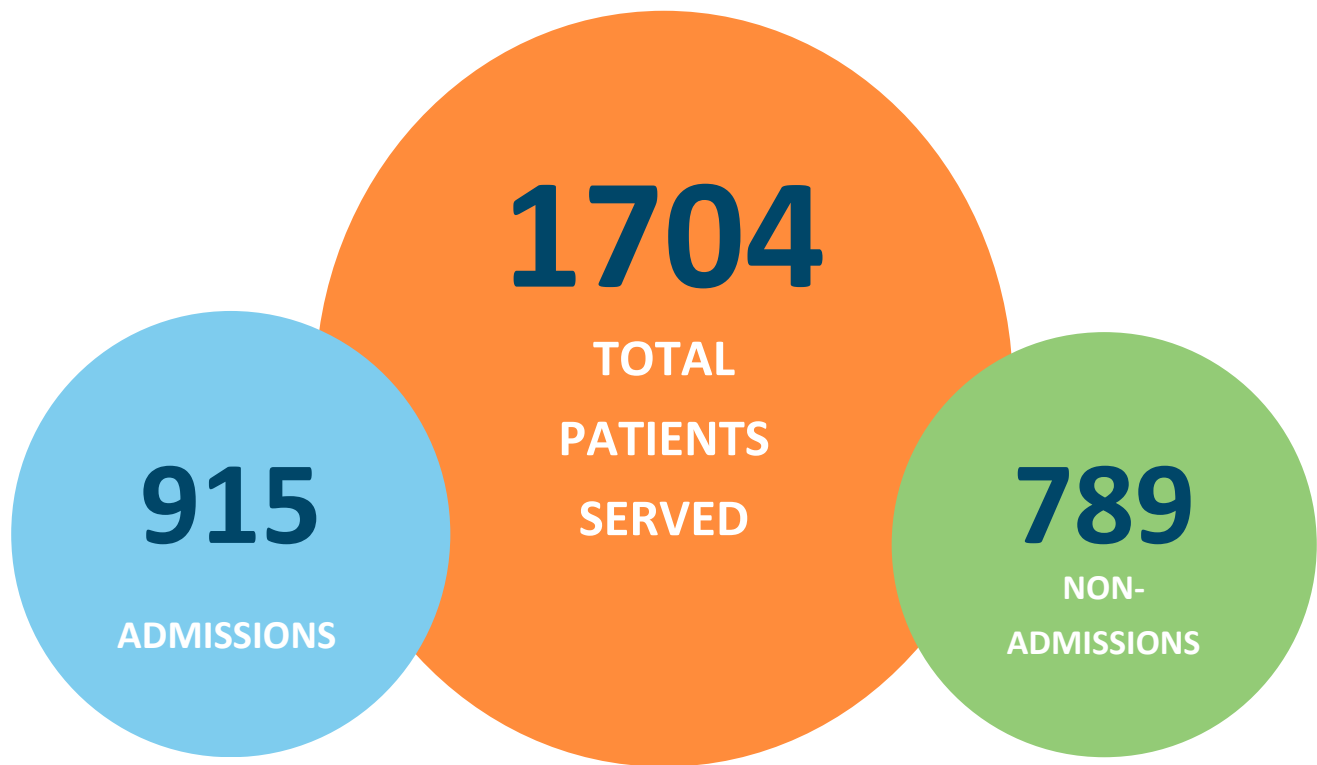
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About Our Program

Arkansas Children’s Hospital in Little Rock is the state’s only Level I Pediatric Trauma Center. Each year, our team treats more than 1,600 pediatric trauma patients from all over the state of Arkansas and surrounding states. Over 98% of our patients are successfully discharged, reflecting a strong commitment to quality, safety, and outcomes.

Beyond direct patient care, our trauma program supports the statewide trauma system through professional education, community-based injury prevention initiatives, and ongoing research aimed at advancing pediatric trauma care. Through strong partnerships and a multidisciplinary approach, Arkansas Children’s Hospital remains dedicated to improving outcomes and ensuring children across the state receive timely, high-quality trauma care when it matters most.

2025 Highlights



Message from our Leadership

Reflecting on 2025, we are proud of the continued growth and accomplishments of the trauma program. A strong emphasis was placed on multidisciplinary engagement, evidence-based practice, and real-time performance feedback. Following re-designation by the Arkansas Department of Health as a Level I Pediatric Trauma Center and receipt of a full three-year reverification by the American College of Surgeons Committee on Trauma in December 2024, the program focused on sustaining excellence and advancing trauma care across the state.

A key priority remained addressing the psychosocial impact of traumatic injury on patients and families. Inpatient access to mental health services was further standardized, and outpatient referral pathways through the trauma clinic continued to expand. The outpatient trauma clinic—dedicated to patients with high acute stress screening scores—experienced continued growth and multidisciplinary engagement. The addition of a dedicated social worker enhanced care coordination, improved access to community and mental health resources, supported families through follow-up, and strengthened continuity from inpatient to outpatient care.

The trauma program's Performance Improvement (PI) process remained central to these efforts, with multidisciplinary peer review, regional review through CATRAC, state review via the Arkansas Trauma Advisory Council, and participation in the Arkansas TQIP Collaborative supporting objective evaluation and system improvement. Simulation-based education was aligned with PI findings to reinforce team roles, strengthen communication, and address high-risk, low-frequency events.

Looking ahead, the program will welcome a new Associate Trauma Medical Director and begin preparations for the upcoming ACS site review year. The trauma program will continue active participation in research through the A+ Pediatric Trauma Research Network (A+ PTRN), supporting evidence-based practice and contributing to advancements in pediatric trauma care. Outcomes will continue to be monitored, and best practice guidelines updated as evidence evolves to ensure the highest quality care for children across Arkansas.

Together, the Trauma Program Manager and Trauma Medical Director remain focused on fostering a culture of transparency, continuous learning, and accountability, with the shared goal of improving outcomes for injured children and supporting trauma team members through structured feedback and education.



Deidre Wyrick

Deidre Wyrick, MD, FACS
Trauma Medical Director

Shonda Grappe

Shonda Grappe, MSN, RN, CCRN
Trauma Program Manager

Meet the Team

Program Leadership and Surgeons



Dr. Deidre Wyrick, MD, FACS
Associate Professor - Division
of Pediatric Surgery and
Section of Pediatric Critical
Care Medicine
Trauma Medical Director



Dr. R. Todd Maxson, MD, FACS
Professor - Division of Pediatric
Surgery – UAMS
Surgeon-in-Chief
Rachel Fuller Endowed Chair
Associate Trauma Medical
Director



Dr. Melvin Sidney Dassinger,
MD, FACS, FAAP
Professor and Chief - Division of
Pediatric Surgery, John Boyd
Family Endowed Chair in
Pediatric Surgery, Surgical
Quality Medical Director



Dr. Jeffery Burford, MD, FACS
Associate Professor - Division
of Pediatric Surgery



Dr. Michaela (Mikki) Kollisch,
MD, FACS
Associate Professor - Division of
Pediatric Surgery



Dr. Robert Vandewalle, MD
Assistant Professor - Division
of Pediatric Surgery



Dr. Lindsey Wolf, MD, MPH,
FACS, FAAP
Assistant Professor - Division
of Pediatric Surgery



Shonda Grappe, MSN, RN, CCRN
Trauma Program Manager

Meet the Team

Trauma Nurse Practitioners



Shelby (Jordyn) Earnest-Hastings, APRN, MNSc, CPNP-AC
Certified Nurse Practitioner for
Pediatric General
Surgery/Trauma



Brianna Gammon,
APRN, MNSc, CPNP-AC
Certified Nurse Practitioner
for Pediatric General
Surgery/Trauma



Mallory Onarecker,
APRN, MNSc, CPNP-AC
Certified Nurse Practitioner
for Pediatric General
Surgery/Trauma



Jennifer York,
APRN, MNSc, CPNP-AC
Certified Nurse Practitioner
for Pediatric General
Surgery/Trauma

Nurse Coordinators



Kelli Coatney, MSN, RN,
CPN, CAISS
Trauma Nurse Coordinator



Sara Silverman, BSN, RN,
CPEN, CAISS
Trauma Nurse Coordinator



Lesla Slaughter, MSN, RN,
CPEN, TCRN
Trauma PI Nurse Coordinator

Meet the Team

Office Staff



Hannah Branton, BS, CHES, CPST
Outreach Specialist



Allison Jones,
Administrative Assistant



Cynthia McHargue, BSHA, CPC
Trauma Registrar



Jaime Summers, BA
Trauma Registrar



Katerra Westfall, CPC
Trauma Registrar

Health Promotion Interns



Caitlin Smith
Health Promotion Intern
Spring, 2025



Carli Craymer
Health Promotion Intern
Fall, 2025

Teamwork

At Arkansas Children's, starting the moment a trauma occurs, children are supported by a broad team of specialists who work together to provide compassionate, coordinated care. From the scene of injury to recovery at home, our team collaborates across multiple specialties to meet every need and give each child the best chance for healing and resilience.



Behind the Scenes

In our program, Trauma Nurse Coordinators take on a central role by monitoring each trauma patient's care and ensuring that national standards are consistently met. Trauma patients admitted to the Pediatric Intensive Care Unit are assigned a Nurse Coordinator who follows them throughout their stay to monitor and support their care.

Following discharge, our team of Trauma Registrars conducts a detailed review of each patient's record, coding all injuries and procedures. This data—along with any relevant outside records—are entered into the Arkansas Children's Hospital Trauma Registry. This comprehensive information enables us to analyze trends within our patient population and continually refine our treatments, education, and protocols to improve outcomes for future patients.



Liam's Story: A breath repaired

At 15 years old, Liam Bennett had spent much of his life riding ATVs and side-by-side vehicles. Like many teenagers growing up around them, operating one felt familiar. "He has ridden ATVs his whole life," his mother, Leslie Bennett, explained.

One afternoon, while traveling down a back road at approximately 30 miles per hour, the terrain suddenly changed. The surface shifted from gravel to grass, causing Liam to lose control of the vehicle. He was not wearing a seatbelt and was ejected.

"I remember trying to catch myself," Liam said.

After the crash, Liam lay on the ground briefly, trying to understand what had happened.

"I remember I laid on the ground for a second. I tried to move my legs to make sure I wasn't paralyzed. It felt like I got the wind knocked out of me."

Despite the violent crash, Liam remained able to move and communicate.

His family transported him to a hospital in Conway, Arkansas. At the time, the severity of Liam's injuries was not immediately clear. "Nothing was hurting so bad that I couldn't do anything," Liam said. "I walked into the hospital."

"We thought maybe he had a fractured rib or something," Leslie said. "I could tell he was in pain, but couldn't tell there was anything seriously wrong."

Initial imaging in Conway identified multiple rib fractures and spinal injuries, prompting the decision to transfer Liam by ambulance to Arkansas Children's Hospital for specialized pediatric trauma care.

Liam's father, John Bennett, rode with him in the ambulance. At that point, the family believed the injuries were limited to broken ribs and spinal fractures.

John thought they might go to Arkansas Children's Hospital, stay the night, and then return home.

When the ambulance arrived, Liam was met by a large trauma team prepared to evaluate him. "It was surreal when we got there how many people were waiting for us," John said.



Liam's Story: A breath repaired

When Liam arrived, he was awake and able to communicate, complaining primarily of back pain. However, trauma teams understand that the most serious injuries are not always immediately obvious. After a review of the imaging obtained at the referring hospital it was found that, in addition to fractures of the left first through fifth ribs and fractures of the T3 and T4 transverse processes of the spine, Liam had extensive chest trauma, including collapsed lungs, bruises and lacerations to the lungs, blood and fluid around the lungs, diffuse pneumomediastinum (air surrounding the heart and central chest structures), and subcutaneous emphysema extending into the neck.

A left chest tube was placed to allow his lung to re-expand and improve his breathing.

During a further review of his outside imaging, radiologists identified a suspected tracheal (airway) rupture—a rare and potentially life-threatening injury involving the airway itself.

Liam's family were called in to speak with the medical team.

"The doctors came in the middle of the night and informed us of the airway injury," Leslie said.

The otolaryngology (ENT) team was urgently consulted, and Liam was taken to the operating room for a microlaryngoscopy and bronchoscopy, procedures that allow surgeons to visualize the airway internally.

During the bronchoscopy, surgeons discovered a longitudinal laceration of the airway. To evaluate for additional injury, an esophagogastroduodenoscopy (EGD) was performed to examine the esophagus, which fortunately showed no damage. A endotracheal tube was placed, and Liam was admitted to the Pediatric Intensive Care Unit (PICU), where he remained intubated, sedated, and closely monitored. Given the complexity of his airway injury, the Extracorporeal Membrane Oxygenation (ECMO) team remained on standby in case advanced life support was needed.

Following the procedure, Liam's parents met with members of the care team to discuss the findings and determine the next steps.

"I remember being in this room with a lot of people trying to decide whether to just wait and observe or go in and repair," Leslie said.

The decision was difficult.

"Dr. Wyrick was so amazing and spoke with me individually and even drew on a whiteboard to help me understand everything," Leslie said. "The choice was so hard."

Liam's Story: A breath repaired

Later that same day, Liam returned to the operating room for a thoracotomy, a major surgical procedure involving entry into the chest cavity. Surgeons identified and repaired a tracheal injury measuring approximately seven centimeters. The airway was meticulously reconstructed, and a right chest tube was placed to support healing.

Liam returned to the PICU for intensive postoperative care.

"I didn't feel good until he woke up from the repair," Leslie said.

Further evaluation revealed another serious injury—a Grade IV blunt cerebrovascular injury (a blood clot) with complete blockage of a 10-centimeter segment of his right common carotid artery, one of the major arteries supplying blood to the brain. He was started on a continuous infusion of blood thinners to reduce the risk of stroke.

Despite the severity of his injuries, Liam began to show encouraging signs of recovery. Within two days, he was awake and able to follow commands. He was successfully extubated, and over the following days, his chest tubes were removed.

As he began working with physical therapy, occupational therapy, and speech therapy to rebuild his strength and gain normal function, recovery proved challenging.

"It really did suck not being able to even stand up," Liam said. "It was hard to get out of breath just walking down the hall."

Throughout the hospitalization, Liam's family says the care team provided extraordinary support.

"Everyone was really amazing," Leslie said. "The amount of care and concern from everyone at Children's has been amazing. All the explaining and handholding was amazing from a parent's side."

After discharge, Liam continued his recovery at home with breathing treatments, rehabilitation exercises, and anticoagulation therapy to allow his carotid artery injury to heal safely. He also returned for coordinated follow-up care through the multidisciplinary Trauma Clinic and with ENT services to monitor airway healing and overall recovery.

Because he remained on blood thinners for a period of time, Liam had to sit out of contact sports.

"Sitting on the sidelines was really hard," he said.

Liam's Story: A breath repaired

As his strength returned and follow-up imaging confirmed healing, Liam was able to gradually return to the activities he loves.

"It was hard getting back in the flow," he said. "It feels great now getting back into everything."

Today, at 16 years old, Liam has returned to the life he loves. He plays forward on his high school varsity basketball team and wide receiver on the football field—remarkable milestones after an injury that once threatened his ability to breathe.

The experience has changed the way the Bennett family thinks about safety.

"We definitely require seatbelts in the side-by-side now," John said.

For Leslie, the experience also served as a reminder that injuries may be more serious than they first appear.

"The key is something we thought was not a big deal was a big deal," she said. "We are so lucky to have this hospital."

Liam hopes others will learn from his experience.

"I would 100% say buckle up," he said. "It could have saved me from having to go to Children's. Everyone thinks they are safety-minded until something happens. Also, don't be afraid to go get help and tell someone if something feels wrong."

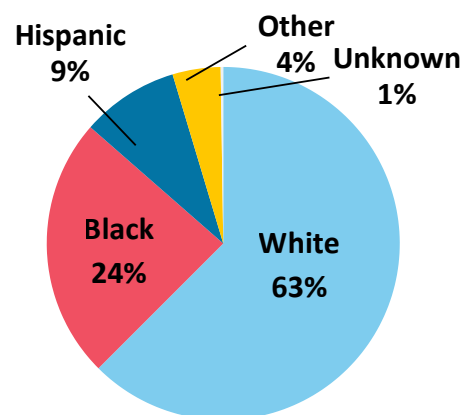
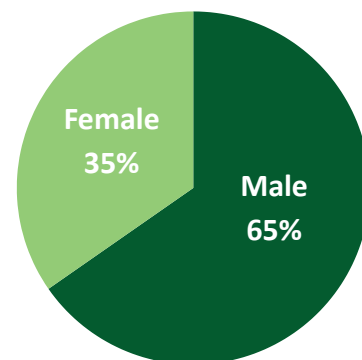
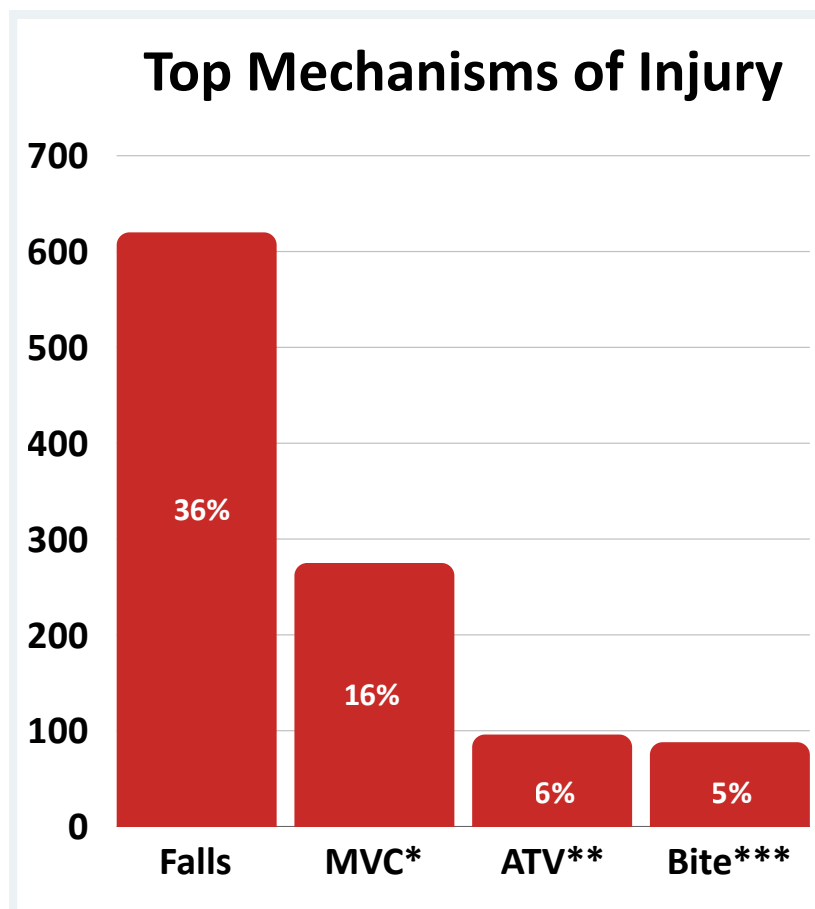
For Liam, recovery has been about moving forward.

"I could have let that moment define me," he said. "But you have to get up and try to move on."

Liam's story reflects the lifesaving impact of a coordinated pediatric trauma system—from rapid recognition and advanced airway surgery to intensive care, rehabilitation, and long-term follow-up. His recovery is a testament to both his resilience and the specialized care available at Arkansas Children's Hospital, where the mission remains clear: making children better today and healthier tomorrow.



2025 Trauma Data



*Motor Vehicle Collision

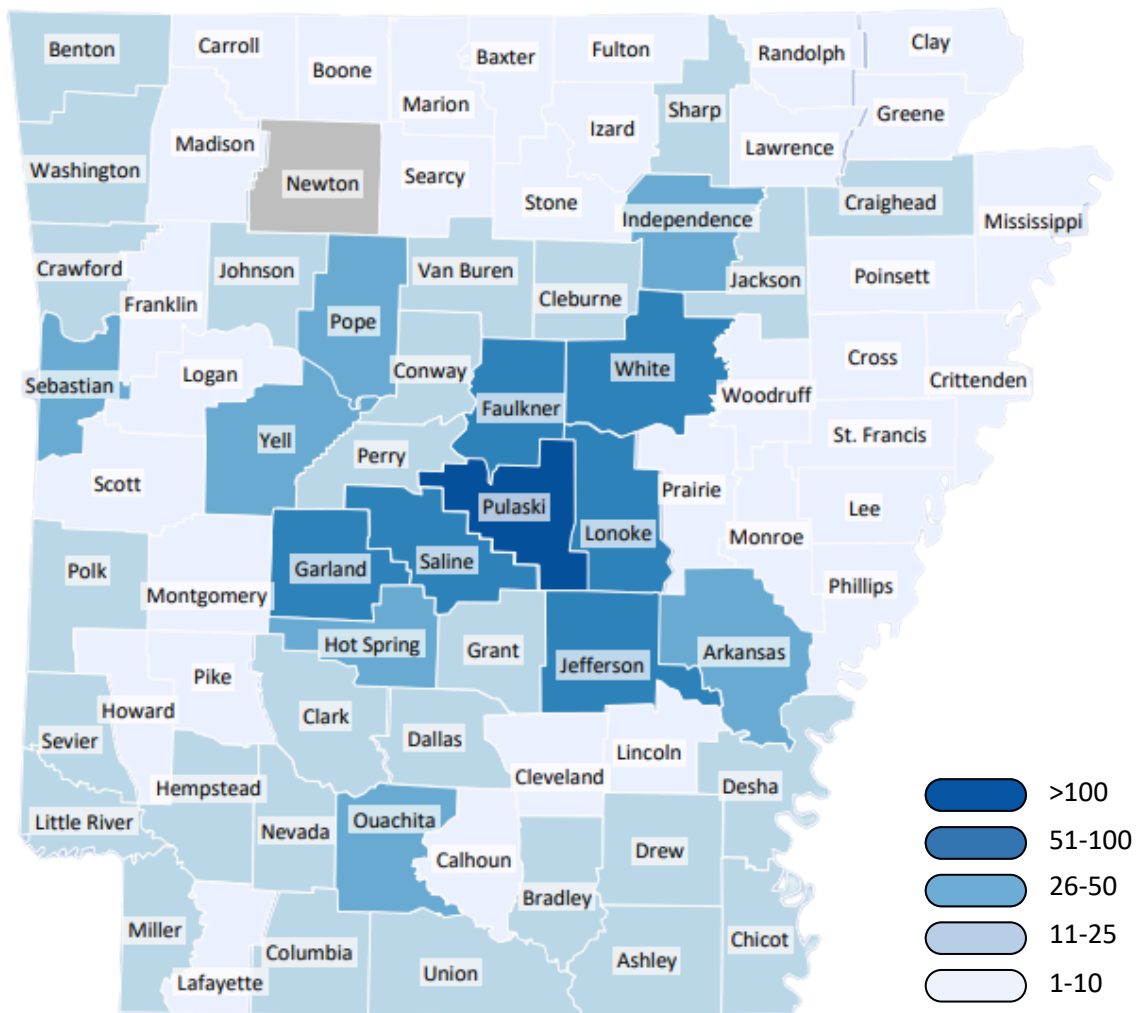
**All-Terrain Vehicle

***Includes human, animal, and reptile bite

Disclaimer: It is important to note that the data presented in this report reflects the Arkansas Children’s Hospital trauma patient population, specifically. This data does not reflect all injuries to pediatric patients in the state of Arkansas nor does it represent all injured patients treated at Arkansas Children’s Hospital. This data represents the patients who presented to our hospital and met specific inclusion criteria for our trauma registry.

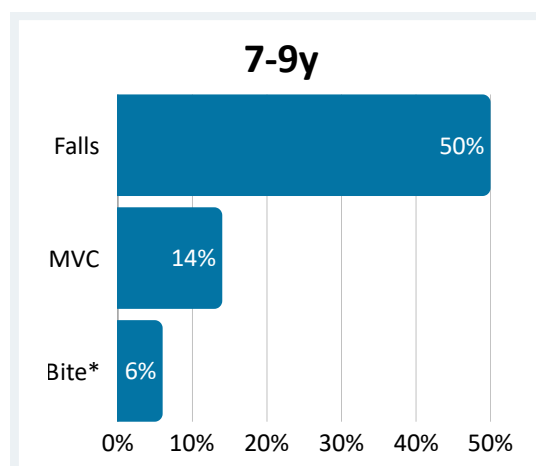
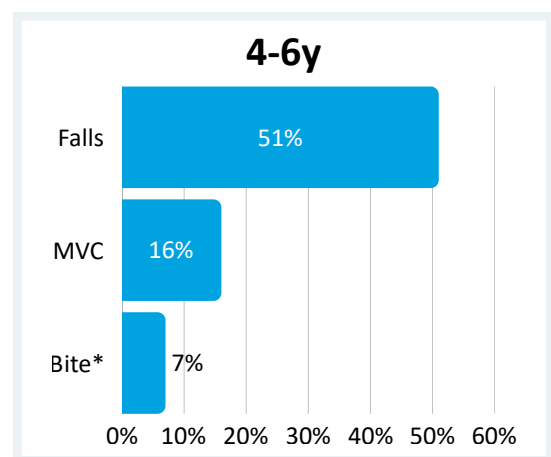
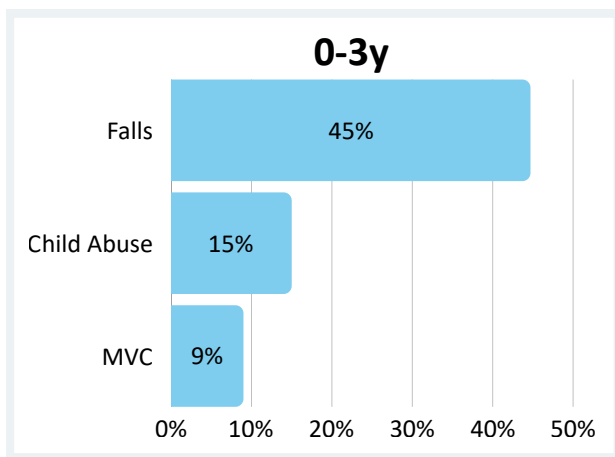
2025 Data by County

In 2025, the Arkansas Children’s Hospital Trauma Program served patients from almost all counties in Arkansas with the exception of Newton county. We also served families from 42 counties out of state.



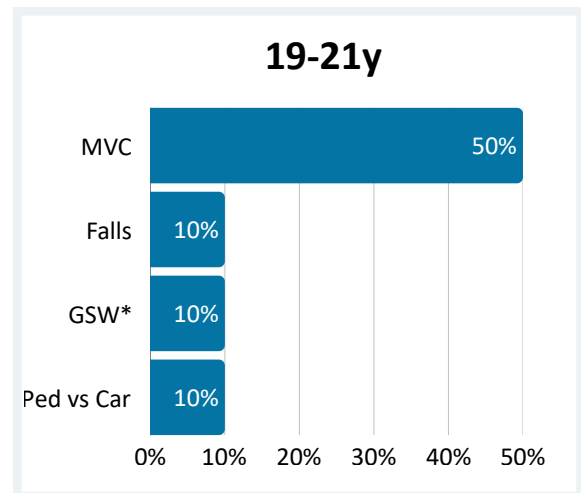
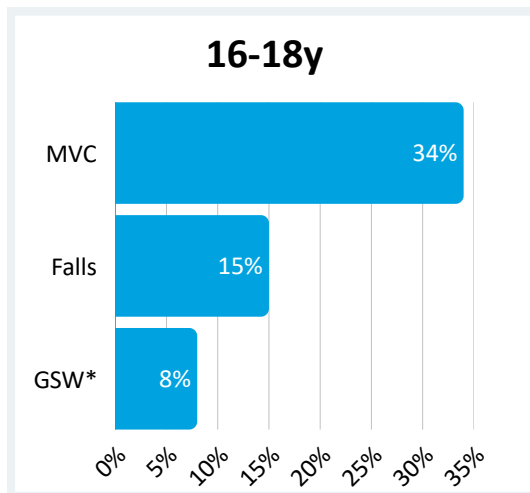
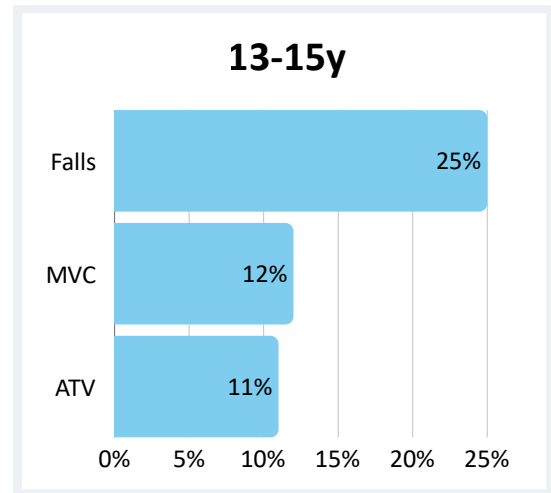
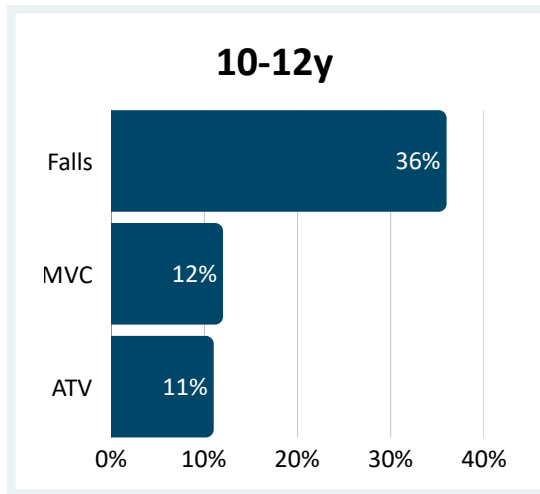
2025 Data by Age

As we examined each age group individually, we observed similar top mechanisms of injury (MOI) compared to 2024. Falls continued to be the leading MOI among younger populations. As age increased, ATV- and MVC-related injuries became more prevalent. MVC injuries increased across most age groups, while gunshot wounds (GSW) decreased significantly in 2025.



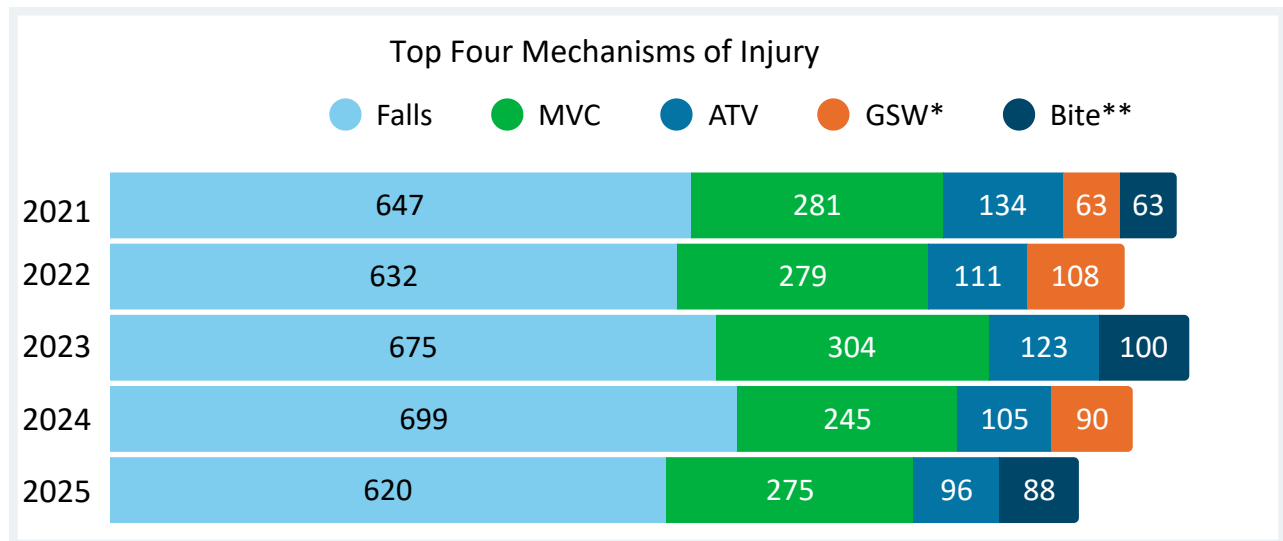
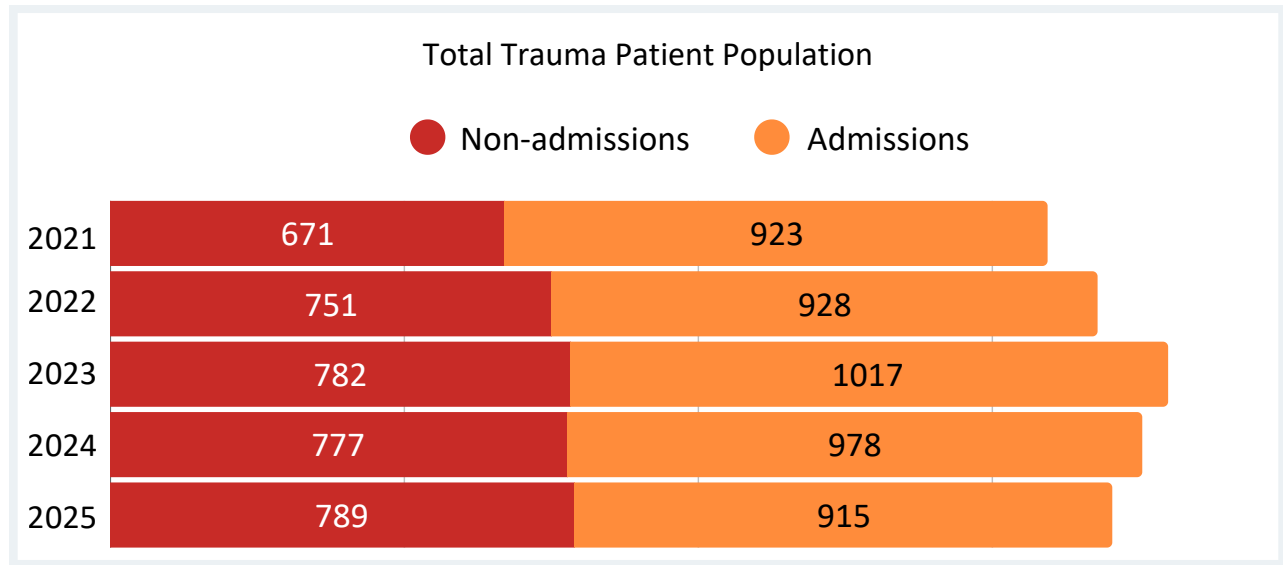
* Includes human, animal, and reptile bite

2025 Data by Age



*Does not include suicide attempts

Five-year Trends

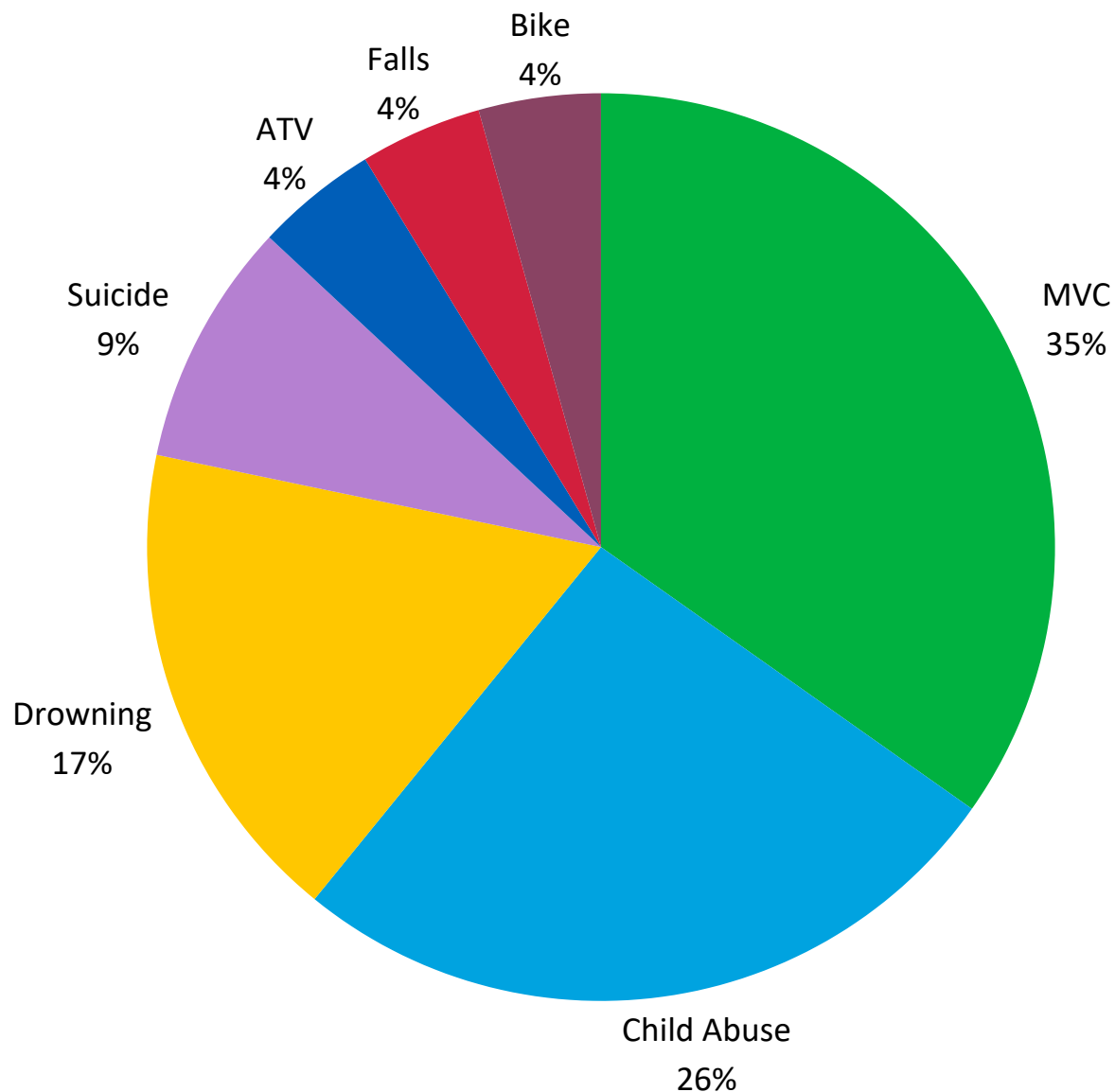


*Does not include suicide attempts

** Includes human, animal, and reptile bite

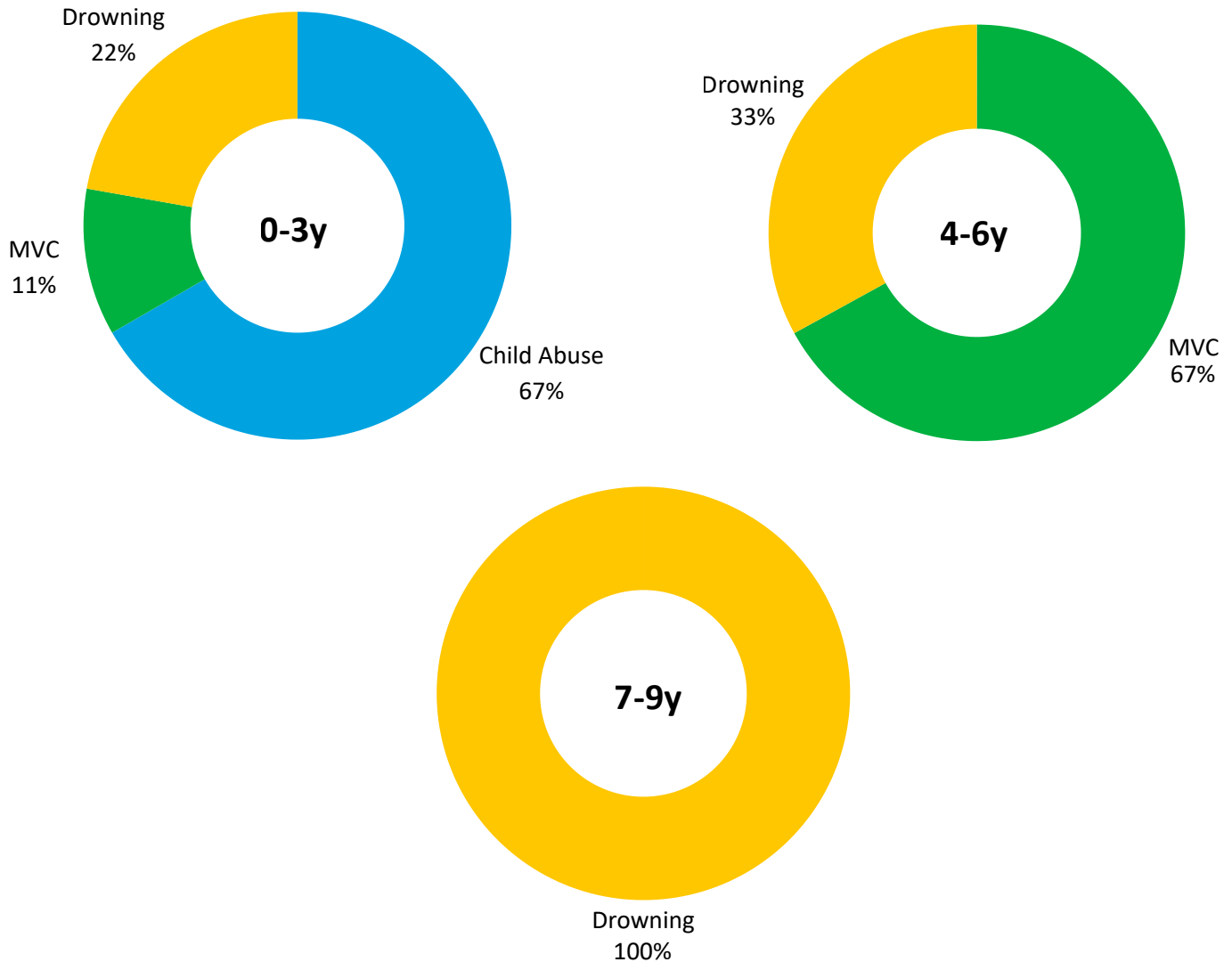
2025 Mortality Data

When examining mortality data, causes continued to differ slightly from the overall top mechanisms of injury. In 2025, we observed a greater variety of mortality causes with the addition of falls, ATV, and bicycle-related injuries. The most notable changes were seen in deaths related to MVCs and GSWs. MVC deaths increased significantly, while GSW deaths showed an almost equal decrease. As a result, 2025 represented a five-year high for MVC-related deaths and a six-year low for GSW-related deaths, with zero fatalities reported.

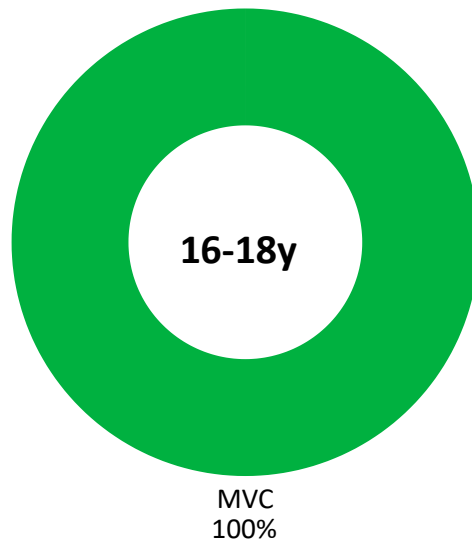
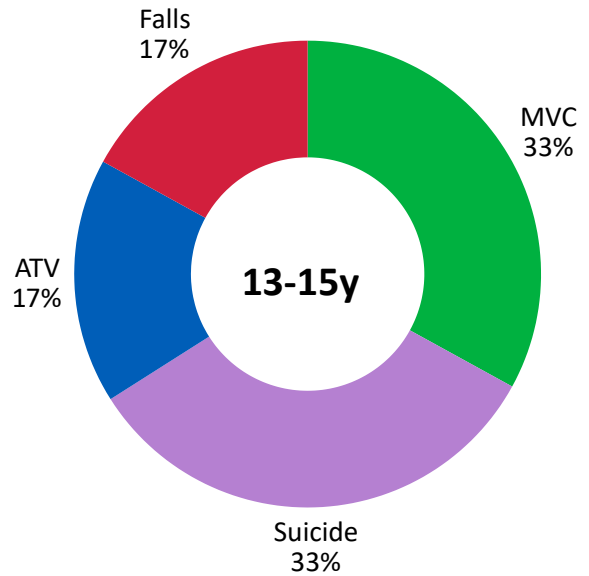
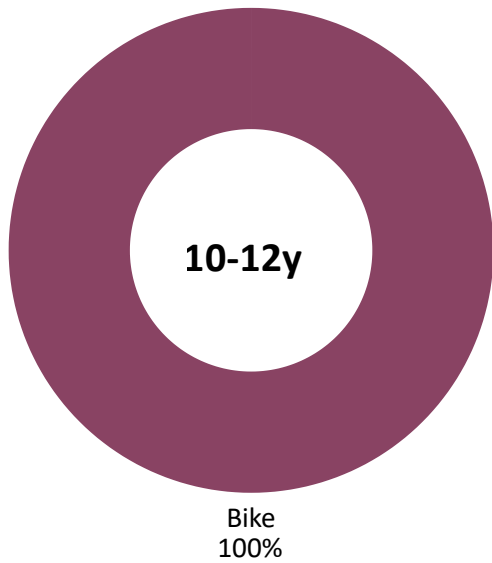


2025 Mortality Data (by age)

When broken down by age, causes of death in 2025 differed notably from 2024. Mortality among children three years and younger more than doubled compared to 2024 and showed a greater variety of causes. This age group accounted for the highest number of deaths, followed closely by the 13–15-year age group, which was the only group with a 5-year high in deaths observed. Drowning deaths were observed in all age groups under 10 years, and at least one MVC-related death occurred in nearly all age groups. Finally, all suicide-related deaths occurred within the 13–15-year age group.

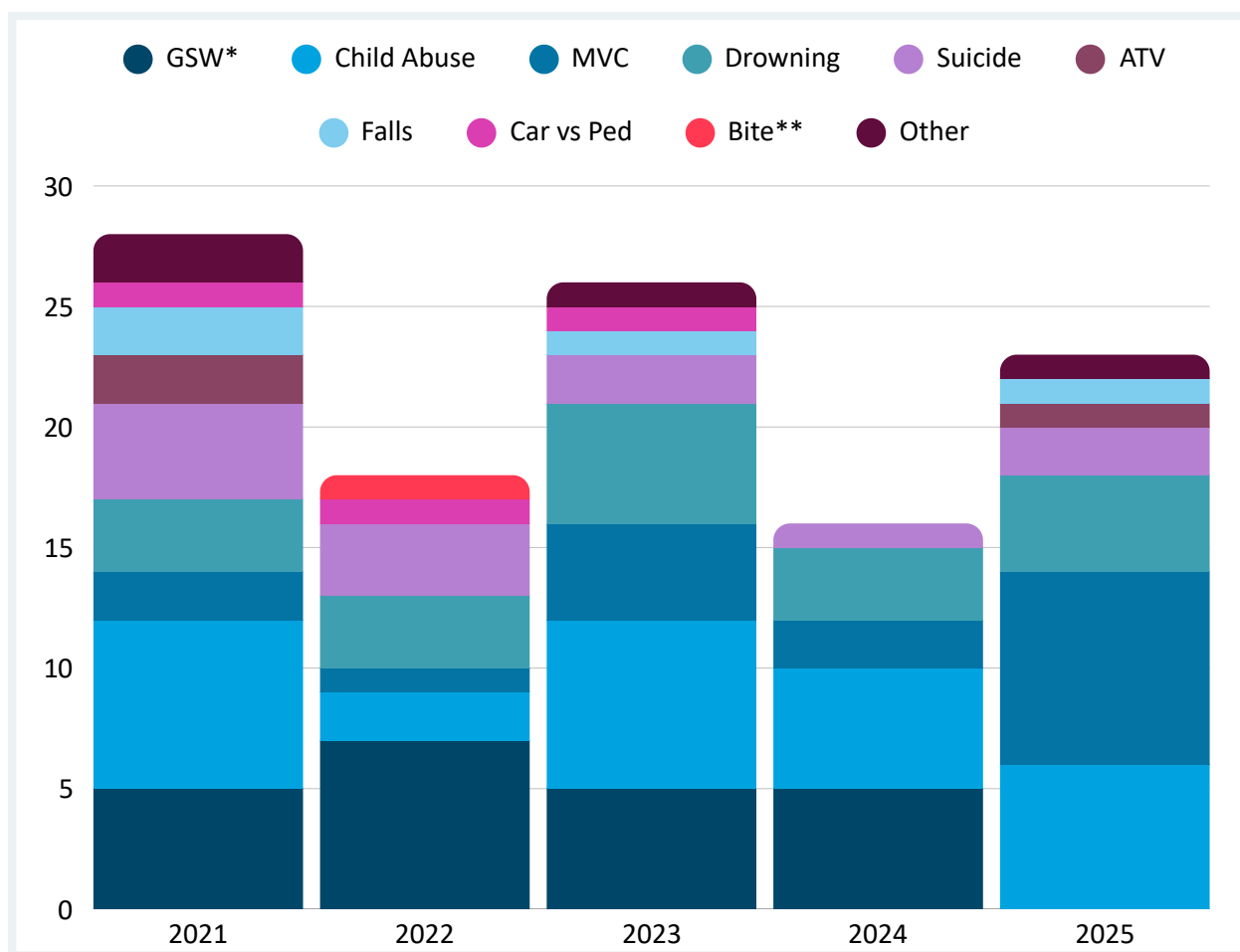


2025 Mortality Data (by age)



Mortality Trends

When examining mortality trends over time, overall deaths in 2025 increased compared to 2024, reflecting expected year-to-year variability in injury severity and circumstances. While annual mortality fluctuated across the five-year period, no sustained upward trend was observed. Even with this increase, we still discharged over 98% of our patients. These patterns highlight the unpredictable nature of pediatric trauma and reinforce the importance of continued injury prevention efforts and community-based safety initiatives.



*Does not include suicide attempts

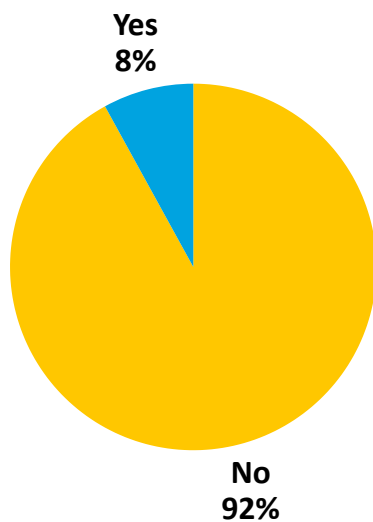
** Includes human, animal, and reptile bite

Protective Behaviors

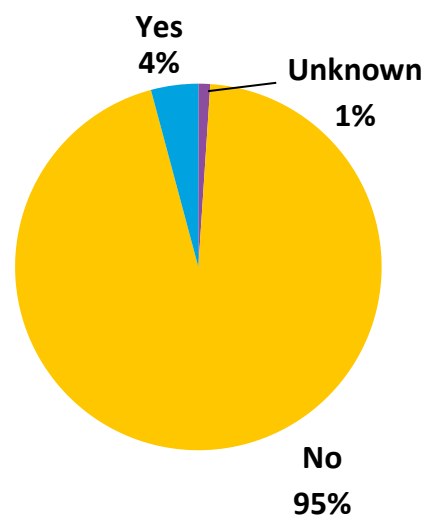
Protective behaviors are actions that reduce the risk and severity of injury. The graphs below highlight protective behaviors reported among pediatric trauma patients treated at Arkansas Children's. Helmets are proven to significantly reduce the risk of traumatic brain injury during ATV and bicycle crashes. Similarly, restraint use in motor vehicles helps keep occupants inside the vehicle and distributes crash forces across the strongest parts of the body, greatly reducing the risk of severe injury or death.

Despite these well-established benefits, adoption of these protective behaviors remains low within our patient population. It is worth noting that every MVC death we observed in 2025 involved improper restraint within the vehicle. Increasing helmet use and proper restraint use continues to represent a critical opportunity for injury prevention efforts across Arkansas.

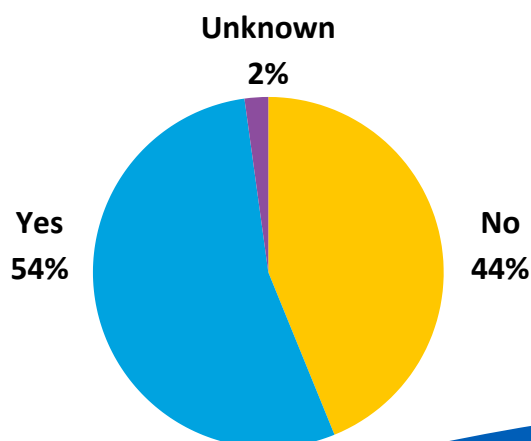
Bike Helmet Use



ATV Helmet Use



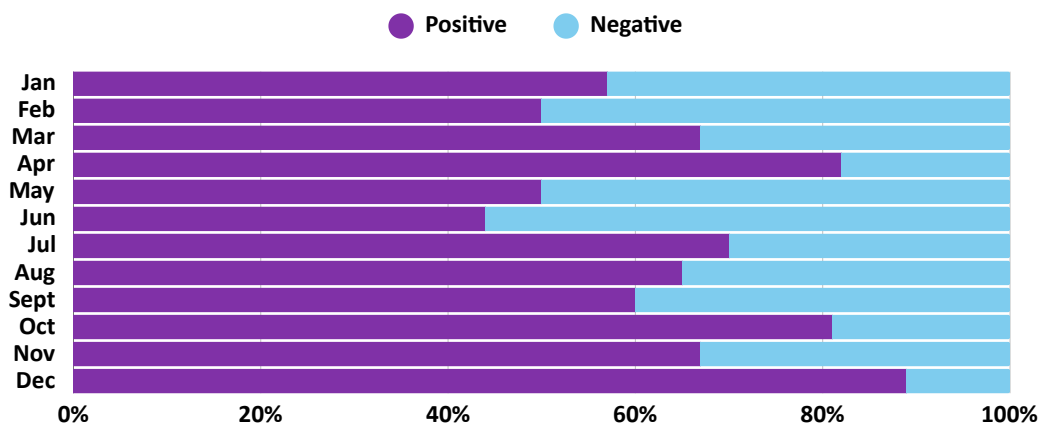
Any Restraint in MVC



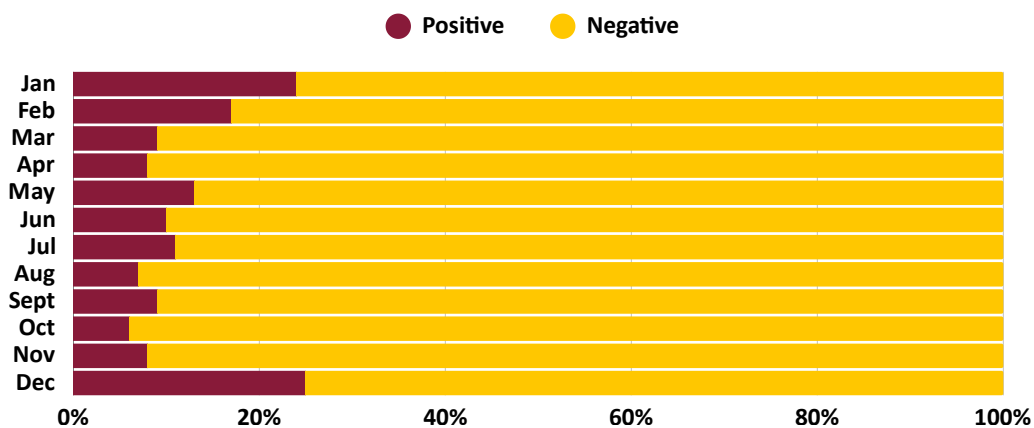
Screenings

Injuries can be highly distressing experiences for children and families, and early identification of both emotional and behavioral risk factors is critical to long-term recovery. At Arkansas Children’s Hospital, trauma patients ages 8–17 who are admitted for at least 24 hours are screened for acute stress using the Screening Tool for Early Predictors of PTSD (STEPP), which includes patient responses, parent responses, and objective chart data. If either the patient or caregiver screens positive, a referral is placed for a Social Worker to provide mental health resources, and the patient is scheduled for follow-up in the trauma clinic. In addition, all admitted patients at Arkansas Children’s Hospital ages 12 and older are screened for substance use using the CRAFFT tool (Car, Relax, Alone, Forget, Friends, Trouble), which assesses both substance use and high-risk behaviors related to that use. Patients who screen positive on the CRAFFT are referred to a Social Worker for counseling and treatment resources. The charts below reflect the results of PTSD and substance use screenings for eligible patients in 2025.

2025 STEPP Results



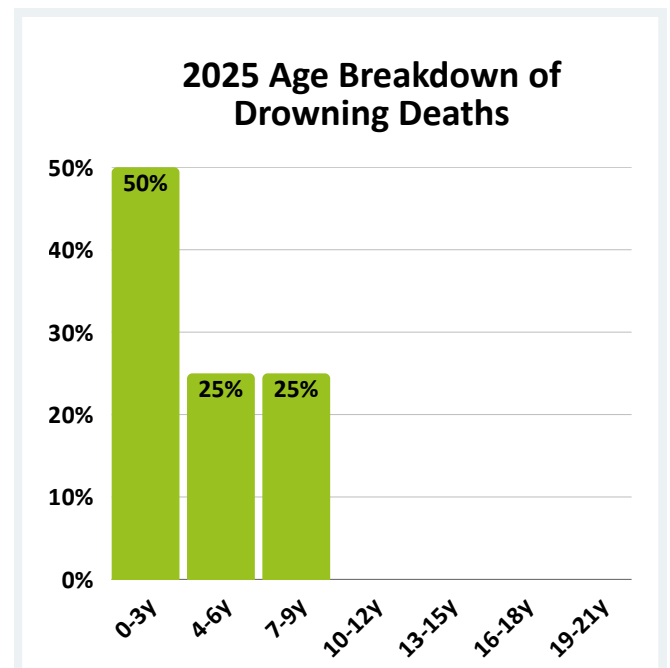
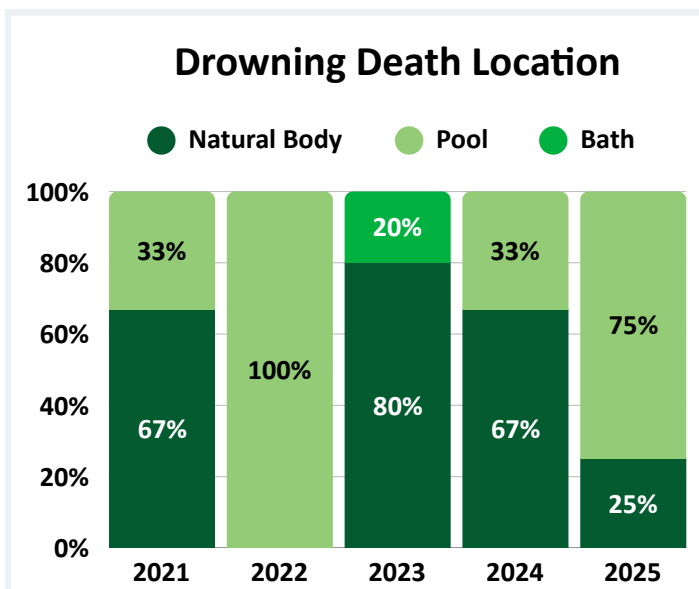
2025 CRAFFT Results



Notable Data

Drownings

In 2025, patients 10 years and younger account for the vast majority of our drowning cases, and all drowning-related deaths occurred in children under the age of 10. Historically, most drowning deaths occurred in natural bodies of water; however, in 2025, 75% occurred in swimming pools, while 25% occurred in natural bodies of water. Over the past five years, outdoor drowning deaths occurred exclusively during warmer months. In contrast, due to warmer-than-average temperatures in 2025, multiple outdoor drownings occurred during the winter months, including one fatality. Several cases required intensive care admission and advanced airway management, reflecting the high acuity associated with pediatric drowning events. The shift toward swimming pool-related incidents and the extension of cases into winter months suggest a need for year-round injury prevention messaging and seasonal readiness within our trauma system.

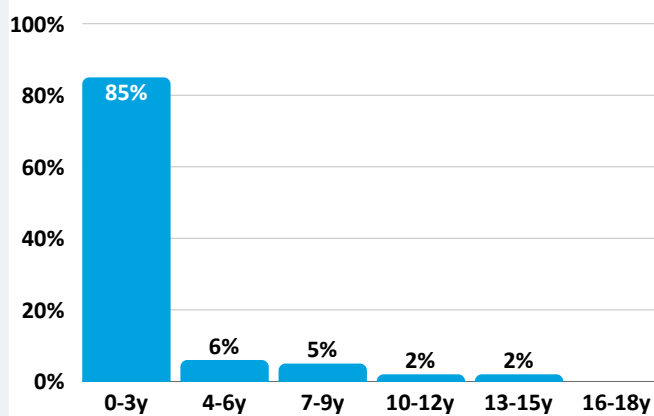


Notable Data

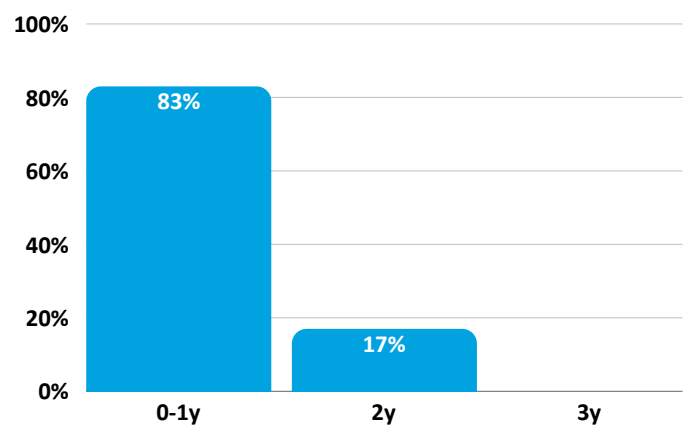
Physical Child Abuse

Child abuse remains one of the leading causes of trauma-related mortality within our institution, with an average of 64 total cases annually, accounting for approximately 24% of all trauma deaths on average. In 2025, 85% of child abuse patients were in the 0–3-year age group, highlighting the disproportionate impact on very young children. Notably, all child abuse–related deaths in 2025 occurred in patients aged 0–3 years, with 83% occurring in children one year of age or younger. This continued concentration of morbidity and mortality among infants and toddlers emphasizes the vulnerability of this population and the high lethality associated with abusive injuries in early childhood.

2025 Age Breakdown for Child Abuse Injuries



2025 Age Breakdown for Child Abuse Deaths



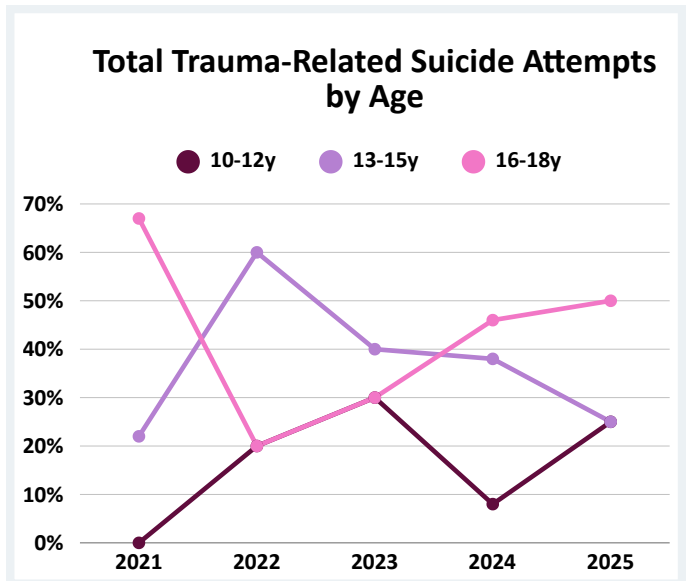
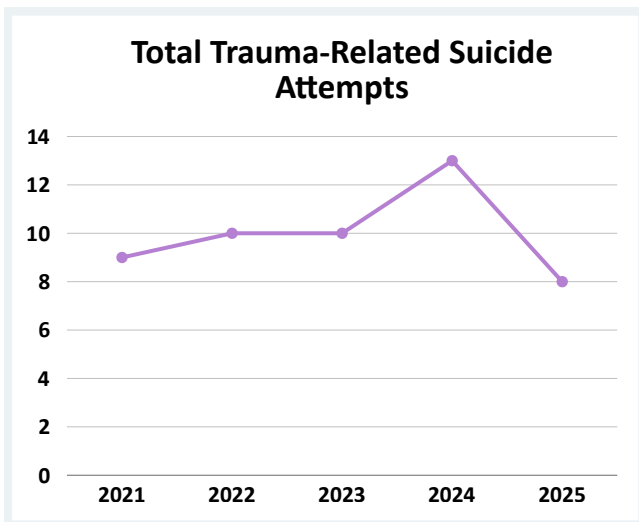
Notable Data

Suicide

Suicide and mental health among youth continue to be a critical public health concern nationwide. At Arkansas Children’s Hospital, all patients 10 years of age and older are screened for suicidality. If a patient screens positive, they are reassessed every 24–36 hours and followed closely by mental health professionals. While suicide attempts account for less than 1% of our trauma patient population, we continue to observe notable trends.

Although the total number of trauma-related suicide attempts decreased in 2025, the number of deaths increased compared to 2024, emphasizing the severity of these injuries. Our trauma program rarely sees suicide attempts in children younger than 10 years, and since 2022 we have observed a steady rise in the proportion of cases among adolescents aged 16–18 years, increasing from 20% to 50%.

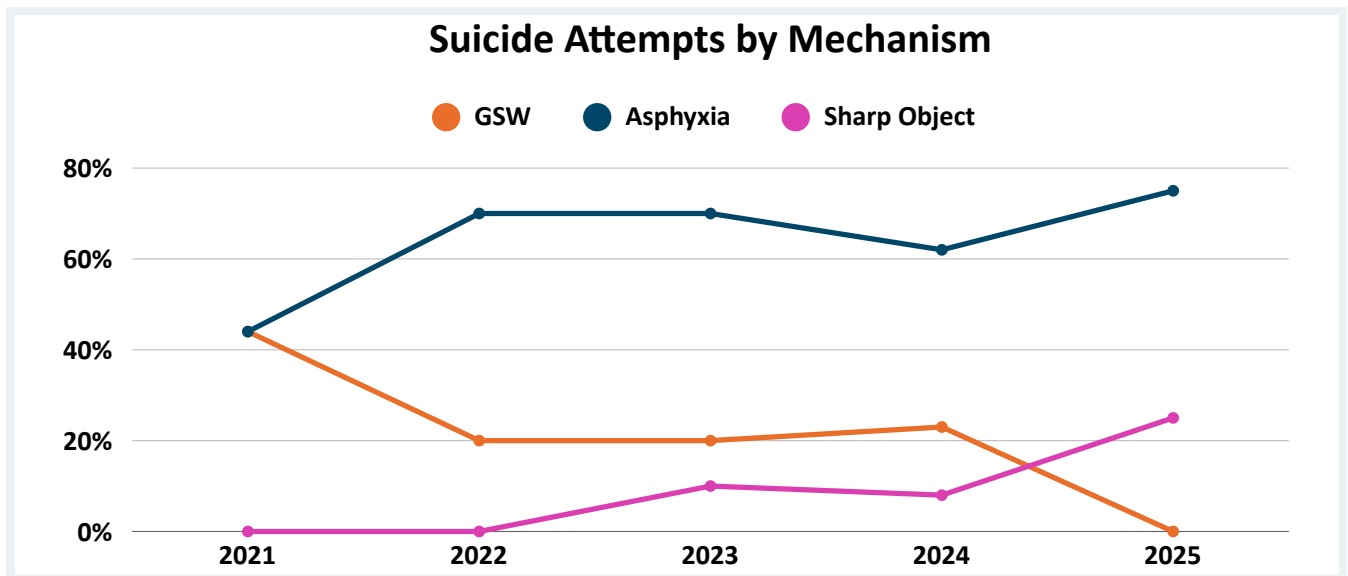
Suicide cases treated by the trauma team represent only attempts involving physical injury. Attempts involving ingestion or poisoning are not included unless a physical injury is also present. These data therefore reflect only a portion of the overall burden.



Notable Data

Suicide

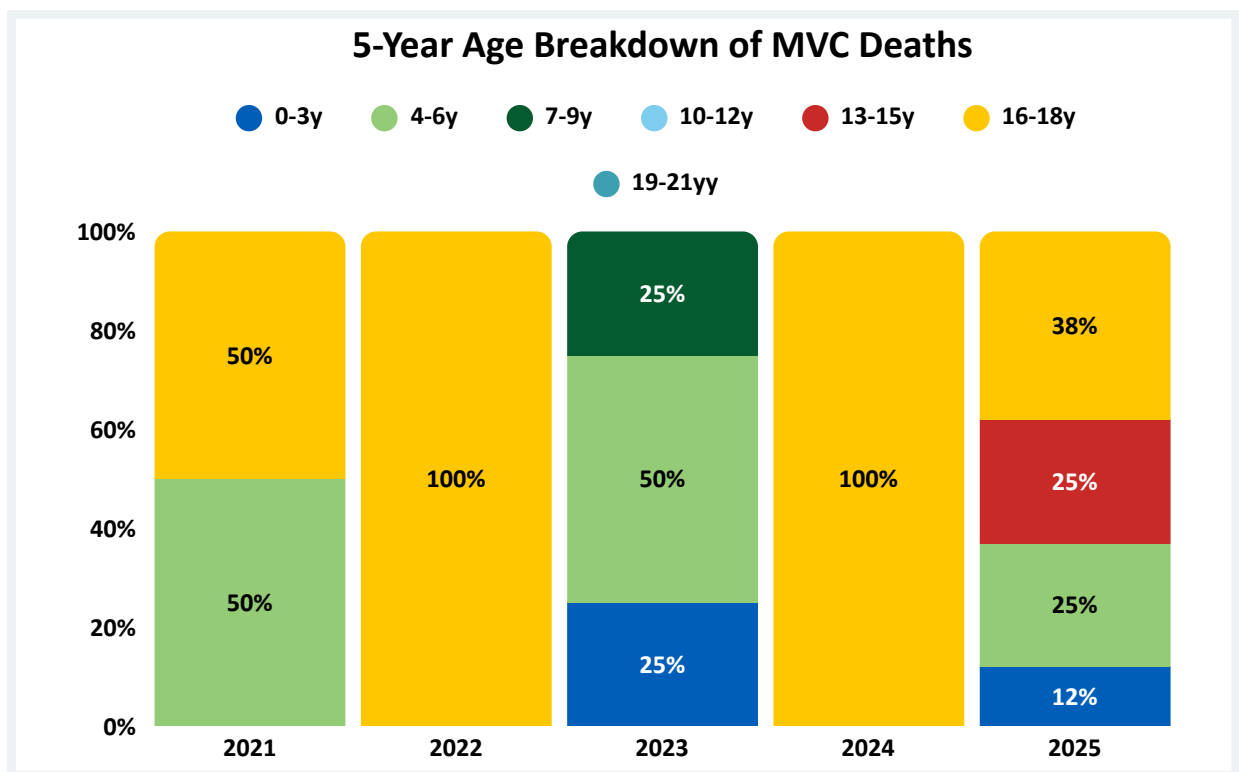
Continuing the trajectory noted in our previous report, suicide attempts involving asphyxiation or strangulation now account for all observed suicide deaths treated by our trauma team in 2025. This shift reflects a growing change in mechanism over time. In 2021, 44% of suicide attempts involved asphyxiation; by 2025, that proportion increased to 75%. In contrast, firearms—also responsible for 44% of attempts in 2021—accounted for 0% of attempts in 2025. In past years, firearm-related attempts were more likely to result in death than other mechanisms. In 2025, however, all observed suicide deaths were associated with asphyxiation.



Notable Data

MVC Deaths

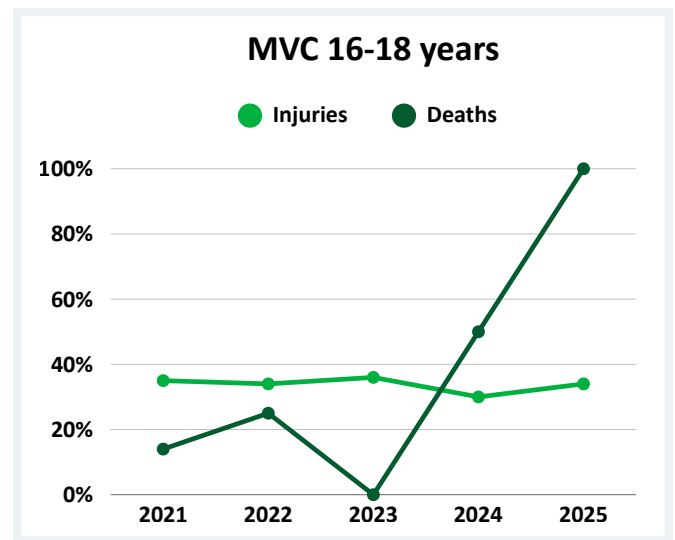
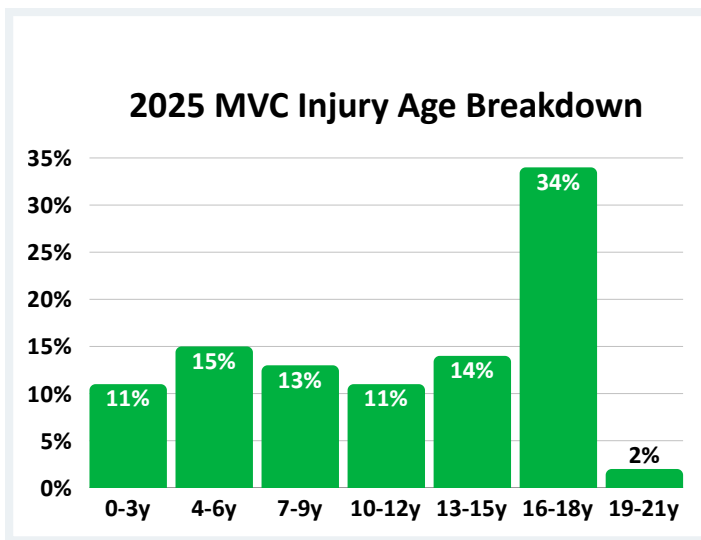
Motor vehicle collisions (MVCs) continue to rank among the top three mechanisms of injury across all age groups within our trauma population. In 2025, MVC-related deaths increased by 400% compared to 2024, representing a five-year high for our trauma program. As mentioned before, all deaths we observed involved lack of restraint (seat belt or car seat), or improper restraint in the vehicle. A broader distribution of affected age groups was also observed. In addition, we observed a five-year high in MVC-related injuries associated with high-speed chases. Some of these cases lead to deaths.



Notable Data

MVC Deaths

The 16–18-year age group experienced the highest number of MVC trauma cases compared to other age cohorts accounting for 34% of all MVC cases in 2025. This age group remains the only cohort in which MVCs represent the leading mechanism of injury. Within this group, 54% of MVC trauma patients were drivers and 46% were passengers. In addition, in 2023, no deaths in the 16–18-year age group were attributed to MVCs; however, in 2025, the sole cause of death within this age group was MVC-related. These findings highlight the ongoing risk among teens and emphasize the need for continued injury prevention initiatives targeting this age group.



Injury Prevention

As a Level I Pediatric Trauma Center, Arkansas Children’s Hospital is committed not only to meeting injury prevention requirements set by ACS, but to advancing meaningful, accessible prevention efforts statewide. Education is provided to both inpatient families and community members with a focus on reducing preventable injury and death.

In 2025, Arkansas Children’s expanded access to **child passenger safety** resources for both typically developing children and those requiring adaptive restraint systems. The Child Passenger Safety team continued to train new Child Passenger Safety Technicians across Arkansas, increasing statewide access to evidence-based education. There were 176 new technicians trained this year.

The Community Health and Safety Division launched Operation Safe T.R.I.P.P.S., an **ATV injury prevention** program implemented in high-need public schools. This initiative provides education on ATV safety equipment, injury prevention strategies, and what to expect should an injury occur.

The **Family Resource Center** (FRC) at Arkansas Children’s Hospital continued to serve families through the Safety Zone. This is a unique injury prevention resource that provides essential safety equipment at no cost after filling out a brief safety assessment. The FRC offers immediate, practical support to improve safety at home and represents a rare benefit not commonly available at pediatric hospitals.

1142

Conventional Car Seats Distributed to Families

2817

Students Reached with Operation Safe T.R.I.P.P.S.

95

Adaptive Child Passenger Restraint Systems Provided

2325

Safety Assessments

Injury Prevention

Firearm injury prevention efforts also expanded in 2025. Arkansas Children’s increased access to cable gun locks and strengthened safe storage education. Steps were taken to initiate universal screening for safe firearm storage for families receiving care, aligning with recommendations from the American Academy of Pediatrics and supporting family-centered education. Full implementation is expected in 2026.

Several initiatives addressed the **prevention of child physical abuse**. Parent and caregiver stress-line resources were made visible in the Family Resource Center, and the For MY Safety program was implemented for admitted families, combining abusive head trauma education with practical cue-to-action tools. The Pulaski County Healthy Families Arkansas Program continued to serve families across Central Arkansas, and a new simulation was introduced for junior medical students focused on child abuse prevention and reporting responsibilities.

Arkansas Children’s also continued its responsibility for managing the statewide **Infant and Child Death Review** process. Multidisciplinary teams across Arkansas review qualifying, non-natural child deaths to identify contributing factors and develop prevention-focused recommendations.

Additional information is available in the most recent Community Benefit Report and Infant and Child Death Review on the resource page.

1073

Home Visits Performed

129

For MY Safety Packets Distributed


250

Gun Locks Distributed

Outreach/Education

STOP THE BLEED

Stop the Bleed

American College of Surgeons 

The #1 cause of death after injury is bleeding. STOP THE BLEED® is a national campaign led by the American College of Surgeons that empowers bystanders to act in a bleeding emergency before professional help arrives. In Arkansas, approximately 6.5% of the population lives in an ambulance desert, where ambulance response times average 25 minutes (Jonk, Y., Milkowski, C., Croll, Z., & Pearson, K., 2023). Rapid bystander intervention can be critical to survival.

In 2025, our trauma department conducted 20 STOP THE BLEED training courses, certifying 462 individuals—a 54% increase in trainings and a 67% increase in individuals trained compared to 2024. Trainings reached both children and adults across multiple community settings. We continued our partnership with the Pulaski County Juvenile Detention Center and established new partnerships with the Arkansas Juvenile Assessment and Treatment Center and Rite of Passage to expand training access for justice-involved youth. Efforts to train all residents within these facilities will continue into 2026. Organizations may contact our trauma department directly to request a training session.

EMS Education



Pediatric trauma education for statewide EMS providers is essential, as children have unique anatomical and physiological differences that require specialized care during traumatic emergencies. This education promotes consistent, high-quality care by ensuring EMS personnel across the state are equipped to appropriately assess, stabilize, and transport injured children. In 2025, the Trauma Department coordinated seven pediatric trauma education opportunities for EMS providers statewide, utilizing a combination of video series', lecture-based instruction, and hands-on skills labs to reinforce both knowledge and practical application.

Outreach/Education

Pediatric Trauma Across the Care Continuum



The Pediatric Trauma Across the Care Continuum (PTACC) course is a specialized training program for nurses caring for admitted pediatric trauma patients. The course addresses the full continuum of care—from post-initial resuscitation through discharge—covering topics such as trauma assessment, shock management, and system-specific injury considerations. PTACC fills a critical educational gap by focusing on pediatric trauma care beyond the initial emergency phase.

PTACC is a nationally developed program from the Society of Trauma Nurses and is offered by only a limited number of hospitals across the country. In 2025, Arkansas Children’s Hospital hosted three PTACC courses, training 29 nurses and expanding access to this advanced pediatric trauma education within our region.

Trauma Nursing Core Course

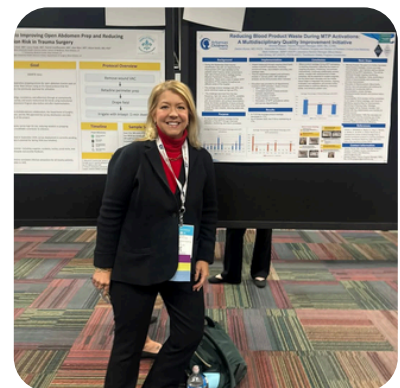
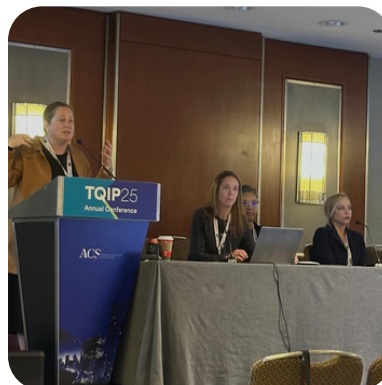


The Trauma Nursing Core Course (TNCC) is a nationally recognized program designed to educate nurses on the assessment and management of trauma patients. Overseen by the Emergency Nurses Association (ENA), TNCC provides a systematic approach to trauma care, emphasizing rapid identification of life-threatening injuries and appropriate interventions. The course includes hands-on skill stations that allow participants to practice critical procedures such as airway management, spinal immobilization, and wound care in simulated trauma scenarios. TNCC is primarily intended for emergency nurses who frequently care for trauma patients.

In 2025, five TNCC courses were held at Arkansas Children’s Hospital, training 42 participants. By the end of the year, 98% of eligible Emergency Department nurses were TNCC certified.

State and National Involvement

In 2025, our trauma team members continued to demonstrate outstanding representation at the local, state, and national levels. From contributing to treatment reviews for regional Arkansas trauma hospitals to serving on national committees, the ACH trauma team remains fully committed to advancing pediatric trauma care. At this year's national Pediatric Trauma Society conference, our team led education sessions and poster presentations, moderated discussions, served on committees, and were recognized for mentoring future trauma program leaders. Additionally, at the 2025 National Trauma Quality Improvement Program Conference, our team led poster presentations and facilitated educational sessions. No subject is too small, nor any challenge too complex, for our team to pursue meaningful improvements in pediatric trauma care.



Research

2025 Manuscripts

York JK, Krinock D, Slaughter L, Onarecker M, Wyrick D. Optimizing Mental Health Referral and Follow-Up for Pediatric Trauma Patients. *J Trauma Nurs.* 2025;32(3):157-164. doi:10.1097/JTN.0000000000000855

Goodman LF, Martino AM, Schomberg J, et al. Percutaneous pigtail catheter versus chest tube for the treatment of pediatric traumatic hemothorax: An Eastern Association for the Surgery of Trauma multicenter study. *J Trauma Acute Care Surg.* 2025;99(6):850-858. doi:10.1097/TA.0000000000004775

Wilson DR, Nolte JA, Krinock DJ, et al. Assault-Related Versus Accidental Pediatric and Adolescent Firearm Injuries: Trends and Types of Extremity Trauma. *Journal of Pediatric Orthopaedics.* Accepted for publication. *Journal of Pediatric Orthopaedics.* Accepted for publication.

Jaggers BC, Krinock DJ, Le NM, Nolte JA, Wyrick DL, Schoenleber SJ. More Amputations and Open Fractures: Pediatric Utility Task Vehicle (UTV) Injuries Are More Severe Than All-terrain Vehicle (ATV) Injuries. *Journal of Pediatric Orthopaedics.* Accepted for publication.

Eldredge RS, Kahan AM, Padilla BE, et al. Western pediatric cervical spine study: an observational prospective Western Pediatric Surgery Research Consortium and Western Trauma Association multicenter study protocol. *Trauma Surgery Acute Care Open.* Accepted for publication.

Eldredge RS, Yorkgitis B, Kahan AM, Padilla BE, Russell KW; Western Pediatric Cervical Spine Study*. Practices in clearance of the pediatric cervical spine following blunt trauma: A Western Pediatric Cervical Spine Study analysis. *Journal of Trauma and Acute Care Surgery.* Accepted for publication.

Krinock DJ, Edington M, Walker SC, Grappe S, Wolf LL, Wyrick DL. Preventable pediatric trauma transfers in a rural state. *Journal of Surgical Research.* Under review. *Nursing.* Under review.

York JK, Walker SC, Grappe S, et al. Enhancing Timeliness and Use of VTE Prophylaxis in Adolescents with Severe Traumatic Brain Injury: Results of a Quality Improvement Initiative. *Journal of Trauma*

Research

2025 Manuscripts Cont.

Hall M, Walker SC, France B, et al. Intramuscular Antibiotics Modify Infectious Outcomes in Contaminated, Ischemic Limbs. *Military Medicine*. Under review.

2025 Presentations

Walker SC [presenting author], Hall M, France B, et al. Intramuscular Ertapenem Administration at the Tourniquet Site Increases Microdialysis Antibiotic Concentration in the Ischemic Limb. Oral presentation: American College of Surgeons, Committee on Trauma Resident and Fellow Region VI Paper Competition. 11/2025. Little Rock, AR. United States.

Walker SC [presenting author], Hall M, France B, et al. Intramuscular Antibiotics Modify Infectious Outcomes in Contaminated, Ischemic Limbs. Oral presentation: Pediatric Trauma Society Annual Meeting; 11/2025. Austin, TX. United States.

Krinock DJ [presenting author], Edington M, Walker SC, Grappe S, Wolf LL, Wyrick DL. Preventable pediatric trauma transfers in a rural state. Oral presentation: American College of Surgeons, Committee on Trauma Resident and Fellow Paper Competition, National Presentations. 03/2025. Chicago, IL. United States.

York JK [presenting author], Walker SC, Grappe S, et al. Enhancing Timeliness and Use of VTE Prophylaxis in Adolescents with Severe Traumatic Brain Injury: Results of a Quality Improvement Initiative. Oral presentation: Western Pediatric Trauma. 07/2025. Sundance, UT. United States.

Started in 2025

“Pediatric Multi-Center Blunt Cerebrovascular Injury Epidemiology, Interventions, and Outcomes” with Colorado Children’s Hospital, PI: Dr. Shannon Acker; Collaborating Site PI: Dr. Deidre Wyrick

Resources

[ACH Family Resource Center](#)

[ACH Motor Vehicle Safety](#)

[ACH Safe Firearm Storage](#)

[ACH Recreational Safety](#)

[ACH Fall Prevention](#)

[Safekids](#)

[Find Help \(free and reduced price resources in your area\)](#)

[National Highway Traffic Safety Administration](#)

[Journal of Trauma Nursing](#)

[PTACC Courses \(Nationwide\)](#)

[Society of Trauma Nurses](#)

[American Trauma Society](#)

[American College of Surgeons - Committee on Trauma](#)

[The American Association for the Surgery of Trauma](#)

[Pediatric Trauma Society](#)

[Trauma Survivors Network](#)

[Children's Hospital Association](#)

[ACH Community Benefit Report 2024](#)

[Infant and Child Death Review 2025](#)



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