

Appendix

Determining Diagnoses

The *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (DSM-5), was referenced by the panel during chart review. The DSM-5 is an official text of the American Psychiatric Association and is the standard classification of mental disorders used by mental health-care professionals in the United States²⁷. However, the panel relied exclusively on the electronic medical record for determining if a psychiatric disorder was present and did not attempt to make any diagnosis. During chart review, other data obtained for all patients included age, race, sex, Injury Severity Score, body mass index, smoking status, and history of alcohol abuse.

Determining Complications

This adjudication team met regularly in the past several years to review all patients with multiple trauma sequentially treated at our hospital with respect to the safety of a trauma protocol for other studies. Complications and readmissions up to six months after the initial trauma were all reviewed to ensure consensus and consistency in definitions of complications. None of the adjudicating physicians participated in the collection or analysis of research data. Sepsis was defined by the presence of a positive blood culture and at least two of the following: body temperature of $>38^{\circ}\text{C}$ or $<36^{\circ}\text{C}$, heart rate of more than ninety beats per minute, respiratory rate of more than twenty breaths per minute, white blood-cell count of $>12,000$ cells/mL or <4000 cells/mL, or $>10\%$ band forms. Deep venous thrombosis proximal to the knee was diagnosed on duplex ultrasound, and pulmonary embolism was diagnosed on computed tomography performed with a pulmonary embolism protocol. Acute renal failure was defined as a 50% increase in creatinine from the baseline level. Multiple organ failure was defined as two or more organs in failure for a minimum of three consecutive days with a multiple organ dysfunction score of ≥ 4 points. Adult respiratory distress syndrome was defined as a $\text{PaO}_2/\text{FiO}_2$ ratio of <200 for more than four consecutive days with diffuse infiltrates on chest radiographs in the absence of pneumonia. Pneumonia was defined by a quantitative culture specimen obtained via bronchoscopy and bronchoalveolar lavage; the decision to perform this procedure was made by the attending trauma intensivist and was generally prompted by new pulmonary infiltrate on a chest radiograph in conjunction with purulent sputum, a temperature of $>38^{\circ}\text{C}$, and/or a white blood-cell count of $>10,000$ cells/mL.