NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

STATE OF NEVADA

BUREAU OF HEALTH PROTECTION AND PREPAREDNESS

ANNUAL TRAUMA REGISTRY REPORT 2025

Joe Lombardo

Governor

State of Nevada

Laura Rich

Director

Department of Human Services

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Color

Andrea R. Rivers, MS

Administrator

Division of Public and Behavioral Health

Ihsan Azzam, PhD, MD

Chief Medical Officer

Division of Public and Behavioral Health

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ACKNOWLEDGEMENTS

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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 2025 Annual Trauma Report is based upon data submitted to the NTR by Nevada's five designated trauma centers and 53 non-trauma center hospitals, for a total of 58 facilities that operated during calendar year 2025. 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%
2025	94%	100%

In 2025, all trauma centers provided the NTR with the required information. There were five 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.
- NTR User Meetings as needed.
- Virtual Online Trainings

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 Regulation that requires 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 admitted due to their injuries, or
    - The injury resulted in death; or
    - The patient was transferred between hospitals using a ground or air ambulance.

In 2025, the NTR captured 18,119 unique trauma cases. This report includes cases for patients with an Emergency Department/Hospital Arrival Date between January 1, 2025, and December 31, 2025. All data were analyzed using Statistical Analysis System (SAS) Version 9.4 (SAS Institute, Cary, NC).

RESULTS

From January 1, 2025, to December 31, 2025, a total of 19,819 traumas, including transfers between facilities, were recorded in the NTR from the 58 participating 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 18,119 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 2025.

Table 1: Trauma Cases by Facility, 2025 (includes Nevada Residents and Non-Residents)

County	Facility	Unique Traumas Trauma Patients^		Total Trauma Cases*	
Clark County	Boulder City Hospital	63	0.3%	63	0.3%
	Centennial Hills Hospital Medical Center	501	2.8%	529	2.7%
	- ER at Valley Vista	80	0.4%	80	0.4%
	- ER at West Craig	55	0.3%	55	0.3%
	Henderson Hospital	356	2.0%	359	1.8%
	- ER at Cadence	23	0.1%	23	0.1%
	- ER at Green Valley	31	0.2%	31	0.2%
	Mesa View Regional Hospital	47	0.3%	47	0.2%
	*Mike O'Callaghan Federal Medical Center	94	0.5%	94	0.5%
	Mountain View Hospital	1,052	5.8%	1,094	5.5%
	- ER at Aliante	61	0.3%	61	0.3%
	- ER at Skye Canyon	27	0.1%	27	0.1%
	North Vista Hospital	165	0.9%	165	0.8%
	Southern Hills Hospital Medical Center	490	2.7%	523	2.6%
	- ER at Desert's Edge	13	0.1%	13	0.1%
	- ER at South Las Vegas Blvd.	27	0.1%	27	0.1%
	- ER at the Lakes	44	0.2%	44	0.2%
	Spring Valley Hospital Medical Center	662	3.7%	708	3.6%
	- ER at Blue Diamond	55	0.3%	56	0.3%
	Summerlin Hospital Medical Center	630	3.5%	675	3.4%
	- ER at South Summerlin	10	0.1%	10	0.1%
	*Sunrise Hospital Medical Center	3,614	19.9%	4,317	21.8%
	- ER at Boulder's Edge	23	0.1%	23	0.1%
	St Rose Dominican Hospital Blue Diamond	35	0.2%	35	0.2%
	St Rose Dominican Hospital Centennial	4	0.0%	4	0.0%
	St Rose Dominican Hospital De Lima	86	0.5%	86	0.4%
	St Rose Dominican Hospital North Las Vegas	73	0.4%	73	0.4%
	St Rose Dominican Hospital San Martin	153	0.8%	162	0.8%
	*St Rose Dominican Hospital Siena	1,435	7.9%	1,550	7.8%
	St Rose Dominican Hospital West Flamingo	22	0.1%	22	0.1%
	St Rose Dominican Hospital West Sahara	39	0.2%	39	0.2%
	*University Medical Center of Southern Nevada	3,480	19.2%	3,727	18.8%
	Valley Hospital Medical Center	19	0.1%	19	0.1%

	- Elite Medical Center	2	0.0%	2	0.0%
	- ER at Desert Springs	1	0.0%	1	0.0%
	- ER at North Las Vegas	1	0.0%	1	0.0%
	West Henderson Hospital	82	0.5%	82	0.4%
Washoe County	Incline Village Community Hospital	9	0.0%	9	0.0%
	Northern Nevada Medical Center	196	1.1%	197	1.0%
	- ER at Damonte Ranch	19	0.1%	19	0.1%
	- ER at McCarran	49	0.3%	49	0.2%
	- ER at Spanish Springs	74	0.4%	74	0.4%
	Northern Nevada Sierra Medical Center	265	1.5%	270	1.4%
	*Renown Regional Medical Center	2,412	13.3%	2,826	14.3%
	Renown South Meadows Medical Center	172	0.9%	173	0.9%
	Saint Mary's Regional Medical Center	116	0.6%	116	0.6%
All Other Counties	Banner Churchill Community Hospital	56	0.3%	56	0.3%
	Battle Mountain General Hospital	15	0.1%	15	0.1%
	Carson Tahoe Regional Medical Center	418	2.3%	425	2.1%
	**Carson Valley Health	191	1.1%	191	1.0%
	Desert View Hospital	303	1.7%	303	1.5%
	Grover C. Dils Medical Center	26	0.1%	26	0.1%
	Humboldt General Hospital	83	0.5%	83	0.4%
	Mount Grant General Hospital	45	0.2%	45	0.2%
	Northeastern Nevada Regional Hospital	2	0.0%	2	0.0%
	Pershing General Hospital	5	0.0%	5	0.0%
	South Lyon Medical Center	36	0.2%	36	0.2%
	William Bee Ririe Hospital	72	0.4%	72	0.4%
Nevada (Total)	*** = Trauma Center (TC) ** = Designated as Level 4 TC in November, 2025**	**18,119**	**100%**	**19,819**	**100%**

^*Unique trauma patients are calculated by matching transferred patient based on birth date, 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 2025.*

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	3,727	29.8%	212	5.7%
Trauma Center Level 2	7,149	57.1%	245	3.4%
Trauma Center Level 3	1,644	13.1%	38	2.3%
Total	**12,514**	**100.0%**	**495**	**4.0%**

**All cases (Count includes both hospitals when a patient is transferred between designated trauma centers.*

DEMOGRAPHICS

Of 18,119 unique traumas recorded in the NTR between January 1, 2025, and December 31, 2025, 49.5% of all trauma cases were among males, and 41.5% were in females. (Table 3)

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

Sex	Count	Percent	Rate per 100,000 (95% CI)
Male	8,972	49.5%	541.5 (530.3-552.7)
Female	7,528	41.5%	450.8 (440.6-461.0)
Unknown	1,619	8.9%	-
Total	**18,119**	**100%**	**544.6 (536.7-552.6)**

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

Race/Ethnicity	Count	Percent	Rate per 100,000 (95% CI)
White	10,969	60.5%	691.3 (678.4-704.3)
Black	1,631	9.0%	525.6 (500.1-551.1)
American Indian, Alaskan Native	93	0.5%	261.0 (207.9-314.0)
Asian	870	4.8%	253.2 (236.3-270.0)
Hispanic	2,479	13.7%	236.0 (226.7-245.2)
Other	1,005	5.5%	-
Unknown	1,072	5.9%	-
Total	**18,119**	**100.0%**	**544.6 (536.7-552.6)**

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

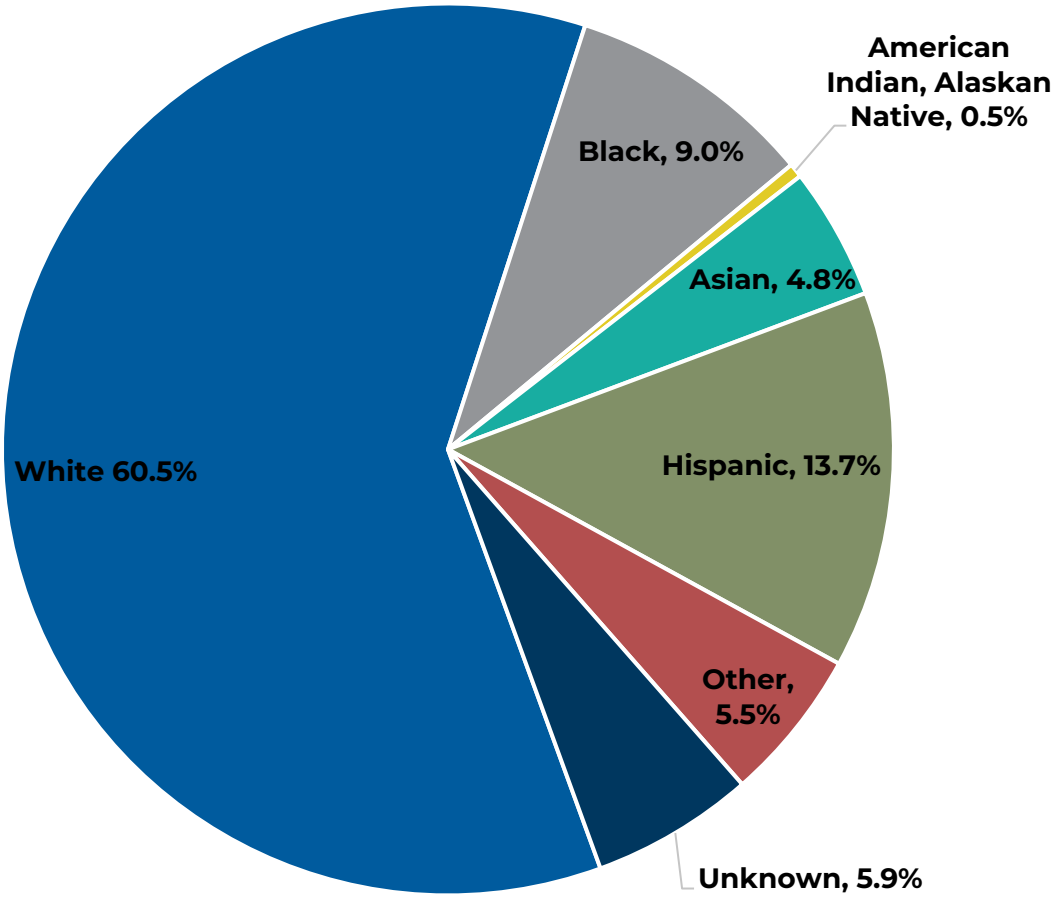


Figure 1 shows the frequencies and percentages among the racial/ethnic of trauma injuries in the Nevada in 2025.

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	29	18	0	6	32	14	7	106
1-5	79	38	0	8	61	25	22	233
6-17	364	115	4	39	207	52	50	831
18-24	300	148	11	44	266	69	93	931
25-34	547	278	10	59	386	120	156	1,556
35-44	696	241	16	63	312	107	168	1,603
45-54	764	172	4	69	275	89	116	1,489
55-64	1,379	195	16	89	278	114	123	2,194
65-74	2,288	198	19	150	262	146	139	3,202
75-84	2,800	159	6	213	245	163	130	3,716
85+	1,721	69	7	130	154	106	65	2,252
Unknown	2	0	0	0	1	0	3	6
Total	**10,969**	**1,631**	**93**	**870**	**2,479**	**1,005**	**1,072**	**18,119**

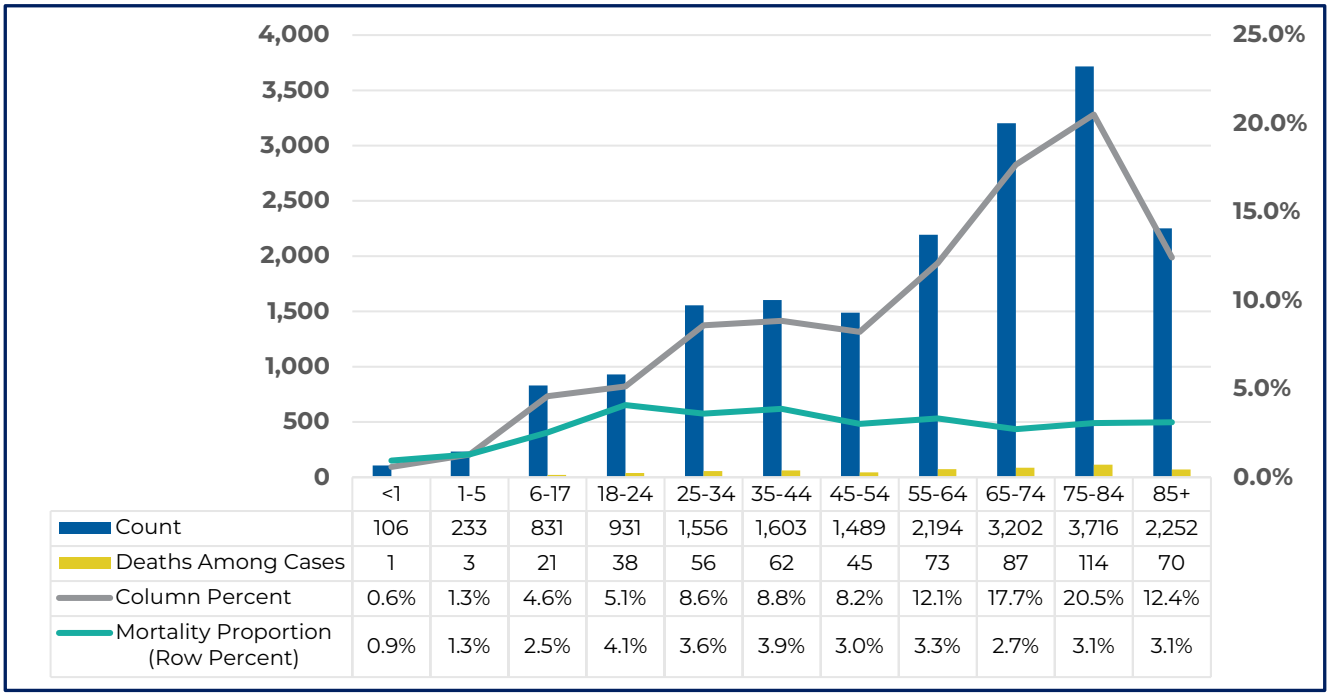
Table 6: Age-Specific Trauma Cases and Mortality Proportion (Unique Traumas)

Age Groups	Count	Percentage of Cases	Deaths among Cases	Mortality Proportion (Row Percent)
Unknown	6	0.0%	1	16.7%
<1	106	0.6%	1	0.9%
1-5	233	1.3%	3	1.3%
6-17	831	4.6%	21	2.5%
18-24	931	5.1%	38	4.1%
25-34	1,556	8.6%	56	3.6%
35-44	1,603	8.8%	62	3.9%
45-54	1,489	8.2%	45	3.0%
55-64	2,194	12.1%	73	3.3%
65-74	3,202	17.7%	87	2.7%
75-84	3,716	20.5%	114	3.1%
85+	2,252	12.4%	70	3.1%
Total	**18,119**	**100.0%**	**571**	**3.2%**

In Tables 5 and 6, trauma cases are presented by age groups and death rate among cases. During 2025, Nevada experienced 18,119 unique trauma cases. Of those, 3,202 were in the 65-74 age group, 3,716 in the 75-84 age group, and 2,194 in the 55-64 age group. In Figure 2, the 18-24 age group has the highest percentage of deaths from trauma, with 4.1%, followed by the 35-44 age group with 3.9%, and the 25-34 age group with 3.6%. Additionally, the mortality rate for individuals aged 55–64 was 3.3%, while both the 75-84 and 85+ age groups show a

mortality rate of 3.1%. There were also six trauma cases with unknown age, one of which resulted in death, yielding a mortality proportion of 16.7% within this category.

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



	<1	1-5	6-17	18-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
Count	106	233	831	931	1,556	1,603	1,489	2,194	3,202	3,716	2,252
Deaths Among Cases	1	3	21	38	56	62	45	73	87	114	70
Column Percent	0.6%	1.3%	4.6%	5.1%	8.6%	8.8%	8.2%	12.1%	17.7%	20.5%	12.4%
Mortality Proportion (Row Percent)	0.9%	1.3%	2.5%	4.1%	3.6%	3.9%	3.0%	3.3%	2.7%	3.1%	3.1%

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	679	190.3 (176.0-204.7)	363	106.5 (95.6-117.5)	128	1,170	167.7 (158.1-177.4)
Adult 18-64	4,704	106.5 (95.6-117.5)	2,344	227.2 (218.0-236.4)	725	7,773	373.0 (364.7-381.3)
Geriatric >64	3,588	167.7 (158.1-177.4)	4,819	1,619.2 (1,573.5-1,664.9)	763	9,170	1,680.8 (1,646.4-1,715.2)
Unknown	1	-	2	-	3	6	-
Total	**8,972**	**541.5 (530.3-552.7)**	**7,528**	**450.8 (440.6-461.0)**	**1,619**	**18,119**	**544.6 (536.7-552.6)**

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

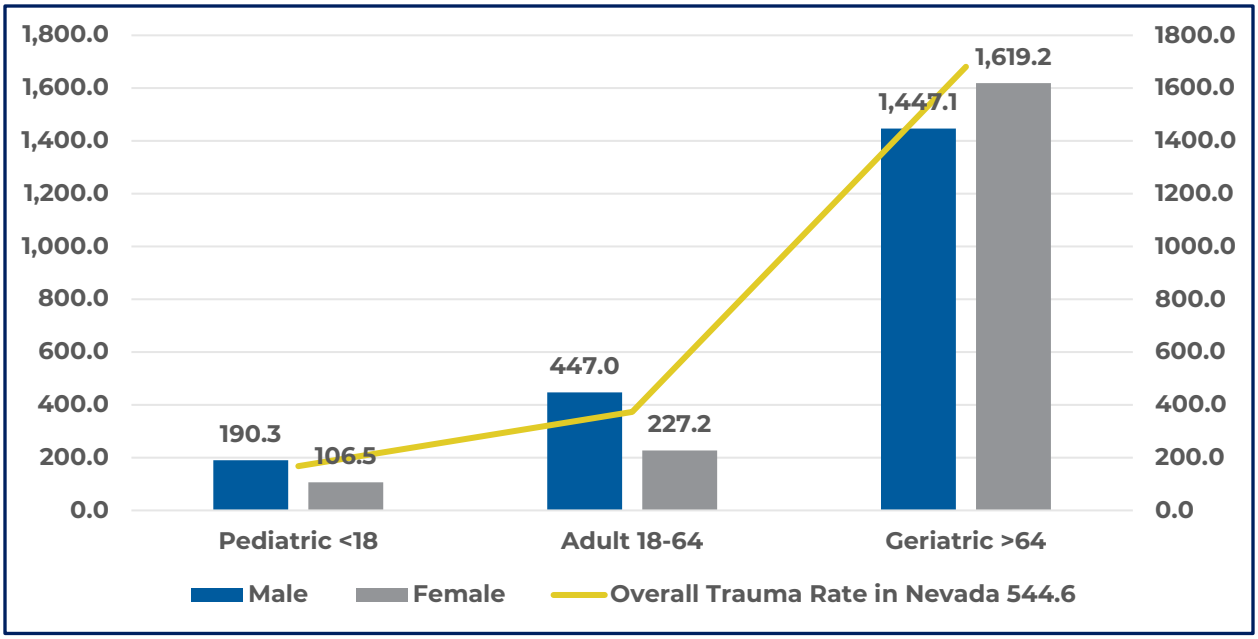
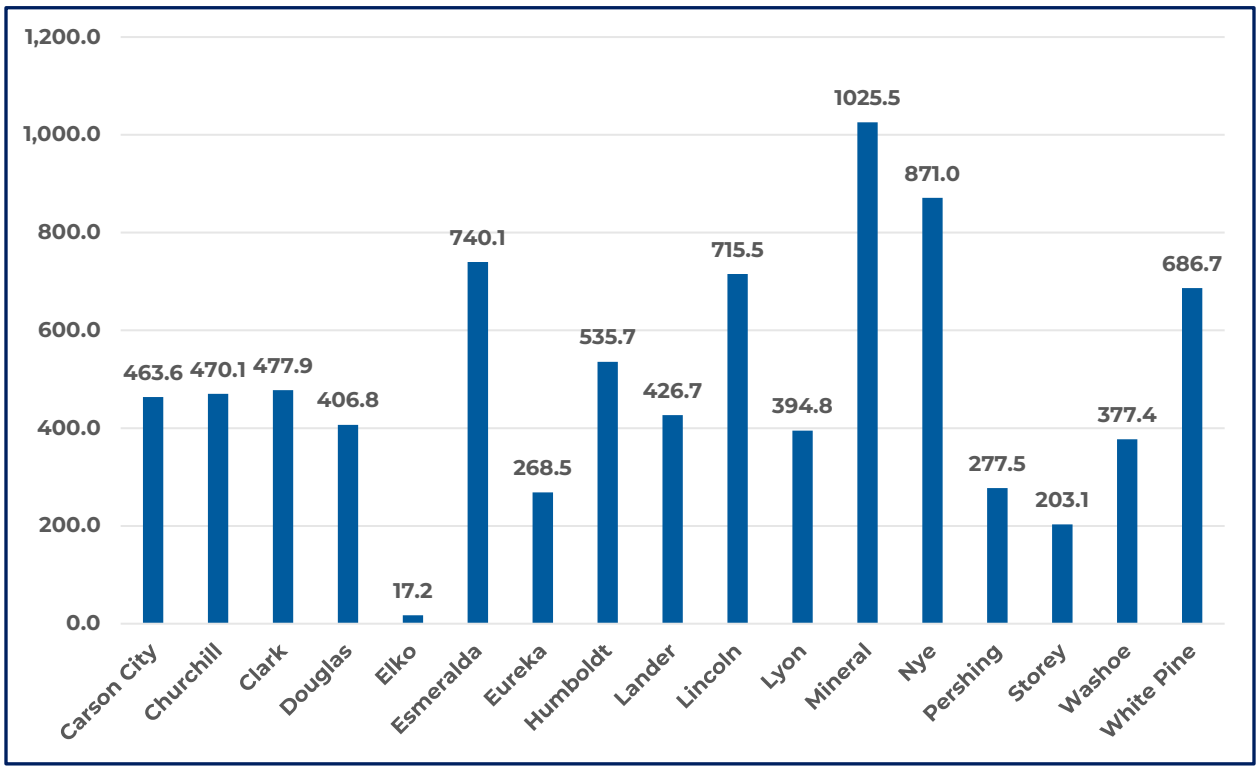


Table 8: Nevada Trauma Cases by County of Injury (non-duplicated)

County	Count	Rate per 100,000 (95% CI)
Carson City	282	463.6 (409.5-517.7)
Churchill	130	470.1 (389.3-550.9)
Clark	11,599	477.9 (469.2-486.6)
Douglas	228	406.8 (354.0-459.6)
Elko	10	17.2 (6.5-27.8)
Esmeralda	8	740.1 (227.2-1,252.9)
Eureka	5	268.5 (33.2-503.9)
Humboldt	96	535.7 (428.6-642.9)
Lander	27	426.7 (265.7-587.6)
Lincoln	34	715.5 (475.0-956.0)
Lyon	262	394.8 (347.0-442.6)
Mineral	49	1,025.5 (738.4-1,312.7)
Nye	459	871.0 (791.3-950.7)
Pershing	20	277.5 (155.9-399.1)
Storey	9	203.1 (70.4-335.8)
Washoe	1,960	377.4 (360.7-394.1)
White Pine	70	686.7 (525.8-847.5)
Out of State	913	-
Unknown	1,958	-
Total	**18,119**	**544.6(536.7-552.6)**

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



This analysis found that Mineral County, with 1025.5, had the highest rate of trauma cases per 100,000 residents. Nye County came in second with 871.0, followed by White Pine County with 686.7.

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 the 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 11,599 Cases.**

#2) **Washoe with 1,960 Trauma Cases.**

#3) **Nye with 459 Trauma Cases.**

913 Trauma Cases occurred out-of-state.

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

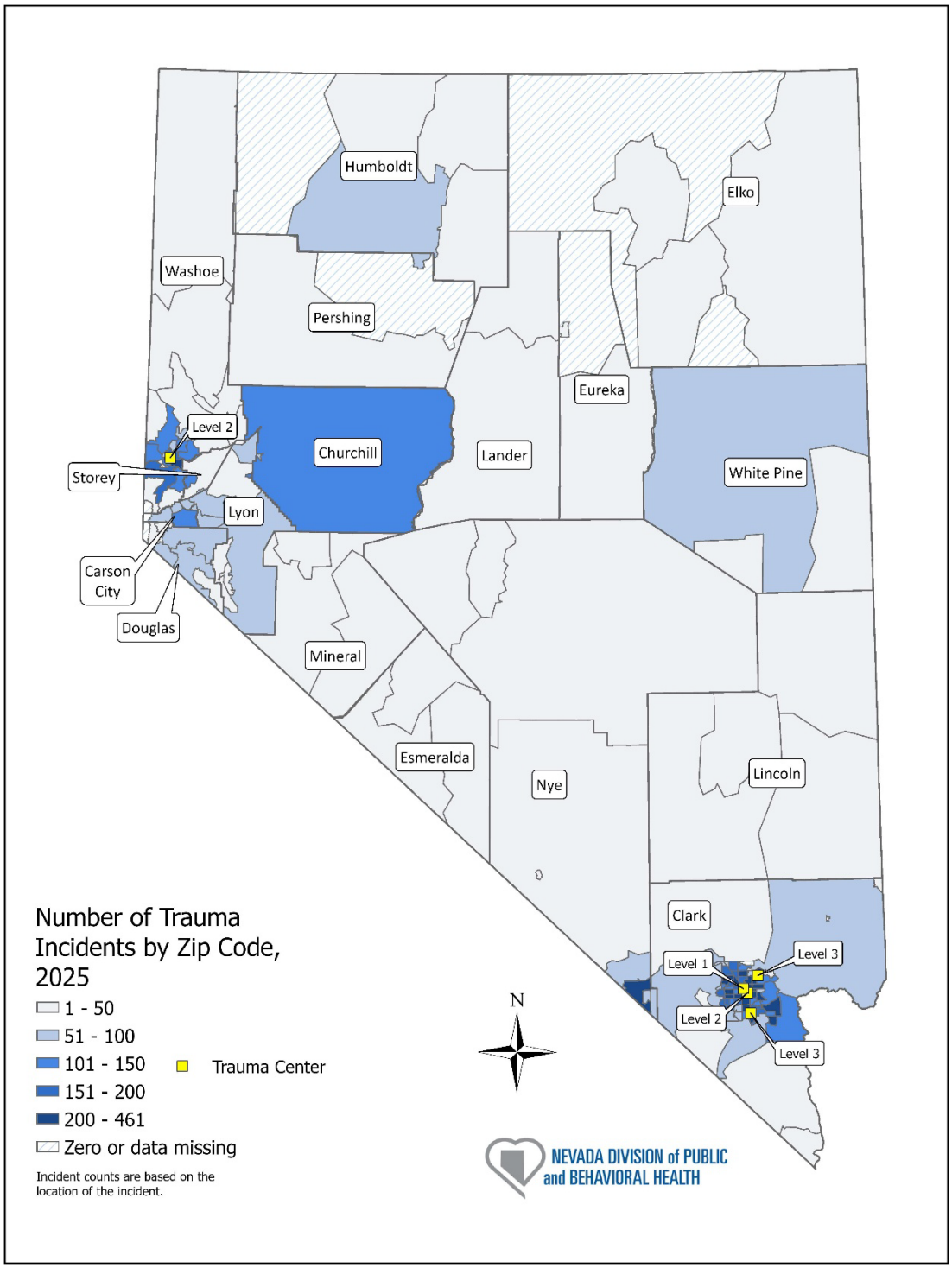


Figure 6: NV Trauma Cases by County of Injury (Unique Traumas)

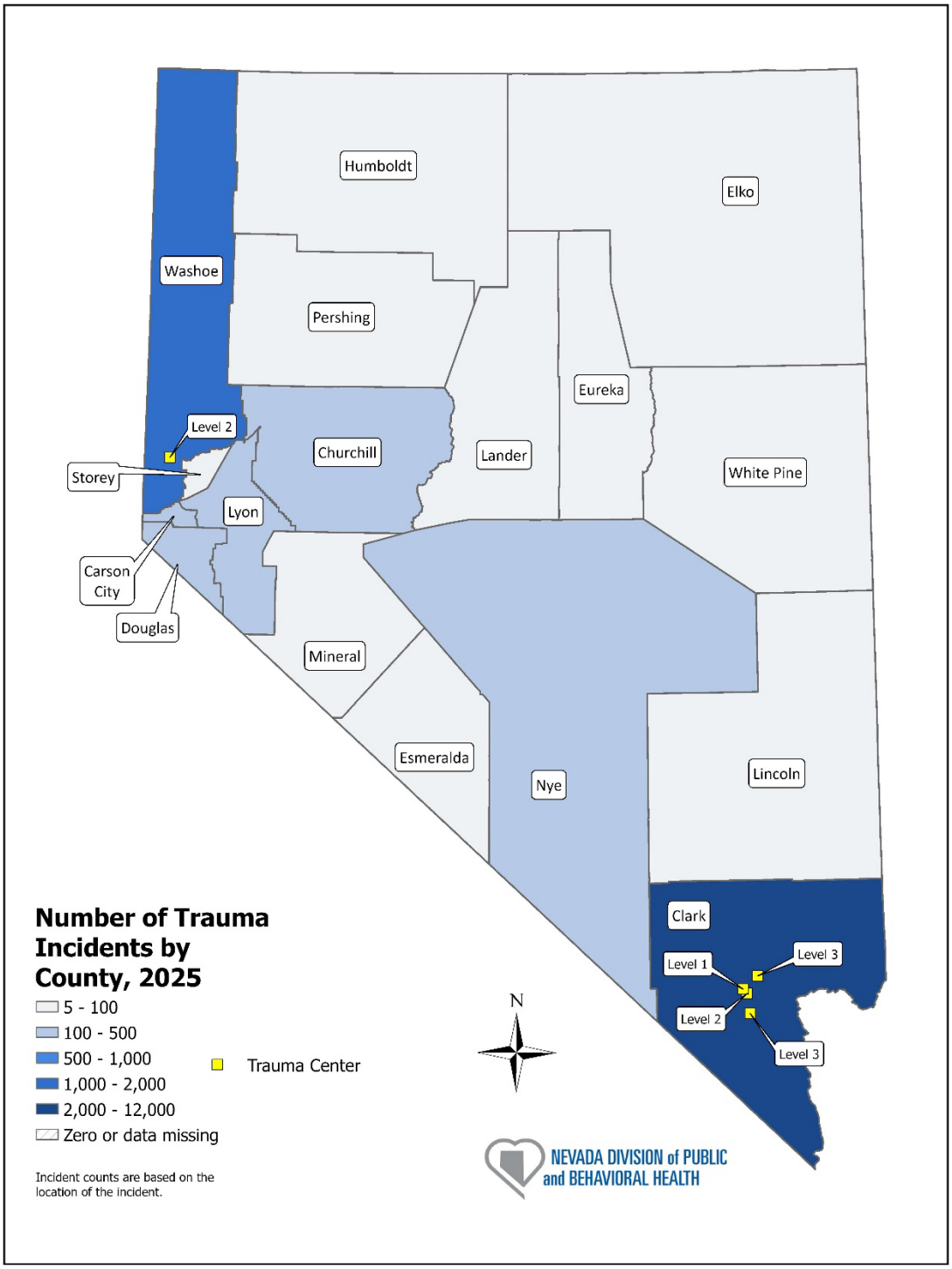


Figure 7: NV Trauma Cases by County of Injury (Unique Traumas)

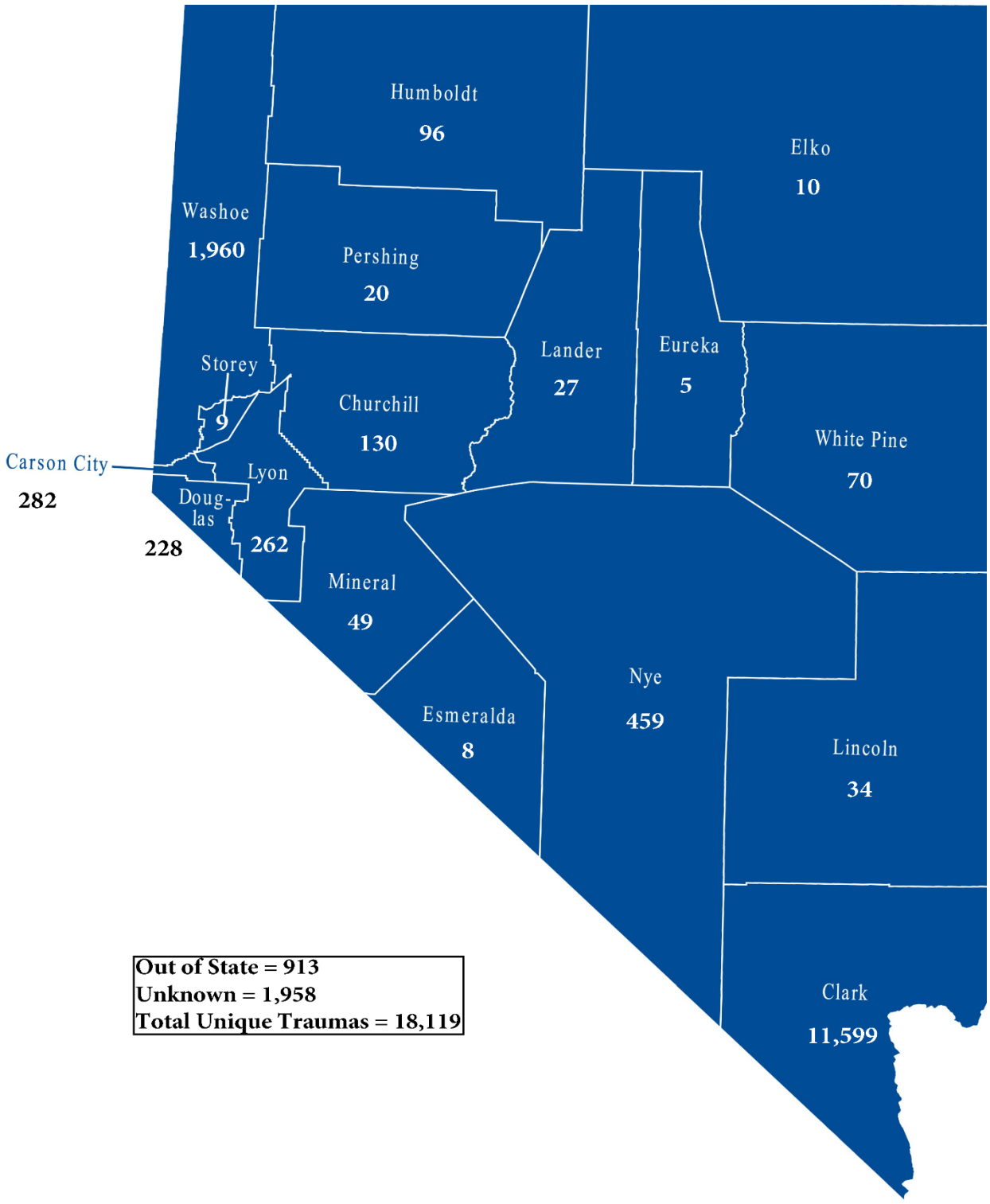


Table 9: Age-Specific Traumatic Brain Injury Incidence and Mortality Proportion (Unique Traumas)

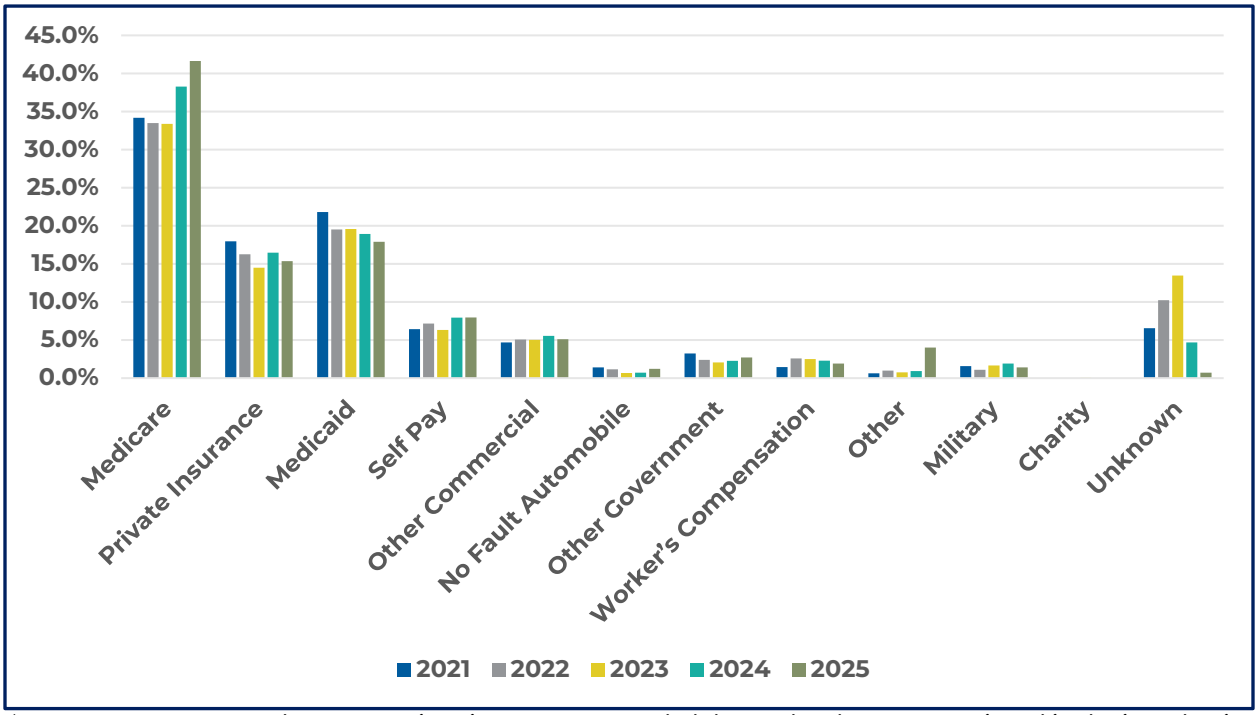
Age Group	Count	Column Percent	Deaths	Mortality Proportion (Row Percent)
Pediatric <18	271	8.1%	19	7.0%
Adult 18-64	1,444	43.1%	142	9.8%
Geriatric >64	1,632	48.8%	132	8.1%
Total	**3,347**	**100.0%**	**293**	**8.8%**

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

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

Age Groups	Count	Column Percent	Deaths	Mortality Proportion (Row Percent)
<1	57	1.7%	1	1.8%
1-5	41	1.2%	2	4.9%
6-17	173	5.2%	16	9.2%
18-24	192	5.7%	17	8.9%
25-34	296	8.8%	30	10.1%
35-44	264	7.9%	24	9.1%
45-54	268	8.0%	26	9.7%
55-64	424	12.7%	45	10.6%
65-74	597	17.8%	43	7.2%
75-84	664	19.8%	60	9.0%
85+	371	11.1%	29	7.8%
Total	**3,347**	**100.0%**	**293**	**8.8%**

Figure 8: Proportion of Trauma Primary Payment Sources in Nevada, 2021-2025*



**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, 2021-2025

Primary Source of Payment	2021	2022	2023	2024	2025
Medicare	34.2%	33.5%	33.4%	38.3%	41.6%
Private Insurance	18.0%	16.3%	14.5%	16.5%	15.4%
Medicaid	21.8%	19.5%	19.6%	18.9%	17.9%
Self-Pay	6.4%	7.2%	6.3%	8.0%	8.0%
Other Commercial	4.7%	5.1%	5.0%	5.5%	5.1%
No Fault Automobile	1.4%	1.2%	0.7%	0.7%	1.2%
Other Government	3.2%	2.4%	2.1%	2.3%	2.7%
Worker's Compensation	1.5%	2.6%	2.5%	2.3%	1.9%
Other	0.6%	1.0%	0.8%	0.9%	4.0%
Military	1.6%	1.1%	1.7%	1.9%	1.4%
Charity	0.0%	0.0%	0.0%	0.0%	0.0%
Unknown	6.6%	10.2%	13.5%	4.7%	0.7%

PLACE AND MECHANISM OF INJURY

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

Place of Injury	Trauma Count	Percent
Residence	8,109	44.8%
Non-Private Residence	842	4.6%
School or Public Area	212	1.2%
Sports Area	234	1.3%
Street	4,359	24.1%
Trade and Service Area	1,115	6.2%
Industrial and Construction	132	0.7%
Farm	26	0.1%
Transport Vehicle as Place	82	0.5%
Wilderness	313	1.7%
Recreation Area	431	2.4%
Military Training Ground	14	0.1%
Railroad Track	12	0.1%
Other Specified	172	0.9%
Unknown/Unspecified	2,066	11.4%
Total	**18,119**	**100.0%**

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

Mechanism	Count	Column Percent	Deaths	Mortality Proportion (Row Percent)
Falls	11,061	61.0%	270	2.4%
Motor Vehicle Traffic	2,745	15.1%	155	5.6%
Struck by/Against	1,082	6.0%	7	0.6%
Cut/Pierce	616	3.4%	16	2.6%
Firearm	457	2.5%	80	17.5%
Motor Vehicle Non-Traffic	430	2.4%	12	2.8%
Unspecified	401	2.2%	8	2.0%
Pedal Cyclist, Other	361	2.0%	0	0.0%
Natural/Environmental	273	1.5%	4	1.5%
Other Transport (Land, Sea, Sky)	158	0.9%	4	2.5%
Pedestrian, Other	96	0.5%	6	6.3%
Suffocation	95	0.5%	5	5.3%
Fire/Burn	80	0.4%	1	1.3%
Other Specified	79	0.4%	0	0.0%
Machinery	61	0.3%	0	0.0%
Non-Drug Use Poisonings	7	0.0%	0	0.0%
Drowning	1	0.0%	0	0.0%
Unknown	116	0.6%	3	2.6%
Total	**18,119**	**100.0%**	**571**	**3.2%**

In 2025, the state of Nevada saw the highest incidence of traumatic injury caused by Falls (61%), Traffic-Related Accidents (15.1%), and Being Struck by/Against (6.0%). In total trauma cases, the highest proportion of deaths came from Firearm-Related incidents (17.5%), Pedestrian-Related incidents (6.3%), and Traffic-Related incidents (5.6%).

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		Motor Vehicle Traffic		Struck by/Against	
	n	Rate per 100,000 (95% CI)	n	Rate per 100,000 (95% CI)	n	Rate per 100,000 (95% CI)
Pediatric <18	443	63.5 (57.6-69.4)	191	27.4 (23.5-31.3)	126	18.1 (14.9-21.2)
Adult 18-64	2,757	132.3 (127.4-137.2)	1,946	93.4 (89.2-97.5)	780	37.4 (34.8-40.1)
Geriatric >64	7,831	1,435.4 (1,403.6-1,467.2)	557	102.1 (93.6-110.6)	197	36.1 (31.1-41.2)
Unknown	4	-	0	-	0	-
Total	**11,035**	331.7 (325.5-337.9)	**2,694**	81.0 (77.9-84.0)	**1,103**	33.2 (31.2-35.1)

Table 14 outlines the top three mechanisms for injury by age. The number one trauma injury per all age groups in 2025 was Falls.

Figure 9: Top Five Mechanisms of Unintentional Trauma

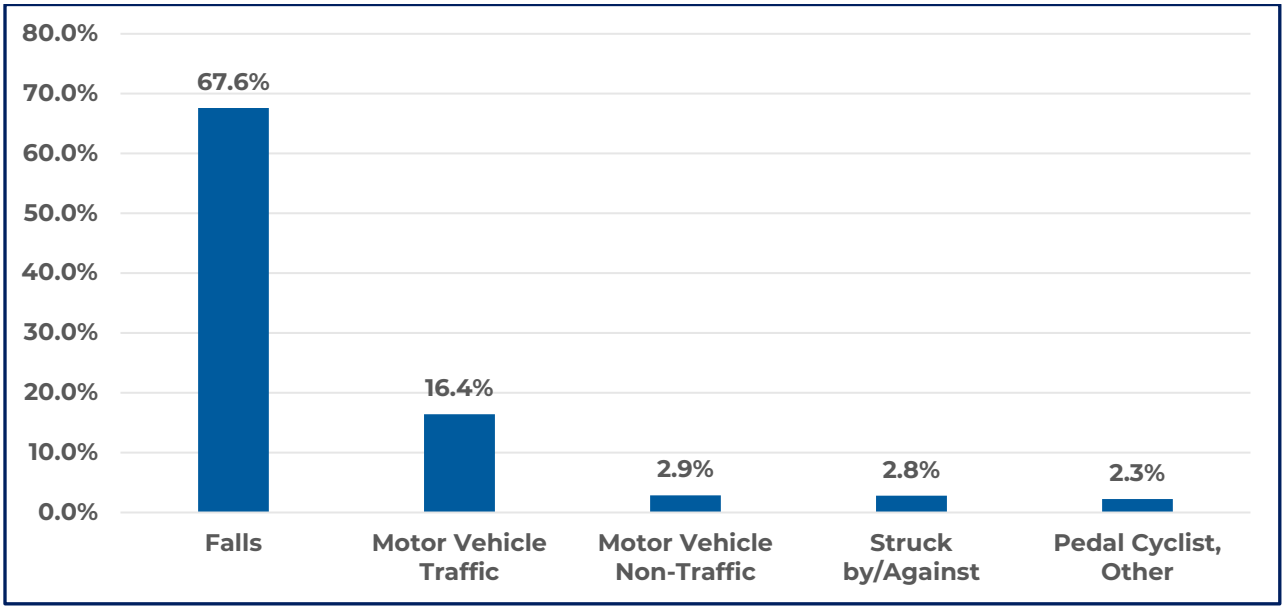


Figure 10: Top Five Mechanisms of Homicide/Assault-Related Trauma

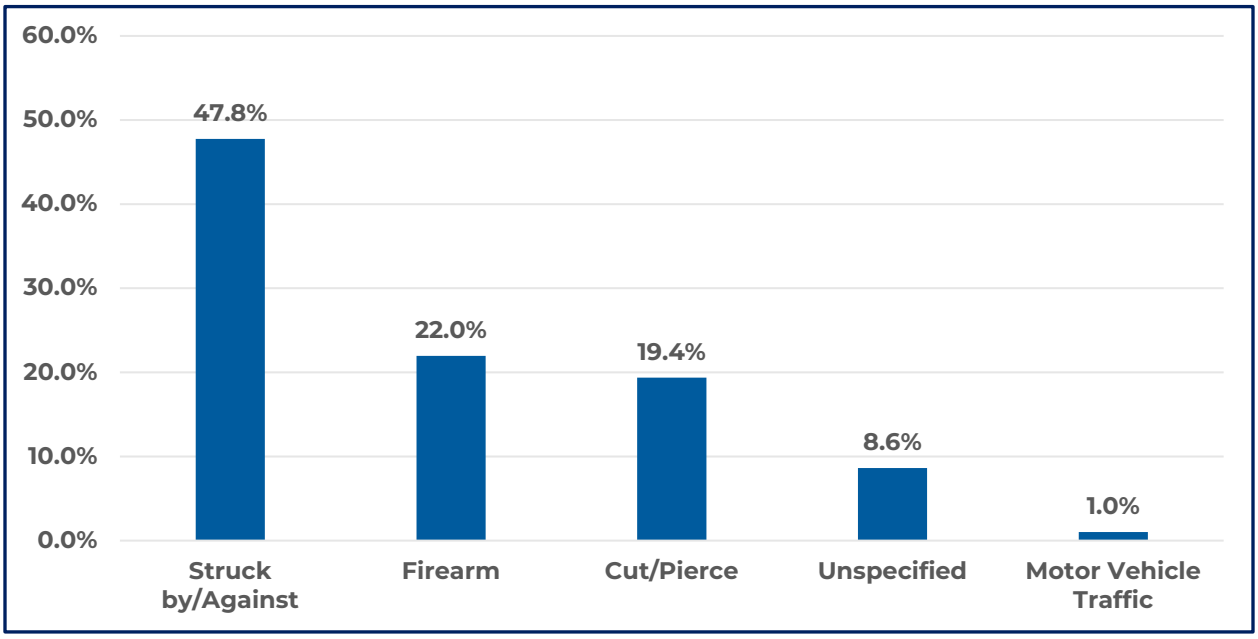


Figure 11: Top Five Mechanisms of Suicide/Self-Inflicted Trauma

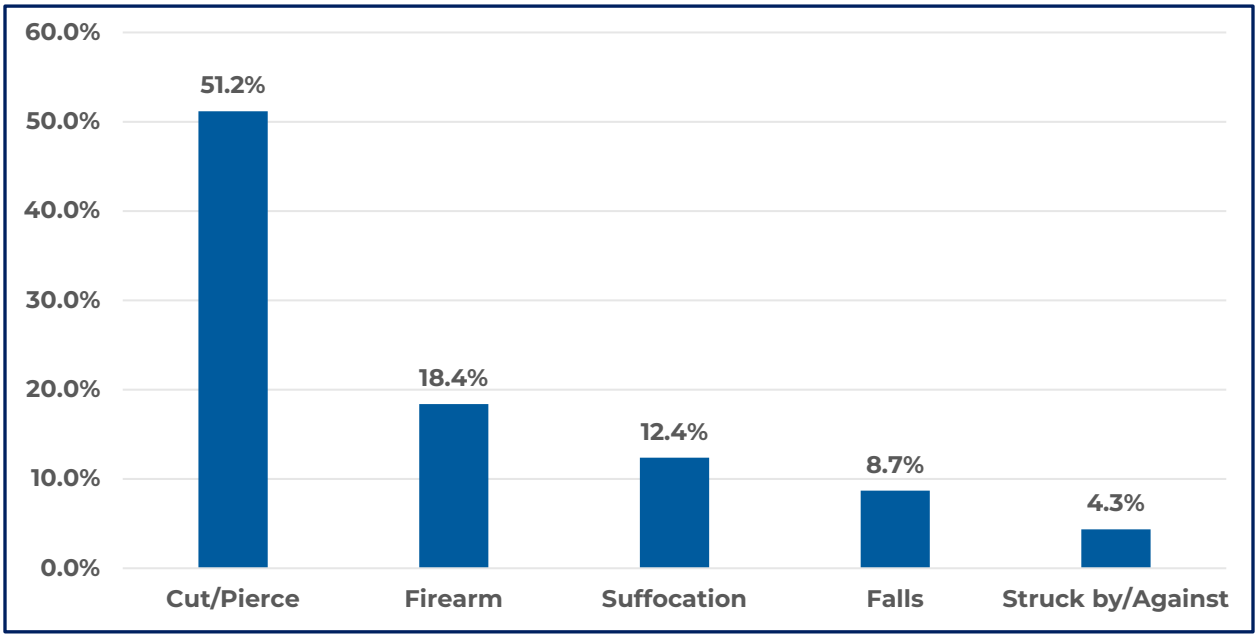
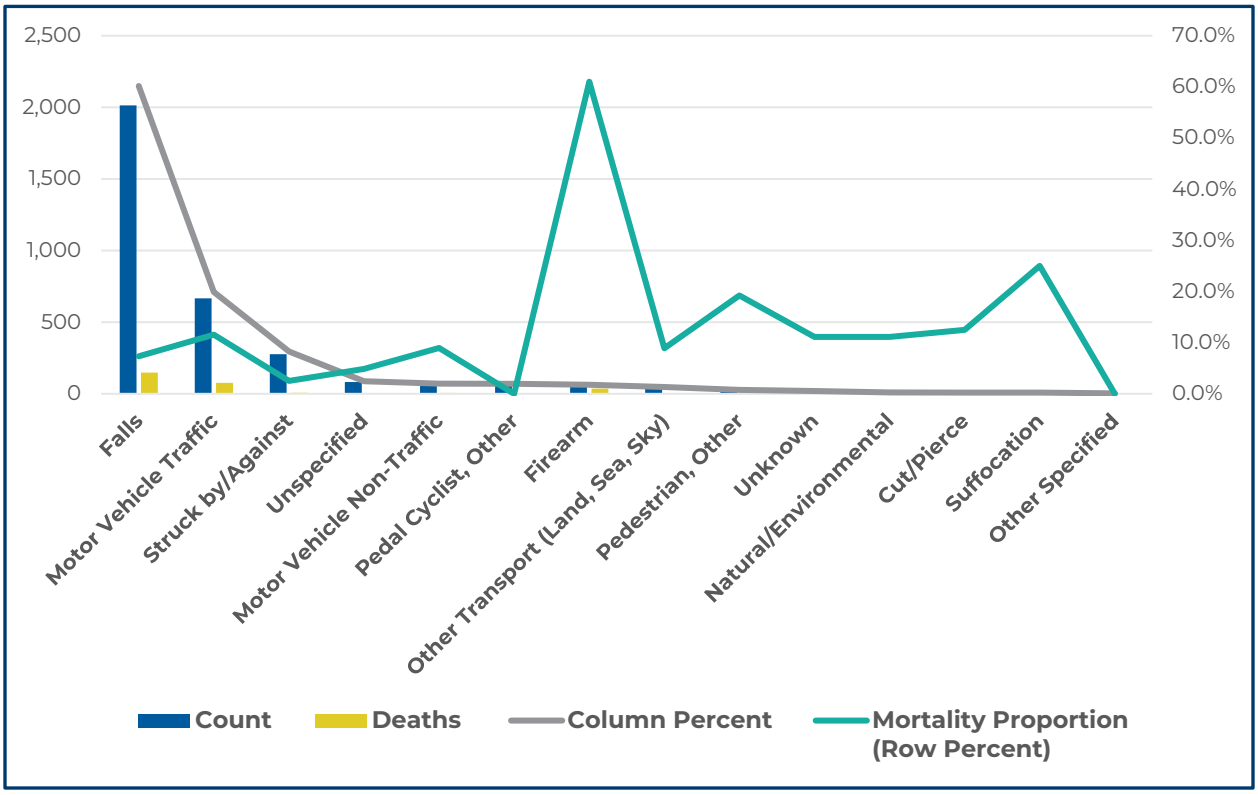


Table 15: Traumatic Brain Injury Incidence and Mortality by Mechanism of Injury

Mechanism	Count	Column Percent	Deaths	Mortality Proportion (Row Percent)
Falls	2,014	60.2%	148	7.3%
Motor Vehicle Traffic	666	19.9%	77	11.6%
Struck by/Against	277	8.3%	7	2.5%
Unspecified	82	2.4%	4	4.9%
Motor Vehicle Non-Traffic	67	2.0%	6	9.0%
Pedal Cyclist, Other	65	1.9%	0	0.0%
Firearm	59	1.8%	36	61.0%
Other Transport (Land, Sea, Sky)	45	1.3%	4	8.9%
Pedestrian, Other	26	0.8%	5	19.2%
Unknown	18	0.5%	2	11.1%
Natural/Environmental	9	0.3%	1	11.1%
Cut/Pierce	8	0.2%	1	12.5%
Suffocation	8	0.2%	2	25.0%
Other Specified	3	0.1%	0	0.0%
Total	**3,347**	**100.0%**	**293**	**8.8%**

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	8,328	46.0%	67	0.8%
Moderate, 9-15	7,479	41.3%	143	1.9%
Serious, 16-24	1,272	7.0%	95	7.5%
Severe, 25-75	989	5.5%	265	26.8%
Missing/NA/ND	51	0.3%	1	2.0%
Total	**18,119**	**100.0%**	**571**	**3.2%**

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	633	3.5%	10	1.6%
Moderate, 9-15	1,440	7.9%	43	3.0%
Serious, 16-24	624	3.4%	48	7.7%
Severe, 25-75	648	3.6%	192	29.6%
Missing/NA	2	0.0	0	0.0%
Total	**3,347**	**18.5%**	**293**	**8.8%**

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

County	<1hour	1-3 hours	3-6 hours	6-9 hours	9-12 hours	>12 hours
Carson City	15	0	0	0	0	1
Churchill	15	0	0	0	0	0
Clark	1,104	118	21	15	8	44
Douglas	26	3	1	1	0	2
Elko	0	0	0	0	0	0
Esmeralda	3	0	0	0	0	0
Eureka	1	0	0	0	0	0
Humboldt	17	5	0	0	0	0
Lander	3	0	1	0	0	0
Lincoln	6	5	1	0	0	1
Lyon	31	2	0	0	0	1
Mineral	9	0	0	0	0	0
Nye	14	4	1	1	2	0
Pershing	3	0	0	1	0	0
Storey	3	0	0	0	0	0
Washoe	250	10	3	0	0	0
White Pine	1	1	0	0	0	1
Out of State	191	26	23	14	2	6
Unknown	187	13	22	9	7	8
Total	**1,879**	**187**	**73**	**41**	**19**	**64**

PATIENT TRANSPORTATION

In Nevada, ground ambulances outnumbered private cars and walk-ins when transporting trauma patients to hospitals in 2025 (Table 19)

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

Mode of Arrival	Trauma Count	Percent
Ground Ambulance	12,488	68.9%
Private Vehicle or Walk-in	4,373	24.1%
Helicopter Ambulance	960	5.3%
Fixed-Wing Ambulance	101	0.6%
Water Ambulance	3	0.0%
Police	58	0.3%
Other	3	0.0%
Public Safety	3	0.0%
Missing/Unknown	130	0.7%
Total	**18,119**	**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). Note that Ground Ambulance is the most frequent Mode of Arrival regardless of ISS score.

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	5,293	5,543	898	719	35
Private Vehicle or Walk-in	2,656	1,443	182	80	12
Helicopter Ambulance	250	375	162	172	1
Fixed-Wing Ambulance	24	36	25	16	0
Water Ambulance	1	1	1	0	0
Police	37	15	4	1	1
Other	0	1	2	0	0
Public Safety	2	1	0	0	0
Missing/Unknown	72	55	0	1	2
Total	**8,335**	**7,470**	**1,274**	**989**	**51**

PATIENT DISCHARGE AND TRANSFER

Of the 18,119 trauma cases that occurred in Nevada in 2025, 1,740 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	549	9.1	6.4	1-75
St. Rose Dominican Hospital Siena Campus	167	5.6	3.9	1-25
Sunrise Hospital Medical Center	705	8.2	6.8	1-50
University Medical Center of Southern Nevada	320	8.2	7.8	1-66
Total	**1,740**	**8.3**	**6.7**	**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	16,268	2,089	12.8%
Suicide	299	127	42.5%
Homicide/Assault	1,275	404	31.7%
Legal Intervention	37	17	45.9%
Undetermined (accidental/intentional)	107	23	21.5%
Missing/Unknown	133	10	7.5%
Total	**18,119**	**2,670**	**14.7%**

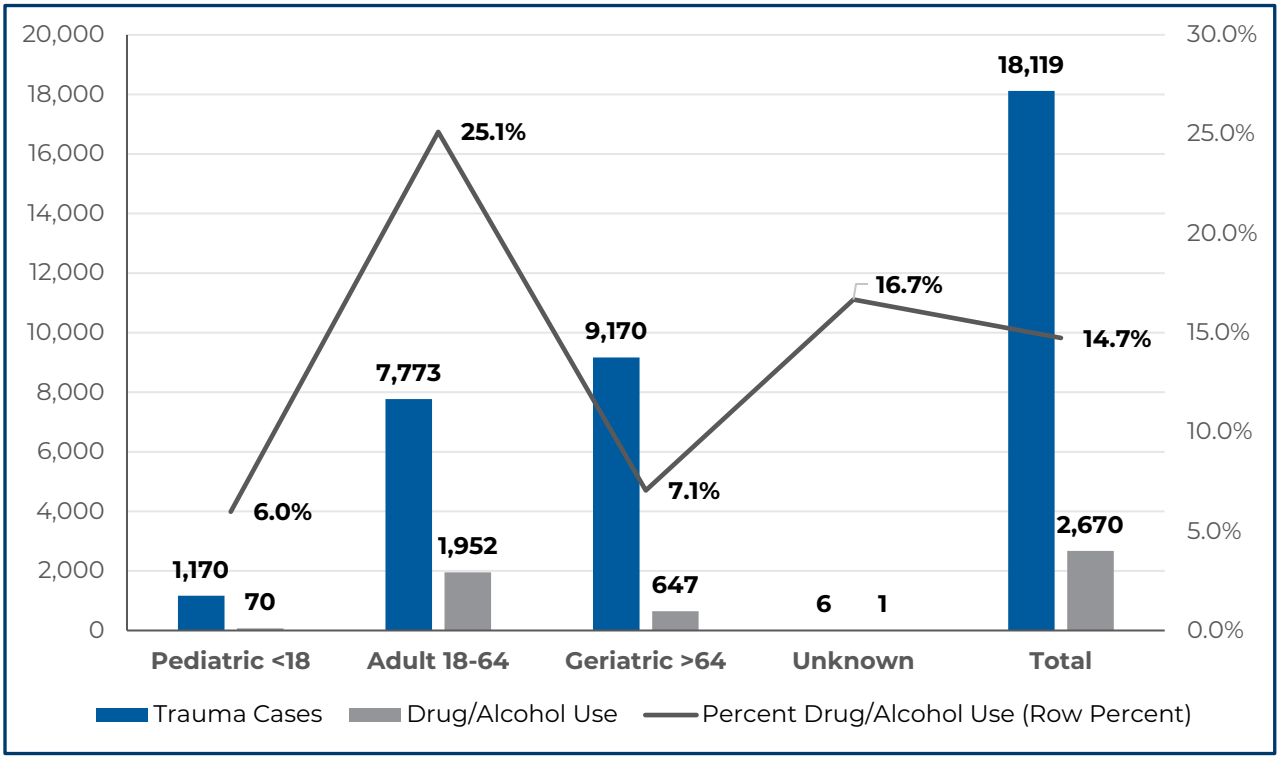
2,670 (14.7%) of the 18,119 distinct traumas listed in the NTR for 2025 involved drug or alcohol use. Additionally, drug or alcohol use was present in 42.5% of suicides and 31.7% of Homicide or Assault related trauma incidents.

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	Unknown	Total
None	11	276	127	0	414
Seatbelt – Lap & Shoulder	1	87	9	0	97
Seatbelt – Lap Only	0	13	1	0	14
Seatbelt – Shoulder Only	0	1	0	0	1
Seatbelt – NFS	1	10	0	0	11
Unknown	13	568	127	1	709
Total	**26**	**955**	**264**	**1**	**1,246**

There were no restraint or safety measures used in 414 of the 1,246 unique trauma cases with reports of drug or alcohol use.

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



Adults aged 18 to 64 had the highest prevalence of positive or high Blood Alcohol Content (BAC) results, with 25.1% of the 7,773 recorded trauma cases in this age group. The geriatric population (>64) showed a 7.1% prevalence of positive or high BAC results, based on 9,170 recorded trauma cases. Pediatric patients (<18) had the lowest prevalence of positive or high BAC results, with 6.0% of 1,170 recorded trauma cases.

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	Unknown	Total
None	20	414	189	0	623
Seatbelt – Lap & Shoulder	3	125	30	0	158
Seatbelt – Lap Only	0	22	8	0	30
Seatbelt – Shoulder Only	0	1	0	0	1
Seatbelt – NFS	2	23	2	0	27
Unknown	45	1,367	418	1	1,830
Total	**70**	**1,952**	**647**	**1**	**2,670**

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	11,035	1,041	9.4%
Motor Vehicle Traffic	2,694	809	30.0%
Struck by/Against	1,103	223	20.2%
Cut/Pierce	620	170	27.4%
Motor Vehicle Non-Traffic	467	89	19.1%
Firearm	459	153	33.3%
Unspecified	385	38	9.9%
Pedal Cyclist, Other	368	46	12.5%
Natural/Environmental	276	11	4.0%
Other Transport (Land, Sea, Sky)	157	18	11.5%
Unknown	133	10	7.5%
Pedestrian, Other	97	20	20.6%
Suffocation	98	29	29.6%
Fire/Burn	82	5	6.1%
Other Specified	78	5	6.4%
Machinery	59	1	1.7%
Non-Drug Use Poisonings	7	2	28.6%
Drowning	1	0	0.0%
Total	**18,119**	**2,670**	**14.7%**

The following specific traumas were linked to the highest reported rates of drug and alcohol use: 33.3% of firearm cases and 30% motor vehicle traffic incidents. These are followed by suffocation injuries at 29.6% then non-drug use poisonings at 28.6%, followed by cut/pierce injuries at 27.4% Drug/alcohol use was found in 9.9% 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	1	2	40	33	41	114	220	10,584	11,035
Motor Vehicle Traffic	0	1	24	27	54	145	157	2,286	2,694
Struck by/Against	1	0	7	8	12	26	39	1,010	1,103
Cut/Pierce	1	1	12	7	6	27	26	540	620
Motor Vehicle Non-Traffic	0	0	7	7	12	14	11	416	467
Firearm	0	0	6	5	8	34	23	383	459
Unspecified	0	0	1	2	3	8	10	361	385
Pedal Cyclist, Other	0	1	0	1	5	6	8	347	368
Natural/Environmental	0	0	0	1	0	0	2	273	276
Other Transport (Land, Sea, Sky)	0	0	2	1	3	2	0	149	157
Unknown	0	0	2	1	0	0	3	127	133
Suffocation	0	0	1	1	2	2	6	86	98
Pedestrian, Other	0	1	0	2	1	3	5	85	97
Fire/Burn	0	0	1	0	1	0	0	80	82
Other Specified	0	0	0	0	0	0	0	78	78
Machinery	0	0	0	0	0	0	0	59	59
Non-Drug Use Poisonings	0	0	0	0	0	0	0	7	7
Drowning	0	0	0	0	0	0	0	1	1
Total	**3**	**6**	**103**	**96**	**148**	**381**	**510**	**16,872**	**18,119**

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
Carson City	0	0	8	2	2	5	17	248	282
Churchill	0	0	1	0	4	3	6	116	130
Clark	3	3	49	50	66	205	303	10,920	11,599
Douglas	0	0	1	1	2	9	6	209	228
Elko	0	0	0	0	0	0	2	8	10
Esmeralda	0	0	0	0	0	1	0	7	8
Eureka	0	0	0	0	0	0	0	5	5
Humboldt	0	2	6	1	1	4	0	82	96
Lander	0	0	0	2	0	1	3	21	27
Lincoln	0	0	2	0	0	0	0	32	34
Lyon	0	0	2	3	4	12	7	234	262
Mineral	0	0	0	0	1	0	1	47	49
Nye	0	0	5	0	0	4	5	445	459
Pershing	0	0	0	0	1	1	1	17	20
Storey	0	0	0	0	1	0	0	8	9
Washoe	0	1	12	17	27	62	106	1,735	1,960
White Pine	0	0	1	0	0	5	2	62	70
Out of State	0	0	8	10	19	25	23	828	913
Unknown	0	0	8	10	20	44	28	1,848	1,958
Total	**3**	**6**	**103**	**96**	**148**	**381**	**510**	**16,872**	**18,119**

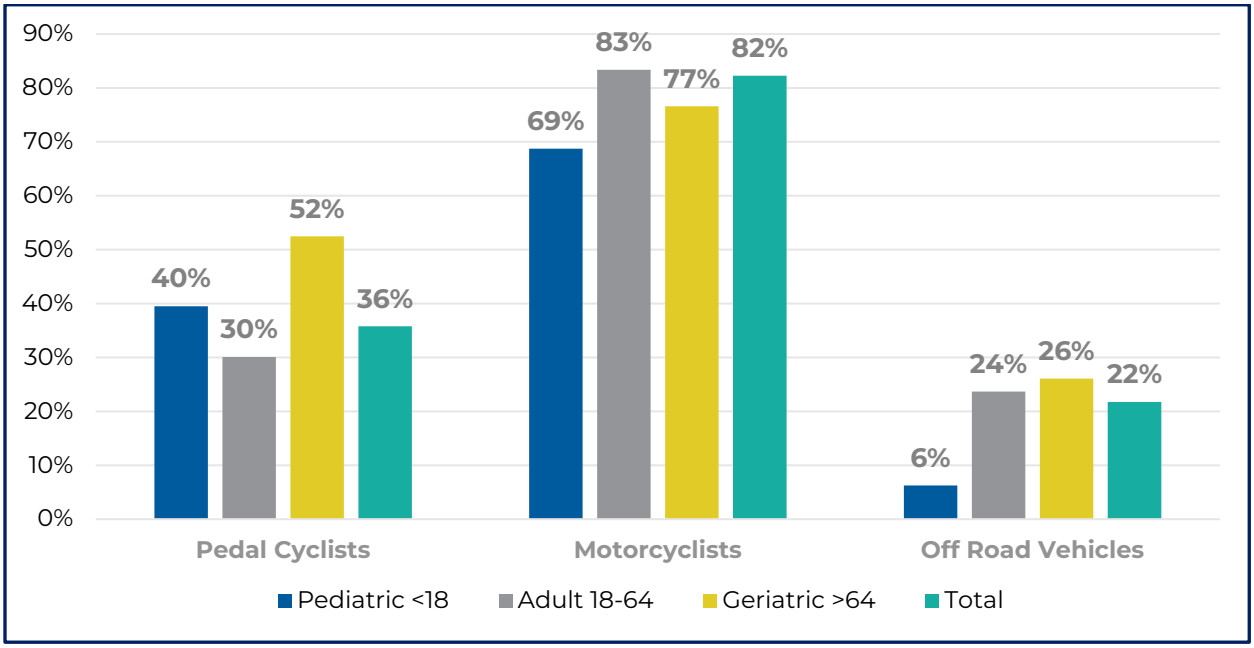
Table 28: Trauma Incidence by County and Drug/Alcohol Use (Unique Trauma)

County	Trauma Cases	Drug/Alcohol Use	Percent Drug/Alcohol Use (Row Percent)
Carson City	282	41	14.5%
Churchill	130	15	11.5%
Clark	11,599	1,707	14.7%
Douglas	228	24	10.5%
Elko	10	2	20.0%
Esmeralda	8	3	37.5%
Eureka	5	0	0.0%
Humboldt	96	17	17.7%
Lander	27	7	25.9%
Lincoln	34	4	11.8%
Lyon	262	35	13.4%
Mineral	49	2	4.1%
Nye	459	37	8.1%
Pershing	20	4	20.0%
Storey	9	1	11.1%
Washoe	1,960	274	14.0%
White Pine	70	11	15.7%
Out of State	913	183	20.0%
Unknown	1,958	303	15.5%
Total	**18,119**	**2,670**	**14.7%**

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 (Unique Trauma)



In Nevada, 2,694 (98%) of the 2,745 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), seat belt use in the United States reached 91.3% in 2025, a slight increase from 91.2% in 2024. Seat belts remain one of the most effective protections on the road: NHTSA reports that wearing one reduces the risk of fatal injury by 45% and moderate to critical injury by 50%. The National Safety Council also notes that for light truck occupants, seat belt use reduces the risk of fatal injury by 60% and moderate to critical injury by 65%. NHTSA also announced that traffic deaths fell to record lows in 2025. With an estimated 36,640 fatalities—a 6.7% decrease from 2024—the nation recorded its second-lowest fatality rate in history at 1.10 deaths per 100 million vehicle miles traveled.

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

Age Group	Pediatric <18	Adult 18-64	Geriatric >64	Total
Seatbelt	38	562	230	830
Child or Infant booster/car seat	8	0	0	8
None	48	287	79	414
Unknown	97	1,097	248	1,442
Total	**191**	**1,946**	**557**	**2,694**

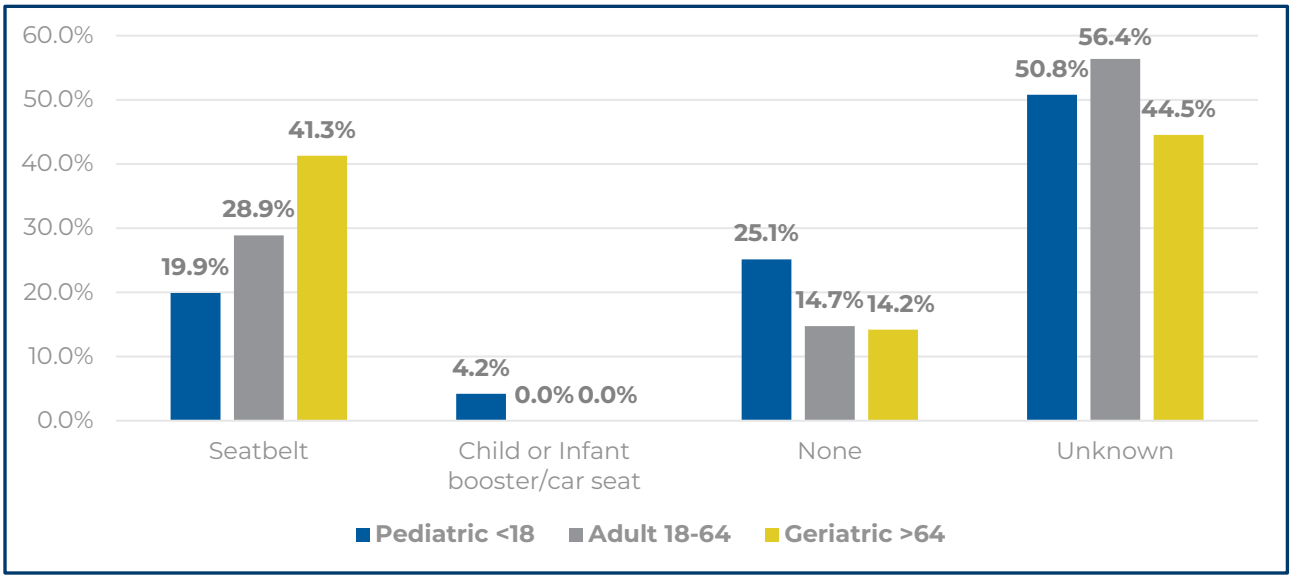
Table 30: Age-Specific Proportion of Restraint Use Among Motor-Vehicle Traffic Occupants

Age Group	Pediatric <18	Adult 18-64	Geriatric >64	Total (column percent)
Seatbelt	19.9%	28.9%	41.3%	30.8%
Child or Infant booster/car seat	4.2%	0.0%	0.0%	0.3%
None	25.1%	14.7%	14.2%	15.4%
Unknown	50.8%	56.4%	44.5%	53.5%
Total Age-Specific Proportion	**7.1%**	**72.2%**	**20.7%**	**100.0%**

- *Among Motor vehicle occupants: 7.1% are <18, 72.2% are 18-64 and 20.7% are >64years.*
- *Among Motor vehicle occupants 30.8% use seatbelt, 0.3% used Child booster/car seat, 15.4% used no restraint. 53.5% of motor vehicle occupants have unknown restraint information.*
- *Among all motor vehicle traffic occupants < 18 years, 24.1% used seatbelts.*

Table 30 and Figure 15 demonstrate that 19.9% of pediatric passengers involved in motor vehicle related traumas were properly restrained by a seat belt. While-28.9% of adult drivers reported wearing a seatbelt, the elderly population over the age of 64 reported wearing one at a rate of 41.3%. 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 2025, 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 63.8%. This was also the most frequent types of falls that resulted in death.

In 2025, 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, females experienced more trauma than males by 1,050 cases. (Table 31). In 981 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	5,552	50%
Male	4,502	41%
Unknown	981	9%
Total	**11,035**	**100%**

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	7,059	63.8%	151	2.1%
Unspecified	1,293	11.7%	50	3.9%
From Furniture	884	8.0%	29	3.3%
Steps	606	5.5%	15	2.5%
Pedestrian Conveyance Accident	356	3.2%	5	1.4%
Multi-Level: Cliff, Tree, Water, etc.	285	2.6%	7	2.5%
On or From Ladder/Scaffolding	272	2.5%	5	1.8%
Out of Building or Structure	90	0.8%	1	1.1%
Playground Equipment	79	0.7%	0	0.0%
Collision, Push or Shove By, due to Other Person	58	0.5%	0	0.0%
Fall Due to Snow/Ice	40	0.4%	0	0.0%
Suicide-Related	26	0.2%	7	26.9%
Assault-Related	8	0.1%	0	0.0%
Undetermined Fall From High Place	5	0.0%	0	0.0%
Total	**11,061**	**100.0%**	**270**	**2.4%**

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	91	13.0 (10.4-15.7)	93	13.3 (10.6-16.0)	11	1.6 (0.6-2.5)
Adult 18-64	1,496	71.8 (68.2-75.4)	165	7.9 (6.7-9.1)	197	9.5 (8.1-10.8)
Geriatric >64	5,485	1,005.4 (978.8-1,032.0)	618	113.3 (104.3-122.2)	396	72.6 (65.4-79.7)
Unknown	2	-	1	-	0	-
Total	7,074	212.6 (207.7-217.6)	877	26.4 (24.6-28.1)	605	18.2 (16.7-19.6)

FINAL NOTE

Trauma Registry (NTR) continues to improve due to increased data entry compliance and accuracy. The NTR 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:

Donielle Allen

Division of Public and Behavioral Health
Public Health Preparedness Program
dallen@health.nv.gov
(775) 684-4039

Should any county or facility need specific trauma data for their hospital facilities or zip codes, please reach out to the contact above. As a reminder, all data from the Nevada State Trauma Registry is self-reported by the treating facility. Information requesters and readers should be aware that there may be minor inconsistencies when trauma data is not captured completely and accurately.

CITATIONS

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National Safety Council: https://www.nsc.org/

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RECOMMENDATIONS

Division of Public and Behavioral Health. *2024 Annual Trauma Registry Report*. Carson City, Nevada. e 1.0, June 2025. (Division of Public and Behavioral Health, 2024)

https://www.dpbh.nv.gov/programs/public-health-preparedness/nevada-trauma-registry/