reduction (23%), blood transfusions (4%) and spinal surgery (5%). 41 (1%) patients died in the hospital.

Conclusions Injuries in industrial settings result in significant healthcare utilisation in the United States. Admission level data will facilitate development of targeted strategies to optimise the quality and economics of care for injuries in industrial settings.

0653 HEALTHCARE UTILISATION FOR HOSPITALISED INJURIES SUSTAINED IN INDUSTRIAL SETTINGS IN THE UNITED STATES

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10.1136/ip.2010.029215.653

Objective Describe the characteristics and outcomes of patients hospitalised for injuries in industrial settings.

Methods Retrospective analysis of hospital admissions in the United States in 2006 using the Nationwide Inpatient Sample. ICD-9 CM code E849.3 (industrial place and premises) was used to identify admissions.

Results 5826 patients were hospitalised with injuries sustained in industrial settings in the United States in 2006 (weighted 28 354). Mean age was 42.9 years (83.7% male). They were 48% Caucasian, 19% Hispanic and 6% Black. 72% were admitted from the Emergency Department; 79% were discharged home (9% with home healthcare) and 11% transferred to another facility. Mean length of stay was 4.5 days. Mean total charges was $32 254 (median $18 364, 90th percentile $66 607). 52% of patients had orthopaedic injuries to: finger/hand (21%), foot/ankle (8%), leg (10%) and spine (8%). 11% had an infection, 11% included a pulmonary diagnosis, 10% had soft tissue injuries and 4% had burns less than 10% of their body. 21% of patients used tobacco and 2% had a history of alcohol abuse. 17% were hypertensive and 6.3% had diabetes mellitus. Most common procedures included fracture