Richard A Falcone

List of Publications by Year
in descending order

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81 papers	2,578 citations	185998 28 h-index	214527 47 g-index
82 all docs	82 docs citations	82 times ranked	2305 citing authors

#	Article	IF	Citations
1	Children from disadvantaged neighborhoods experience disproportionate injury from interpersonal violence. Journal of Pediatric Surgery, 2023, 58, 545-551.	0.8	12
2	Characteristics and predictors of intensive care unit admission in pediatric blunt abdominal trauma. Pediatric Surgery International, 2022, 38, 589-597.	0.6	2
3	Impact of â€œStay-at-Homeâ€•orders on non-accidental trauma: A multi-institutional study. Journal of Pediatric Surgery, 2022, 57, 1062-1066.	0.8	10
4	Association of Economic Recession and Social Distancing With Pediatric Non-accidental Trauma During COVID-19. Journal of Surgical Research, 2022, 276, 110-119.	0.8	4
5	The COVID-19 pandemic and associated rise in pediatric firearm injuries: A multi-institutional study. Journal of Pediatric Surgery, 2022, 57, 1370-1376.	0.8	27
6	Catching the red eye: A retrospective review of factors associated with retinal hemorrhage in child physical abuse. Journal of Pediatric Surgery, 2021, 56, 1009-1012.	0.8	2
7	Child physical abuse trauma evaluation and management: A Western Trauma Association and Pediatric Trauma Society critical decisions algorithm. Journal of Trauma and Acute Care Surgery, 2021, 90, 641-651.	1.1	12
8	Perioperative Safety: Engage, Integrate, Empower, Sustain to Eliminate Patient Safety Events. Pediatric Quality & Safety, 2021, 6, e495.	0.4	4
9	EAST multicenter trial of simulation-based team training for pediatric trauma: Resuscitation task completion is highly variable during simulated traumatic brain injury resuscitation. American Journal of Surgery, 2020, 219, 1057-1064.	0.9	5
10	ACR Appropriateness CriteriaÂ® Head Trauma-Child. Journal of the American College of Radiology, 2020, 17, S125-S137.	0.9	24
11	ACR Appropriateness CriteriaÂ® Vomiting in Infants. Journal of the American College of Radiology, 2020, 17, S505-S515.	0.9	6
12	Management and outcomes of peripancreatic fluid collections and pseudocysts following non-operative management of pancreatic injuries in children. Pediatric Surgery International, 2019, 35, 861-867.	0.6	17
13	ACR Appropriateness CriteriaÂ® Suspected Spine Trauma-Child. Journal of the American College of Radiology, 2019, 16, S286-S299.	0.9	21
14	ACR Appropriateness CriteriaÂ® Suspected Appendicitis-Child. Journal of the American College of Radiology, 2019, 16, S252-S263.	0.9	46
15	Rural health, telemedicine and access for pediatric surgery. Current Opinion in Pediatrics, 2019, 31, 391-398.	1.0	33
16	Variability in the evalution of pediatric blunt abdominal trauma. Pediatric Surgery International, 2019, 35, 479-485.	0.6	15
17	ACR Appropriateness Criteria Â® Hematuria-Child. Journal of the American College of Radiology, 2018, 15, S91-S103.	0.9	4
18	Evaluation of Highest Level Pediatric Trauma Activation Criteria. Pediatric Emergency Care, 2018, 34, 787-790.	0.5	8

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19	Comparison of diagnostic imaging modalities for the evaluation of pancreatic duct injury in children: a multi-institutional analysis from the Pancreatic Trauma Study Group. Pediatric Surgery International, 2018, 34, 961-966.	0.6	27
20	Routine surveillance imaging following mild traumatic brain injury with intracranial hemorrhage may not be necessary. Journal of Pediatric Surgery, 2018, 53, 2048-2054.	0.8	16
21	The use of telemedicine in the care of the pediatric trauma patient. Seminars in Pediatric Surgery, 2017, 26, 47-53.	0.5	32
22	Identifying Children at Very Low Risk for Blunt Intra-Abdominal Injury in Whom CT of the Abdomen Can Be Avoided Safely. Journal of the American College of Surgeons, 2017, 224, 449-458e3.	0.2	59
23	ACR Appropriateness Criteria Â® Back Painâ€"Child. Journal of the American College of Radiology, 2017, 14, S13-S24.	0.9	18
24	ACR Appropriateness Criteria Â® Suspected Physical Abuseâ€"Child. Journal of the American College of Radiology, 2017, 14, S338-S349.	0.9	116
25	Pediatric trauma undertriage in Ohio. Journal of Trauma and Acute Care Surgery, 2017, 82, 1007-1013.	1.1	2
26	Proposed clinical pathway for nonoperative management of high-grade pediatric pancreatic injuries based on a multicenter analysis. Journal of Trauma and Acute Care Surgery, 2017, 83, 589-596.	1.1	28
27	Consistent screening of admitted infants with head injuries reveals high rate of nonaccidental trauma. Journal of Pediatric Surgery, 2017, 52, 1827-1830.	0.8	15
28	The presentation and management of choledochocele (type III choledochal cyst): A 40-year systematic review of the literature. Journal of Pediatric Surgery, 2017, 52, 644-649.	0.8	17
29	Nonaccidental Trauma in Pediatric Surgery. Surgical Clinics of North America, 2017, 97, 21-33.	0.5	9
30	A paradigm for achieving successful pediatric trauma verification in the absence of pediatric surgical specialists while ensuring quality of care. Journal of Trauma and Acute Care Surgery, 2016, 80, 433-439.	1.1	8
31	Alone we can do so little, together we can do so much. Journal of Trauma and Acute Care Surgery, 2016, 80, 685-688.	1.1	0
32	Transduodenal resection of a choledochocele (type III choledochal cyst) with sphincteroplasty: A case report. Journal of Pediatric Surgery Case Reports, 2016, 9, 26-30.	0.1	2
33	Pediatric and adult trauma centers differ in evaluation, treatment, and outcomes for severely injured adolescents. Journal of Pediatric Surgery, 2016, 51, 1346-1350.	0.8	55
34	Volunteer driven home safety intervention results in significant reduction in pediatric injuries: A model for community based injury reduction. Journal of Pediatric Surgery, 2016, 51, 1162-1169.	0.8	15
35	Surgical outcomes, bowel habits and quality of life in young patients after ileoanal anastomosis for ulcerative colitis. Journal of Pediatric Surgery, 2016, 51, 1246-1250.	0.8	25
36	A consensus-based criterion standard definition for pediatric patients who needed the highest-level trauma team activation. Journal of Trauma and Acute Care Surgery, 2015, 78, 634-638.	1.1	36

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37	Higher-volume hypertonic saline and increased thrombotic risk in pediatric traumatic brain injury. Journal of Critical Care, 2015, 30, 1267-1271.	1.0	24
38	Intracranial pressure monitoring among children with severe traumatic brain injury. Journal of Neurosurgery: Pediatrics, 2015, 16, 523-532.	0.8	35
39	Image-guided prediction of pseudocyst formation in pediatric pancreatic trauma. Journal of Surgical Research, 2015, 193, 513-518.	0.8	12
40	Teen trauma without the drama. Journal of Trauma and Acute Care Surgery, 2014, 77, 109-116.	1.1	46
41	In situ simulation: detection of safety threats and teamwork training in a high risk emergency department. BMJ Quality and Safety, 2013, 22, 468-477.	1.8	365
42	Role of Computed Tomography and Clinical Findings in Pediatric Blunt Intestinal Injury. Pediatric Emergency Care, 2012, 28, 1338-1342.	0.5	13
43	Assessment of Factors Associated With the Delayed Transfer of Pediatric Trauma Patients. Pediatric Emergency Care, 2012, 28, 758-763.	0.5	12
44	A multicenter prospective analysis of pediatric trauma activation criteria routinely used in addition to the six criteria of the American College of Surgeons. Journal of Trauma and Acute Care Surgery, 2012, 73, 377-384.	1.1	41
45	Use of a mild traumatic brain injury guideline to reduce inpatient hospital imaging and charges. Journal of Pediatric Surgery, 2011, 46, 1777-1783.	0.8	25
46	Impact of Simulation-Based Extracorporeal Membrane Oxygenation Training in the Simulation Laboratory and Clinical Environment. Simulation in Healthcare, 2011, 6, 284-291.	0.7	73
47	Socioeconomic Disparities in Infant Mortality After Nonaccidental Trauma: A Multicenter Study. Journal of Trauma, 2010, 69, 20-25.	2.3	33
48	Unnecessary Imaging, Not Hospital Distance, or Transportation Mode Impacts Delays in the Transfer of Injured Children. Pediatric Emergency Care, 2010, 26, 481-486.	0.5	28
49	Severity of head computed tomography scan findings fail to explain racial differences in mortality following child abuse. American Journal of Surgery, 2010, 199, 210-215.	0.9	19
50	The Transanal Approach with Laparoscopy or Laparotomy for the Treatment of Rectal Strictures in Crohn's Disease. Journal of Laparoendoscopic and Advanced Surgical Techniques - Part A, 2010, 20, 791-795.	0.5	6
51	Eliminating disparity in evaluation for abuse in infants with head injury: use of a screening guideline. Journal of Pediatric Surgery, 2009, 44, 1229-1235.	0.8	101
52	Transanal rectosigmoid resection for severe intractable idiopathic constipation. Journal of Pediatric Surgery, 2009, 44, 1285-1291.	0.8	46
53	Alarming trends in the improper use of motor vehicle restraints in children: implications for public policy and the development of race-based strategies for improving compliance. Journal of Pediatric Surgery, 2008, 43, 200-207.	0.8	26
54	Despite overall low pediatric head injury mortality, disparities exist between races. Journal of Pediatric Surgery, 2008, 43, 1858-1864.	0.8	44

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55	Multidisciplinary pediatric trauma team training using high-fidelity trauma simulation. Journal of Pediatric Surgery, 2008, 43, 1065-1071.	0.8	160
56	Pediatric traumatic brain injury: an update of research to understand and improve outcomes. Current Opinion in Pediatrics, 2008, 20, 294-299.	1.0	29
57	Increased heritability of certain types of anorectal malformations. Journal of Pediatric Surgery, 2007, 42, 124-128.	0.8	72
58	The epidemiology of infant injuries and alarming health disparities. Journal of Pediatric Surgery, 2007, 42, 172-177.	0.8	36
59	Disparities in child abuse mortality are not explained by injury severity. Journal of Pediatric Surgery, 2007, 42, 1031-1037.	0.8	34
60	Pediatric trauma nurse practitioners provide excellent care with superior patient satisfaction for injured children. Journal of Pediatric Surgery, 2006, 41, 277-281.	0.8	46
61	Reconstruction of an Acquired Abdominal Wall Defect in a Neonate Using Acellular Human Dermis. Plastic and Reconstructive Surgery, 2006, 118, 163e-166e.	0.7	6
62	Family Perception. Journal of Trauma Nursing: the Official Journal of the Society of Trauma Nurses, 2006, 13, 6-14.	0.3	10
63	Pediatric Trauma Nurse Practitioners Increase Bedside Nurses' Satisfaction With Pediatric Trauma Patient Care. Journal of Trauma Nursing: the Official Journal of the Society of Trauma Nurses, 2006, 13, 66-69.	0.3	17
64	Development, implementation and evaluation of a unique African-American faith-based approach to increase automobile restraint use. Journal of the National Medical Association, 2006, 98, 1335-41.	0.6	10
65	cDNA microarray analysis of adapting bowel after intestinal resection. Journal of Pediatric Surgery, 2001, 36, 190-195.	0.8	38
66	Effect of massive small bowel resection on the Bax/Bcl-w ratio and enterocyte apoptosis. Journal of Gastrointestinal Surgery, 2000, 4, 93-100.	0.9	35
67	Salivary epidermal growth factor and intestinal adaptation in male and female mice. American Journal of Physiology - Renal Physiology, 2000, 278, G871-G877.	1.6	14
68	Analysis of Intestinal Adaptation Gene Expression by cDNA Expression Arrays. Journal of Parenteral and Enteral Nutrition, 2000, 24, 311-316.	1.3	20
69	p21 (WAF1/CIP1) Is Required for the Mitogenic Response to Intestinal Resection. Journal of Surgical Research, 2000, 90, 45-50.	0.8	23
70	Epidermal Growth Factor Alters the bax:bcl-w Ratio Following Massive Small Bowel Resection. Journal of Surgical Research, 2000, 91, 38-42.	0.8	34
71	Bax is required for increased enterocyte apoptosis after massive small bowel resection. Surgery, 2000, 128, 165-170.	1.0	53
72	Intestinal adaptation occurs independent of transforming growth factor-alpha. Journal of Pediatric Surgery, 2000, 35, 365-370.	0.8	33

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73	Intestinal adaptation and enterocyte apoptosis following small bowel resection is p53 independent. American Journal of Physiology - Renal Physiology, 1999, 277, G717-G724.	1.6	17
74	Intestinal overexpression of EGF in transgenic mice enhances adaptation after small bowel resection. American Journal of Physiology - Renal Physiology, 1999, 277, G533-G540.	1.6	39
75	The distribution of endogenous epidermal growth factor after small bowel resection suggests increased intestinal utilization during adaptation. Journal of Pediatric Surgery, 1999, 34, 22-26.	0.8	33
76	The effect of epidermal growth factor on differentiation of isolated enterocytes after small bowel resection. Journal of Pediatric Surgery, 1999, 34, 209-213.	0.8	6
77	The expression and activation of EGF and c-neu receptors are increased in enterocytes during intestinal adaptation. Journal of Pediatric Surgery, 1999, 34, 663-667.	0.8	15
78	The adaptive intestinal response to massive enterectomy is preserved in c-src-deficient mice. Journal of Pediatric Surgery, 1999, 34, 800-804.	0.8	5
79	Apoptosis and the Pattern of DNase I Expression Following Massive Small Bowel Resection. Journal of Surgical Research, 1999, 84, 218-222.	0.8	25
80	Differential Expression of Ileal Na+/H+ Exchanger Isoforms after Enterectomy. Journal of Surgical Research, 1999, 86, 192-197.	0.8	25
81	Epidermal Growth Factor Augments Adaptation Following Small Bowel Resection: Optimal Dosage, Route, and Timing of Administration. Journal of Surgical Research, 1998, 77, 11-16.	0.8	62