INTRODUCTION
The post 9/11 military conflicts were characterized by heavy use of explosive warfare that put service members at high risk for blast exposure. 
- 78% of wounds caused by blast (2001-2005)
- 73% of US casualties related to blasts (2010)
- Daily occurrence of blasts
- Experiencing multiple blasts was not unusual
- Lack of documentation of blast exposure

Blast - Hallmark exposure of 9/11 conflicts
What are the long-term health impacts of being exposed to blasts while serving during the post 9/11 conflicts?

OBJECTIVES
The purpose of this scoping review is to describe:
- blast exposure injuries and complications
- the connection between blast exposure and metabolic complications
- methods of blast exposure assessment
- ongoing research initiatives

METHODS
- Search Ovid MEDLINE, PsychINFO, EMBASE
- Nursing Librarian support received – Special THANKS to Janene Batten, MLS @ YSN

Blowout Exposure Injuries and Complications

Blast Measurement
Two methods:
1. Real-time blast measurement (Blast Gauge©)
2. Recall data - questionnaire

Validated Questionnaires Used:
- Brief Traumatic Brain Injury Screen (BTBIS)
- Warrior-Administered Retrospective Casualty Assessment Tool (WARCAT)
- VA TBI Screening Tool (VATBIST)
- Structured Interview for TBI Diagnosis (SITBI)
- Boston Assessment of Traumatic Brain Injury-Lifetime (BAT-L)

Important Clinical Assessment
- Assess blast exposure in veterans who served during the 9/11 conflicts
- Assess for physical, cognitive, psychological, and behavioral injuries/complications of blast exposure
- Refer to specialty care as needed

ONGOING RESEARCH
- Active-Duty military – INVICTA study (measuring blast exposure as an occupational hazard)
- Long term health impact of blast exposure – TRACTS (Translational Research for TBI and Stress Disorders @ the Boston & Houston VHA)

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