

Elderly trauma screening tool for TUs, MTCs, and Local Emergency Hospitals

Inclusion criteria: All patients ≥ 65 who self-present or arrive by ambulance with an obvious injury, mechanism of injury, or who have fallen < 2m

ANATOMY OF INJURY

Significant injury to ≥ 2 body regions Suspected pelvic injury

Suspected head or spinal injury Suspected chest injury

PHYSIOLOGY

Systolic BP <110mmHg Heart Rate >90bpm GCS <15 (even if baseline) Lactate >2 or BE <-2

OTHER

Patient on anticoagulant medication or has a bleeding disorder Severe pain

Acutely short of breath Uncontrollable major haemorrhage Immediate EM Consultant or Registrar (ST4+ or equivalent) review.

Trauma Call - (document if decision not to activate).

In the absence of mechanism – but identification of injury on <u>any</u> imaging then re-screen patient

The purpose of the trauma call (& clinical priority for the patient) is adequate examination, early and adequate imaging and reporting, and <u>early identification of all injuries</u>

History of unconsciousness Significant medical history, co-morbidities Inappropriate or inadequate history Inappropriate awareness of symptoms / injury EM Consultant or Registrar (ST4+ or equivalent) review within 15 mins.

Repeat screen post examination / imaging.

^{*} Triage screening tool adapted from HECTOR elderly trauma triage criteria and pre-hospital tools (by D Peel, A Osmond, H Tucker 2018)

^{**}Red criteria are independently and significantly associated with the identification of trauma in a retrospective multivariate analysis