

EAST SILVER TRAUMA

Risk screening tool

for ADULTS >65 years of age who have sustained trauma

HIGH RISK OF DEATH and SEVERE INJURY in this patient group

Most common MOI is falls from standing height or <2 metres

There is also significant risk of injury underestimation which can impact patient outcome, therefore please have a high index of suspicion when assessing for trauma.

Initial Assessment (trauma primary survey)

Low threshold for suspicion of occult traumatic injury and instigation of spinal immobilisation (may be adapted for patient habitus/comfort). Ensure rationale for any decision is clearly documented in PCR

There is no change to the EoE Trauma Triage Tool (TTT) or pre-alert requirement

If any of the below criteria are identified, please continue to follow the guidance within the EoE TTT. Please ensure you document any of the below findings in the patient care record and these are handed over as risk factors to receiving staff at the emergency department during handover.

MECHANISM	<input type="checkbox"/>	Fall from standing height or higher
	<input type="checkbox"/>	Pedestrian/cyclist struck by vehicle at any speed
	<input type="checkbox"/>	Any RTC except simple rear-end shunt <30mph
INJURY	<input type="checkbox"/>	Isolated head injury
	<input type="checkbox"/>	Spinal injury possible (head injury)
	<input type="checkbox"/>	2 or more injured body parts
	<input type="checkbox"/>	Chest injury suspected (discomfort on breathing)
	<input type="checkbox"/>	Mechanism unclear and evidence of head/chest injury

PHYSIOLOGY	<input type="checkbox"/>	SBP <110 (associated with increased mortality)
	<input type="checkbox"/>	Heart rate sustained >90
	<input type="checkbox"/>	GCS <15 (even if this is baseline)
	<input type="checkbox"/>	Rockwood Frailty Score >4
PATIENT FACTORS	<input type="checkbox"/>	Anticoagulation (or clotting disorder)
	<input type="checkbox"/>	Significant medical history or comorbidities
	<input type="checkbox"/>	History Inadequate or inappropriate history
	<input type="checkbox"/>	Severe pain or inappropriate awareness of injury

Please ensure adequate analgesia in this patient group and record any refusal, also try to minimise scene time where possible. If you have any concerns about the patient condition, or if you require any trauma treatment or decision-making support, please contact the critical care desk (CCD) on CH202