

Clinical Guideline

RADIOLOGICAL GUIDELINES FOR ELDERLY (>65YRS) TRAUMA

SETTING	Division of medicine
FOR STAFF	Healthcare professionals involved in the admission assessment of patients >65yrs
PATIENTS	Any patient 65yrs or over who has had any potential fall, collapse or injury from any height for any reason (medical or mechanical) and has had concerns of injury found on clinical examination by a qualified healthcare professional, following discussion with an ST3 or above

Guidance

This clinical guideline is intended for use by any healthcare professional involved in the assessment of patients 65yrs+ who has had a potential fall/collapse or injury from any height for any reason (medical or accidental). This is a cohort of patients with increased frailty and comorbidities and at higher risk of occult trauma with significant morbidity and mortality.

All such patients should be assessed clinically using the checklist criteria documented in Table below which is in the Trust clerking proforma:

Prev falls Y/N	Takes Anticoagulants: Warfarin/NOAC/Clopidogrel	Takes B Blockers: Y/N
Observations (tick when done):	HR BP RR Sats O2 GCS	Temp Pain score NEWS
Injuries found on Examination (all fields must be completed):		
Head: Y/N	Abdo: Y/N	
C-spine: Y/N	Pelvis: Y/N	
Shoulders: Y/N	Hips: Y/N	
Chest: Y/N	Thoracolumbar: Y/N	
Mobility assessment (please circle appropriate):		
Baseline =	independent/one stick/two sticks/frame/stand transfer/hoist transfer/bed bound	
Current=	independent/one stick/two sticks/frame/stand transfer/hoist transfer/bedbound/ too unwell/unable to assess due to ED acuity	
Baseline Frailty score (circle Rockwood Chart below): 1 2 3 4 5 6 7 8 9		

If no concerns of injury following clinical assessment they require no further trauma imaging. If clinical assessment has raised suspicion of injury then the appropriate imaging guideline should be reviewed.

Imaging guidance →

- Suspected c-spine injuries: Trust guidelines for alert adult neck trauma can be found on DMS under Cervical Spine Imaging in Alert Trauma Patients
- Suspected head injuries: Trust guidelines for head injury imaging can be found on DMS under Management of Head Injuries in Adults
- Head injuries on warfarin/DOAC/clopidogrel can be found on DMS under Management of Head Injuries of patients on Anticoagulants
- Suspected hip/pelvic injuries: Trust guidelines can be found on DMS under Recognition of Occult Hip Fracture in the Emergency Department

Senior (ST3+ or equivalent) discussion should be had for →

- >65yr old fallers with NEWS ≥ 4
- Significant involvement of 2+ body systems or single system serious injury i.e compound #, amputations, any ?penetrating chest/abdo injuries

FOLLOWING DISCUSSION WITH APPROPRIATE SENIOR:

- Whole body CT (Head with contrast, neck/chest/abdo/pelvis contrast enhanced) should be considered in the pts with any of the following:
 - Obvious severe injury on clinical assessment – e.g. >2 long limb fractures; pelvic fracture; amputation
 - Haemodynamic instability or the presence of occult hypoperfusion with high mechanism of injury (BP systolic persistently <110 , HR >90 bpm, Lactate >2)
 - Suspicion of severe injury to more than one body region
 - High mechanism of injury:
 - Ejection from vehicle
 - Entrapment in vehicle >30 mins
 - Fatality at scene of vehicular collision
 - High speed rollover
 - Fall from >3 m (10ft)
 - Pedestrian hit by car
 - Fall down flight of stairs

Table A

RELATED DOCUMENTS AND PAGES	<div>Imaging in Alert Trauma Patients</div> <div></div>
AUTHORISING BODY	Quality Committee for Division of Medicine
CONSULTATION	<div>, Emergency Department</div> <div>, Emergency Department</div> <div>, Elderly Care</div> <div>, Radiology</div>

SAFETY	Patients who have undergone trauma and have reduced GCS or NEWS 4+ should be moved to an appropriate assessment area and a senior clinician (ST3+ or equivalent) involved.
QUERIES AND CONTACT	<div></div> – Emergency Department email: <div></div>