University Hospitals Bristol and Weston NHS Foundation Trust

DOCTOR …….

GRADE ……

DATE/TIME ……..

WARD …….

TRUST NUMBER:.....

SURNAME:.....

FORENAME:.....

GENDER…….. DOB:.....

DOCUMENTATION REVIEWED: AMBULANCE ▢ ED ▢ EVOLVE ▢ C.CARE ▢

BASELINE/BACKGROUND:

SUMMARY OF ISSUES:

SILVER TRAUMA CHECKLIST done ▢

1 & 2 SURVEY completed by: ED ▢ T&O ▢

Case discussed at Trauma Meeting + OG ▢

RIB FRACTURE SCORE =

FRAILTY SCORE =

RESPECT REVIEWED ▢

FALLS RISK FACTORS:

OSTEOPOROSIS RISK FACTORS:

FRAX Score =

ELDERLY TRAUMA SURVEY

RESULTS REVIEWED:

ECG ☐
ECHO ☐

RADIOLOGY:

BLOODS:

PERIOPERATIVE RISKS IDENTIFIED:

ELDERLY TRAUMA

SURVEY

Any other patients concerns/ psychological issues?

University Hospitals Bristol and Weston NHS Foundation Trust

TRUST NUMBER:.....

SURNAME:.....

FORENAME:.....

GENDER…….. DOB:.....

ELDERLY TRAUMA

ASSESSMENT (MRS A-G):

MEDICATION REVIEWED

STOP/START:

MANAGEMENT PLAN:

BONE HEALTH PLAN:

SURVEY

SUGGESTED DISCHARGE & REHABILITATION PATHWAY:

ADMIT TO:

A604 (SILVER TRAUMA UNIT) ☐ **A602 (T+O)** ☐

A609 (THORACICS) ☐ **OTHER** ☐ **……...**

SIGNED: …… CONTACT DETAILS: ……...

COLLATERAL HISTORY:

ELDERLY TRAUMA

SURVEY

SIGNED: …… CONTACT DETAILS: ……..