GERIATRIC TRAUMA CARE

Geriatric trauma is increasing in prevalence and is associated with higher mortality and complication rates compared with younger trauma patients. They have a decreased physical reserve, usually various comorbid diseases, are on a variety of medications such as cardiovascular drugs or anticoagulants and are at increased risk of specific complications such as delirium.

With this in mind we have developed a specific set of management protocols within the multidisciplinary trauma service model as well as a dedicated **S**urgical and **T**rauma **A**ged-care **R**apid **R**eview **S**ervice – the STARRS Unit. We have established several mechanisms to identify and manage these at-risk patients from the point of triage and throughout their hospital stay to rehabilitation and discharge planning.

1. PRESENTATION & ADMISSION

a) Early identification and escalation of Geriatric trauma presentations.

Trauma Team Activation Criteria has physiological and mechanism calling criteria for patients over 65 years of age. Included in the activation criteria we include "other" clinical parameters often associated with geriatric patients (e.g. anticoagulant use). Patients over the age of 65 years will also automatically be referred to HDU/ICU if presenting with fractured ribs. The primary survey for the elderly is the same as for any injured patient, but the secondary survey should emphasize the following – medications and need for anticoagulant reversal, acute non-traumatic events that can complicate presentations such as infections, cerebrovascular or cardiovascular events as well as occult injuries necessitating further imaging.

Relevant document(s):

- *Trauma Team Activation Criteria*
- *Fractured Ribs Pathway*

b) Patents not requiring in-patient care, but who are identified as requiring additional support in community whilst in the Emergency Department will be managed by the Aged Care Services in Emergency Team.

Relevant document(s):

- *ASET practice guidelines*

c) Concerns regarding elder abuse/violence.

Patients who are deemed to be at risk of domestic violence at the time of triage or admission will undergo Domestic Violence Screening irrespective of age or sex. Support on how to identify and manage elder abuse can be obtained through the Emergency Care Institute, NSW (Agency for Clinical Innovation) website and the NSW interagency document preventing and responding to the abuse of older people.

Relevant document(s):

- *Domestic Violence Screen (eMR)*
- *Domestic Violence – Identifying and Responding*
- Emergency Care Institute Clinical Tools – Elder Abuse
- *Preventing and responding to abuse of older people (Elder Abuse) NSW Interagency Policy*

2. IN-HOSPITAL ACUTE MANAGEMENT – STARRS UNIT

Complex inpatient management of geriatric trauma patients is managed in collaboration with the **S**urgical and **T**rauma **A**ged-care **R**apid **R**eview **S**ervice (STARRS). This specialty provides a dedicated consultative service for all patients requiring geriatric medicine review in the setting of trauma.

The service is consultant led and facilitates investigation and management of complex medical care and delirium prevention/management in all patients >65 years admitted under the trauma service. The unit also focusses on facilitating discharge planning, identifying goals of care/treatment, need for additional support or services, and rehabilitation or placement goals via a multidisciplinary approach.

Relevant document(s):

- *Prevention and Management of Delirium in Admitted Adult Patients*

3. DISCHARGE PLANNING

Traumatic injuries are a sentinel event that can precipitate a series of functional decline in geriatric patients. Additional support systems exist for geriatric trauma care patients requiring rehabilitation or when aiming to restore wellness and ability to live independently or in a minimally supportive environment. A significant majority of seriously injured geriatric patients cannot return to their previous level of independence and function, with many requiring long-term nursing home placement. This leads to a very complicated discharge planning course for patients, relatives and staff.

a) Facilitating independent living after discharge.

Relevant document:

- *Aged Care and Rehabilitation Services*
- *ComPacks Program Guidelines*
- *On Call Arrangements for the Transitional Aged Care Program (TACP)*
- *Wellness and Reablement in Aged Care*

b) Assessment of patients and processes towards Residential Aged Care

Patient requiring placement in Residential Aged care will be assessed and managed through a comprehensive multidisciplinary team approach in order to facilitate placement.

Relevant document:

- *Aged Care Assessment Team*
- *Residential Aged Care Placements*