Important Note
The intent of the Albany Medical Center Best Practices Guidelines is to provide health care professionals with evidence-based recommendations regarding care of the trauma patient. The Best Practices Guidelines do not include all potential options for prevention, diagnosis, and treatment and are not intended as a substitute for the provider’s clinical judgment and experience. The responsible provider must make all treatment decisions based upon his or her independent judgment and the patient’s individual clinical presentation. Albany Medical Center and any entities endorsing the Guidelines shall not be liable for any damages, including without limitation any direct, indirect, special, incidental, consequential or punitive damages, related to any use of the information contained herein. Albany Medical Center may modify the Best Practices Guidelines at any time without notice.
PURPOSE: To outline evidence based guidelines for triage and management recommendations in the management of trauma in the elderly.

SUPPORTIVE DATA:

Definitions:

-Geriatric: there is no consensus regarding the definition based strictly on chronologic age. Age ≥ 65 will suffice for the purposes of this document however conceptually the evaluation and management of the elderly trauma patient should take into account comorbid illness, frailty, physiologic reserve, medications as well as psychosocial support systems. Some authors have further subdivided the elderly into young-old (age 65–74 years), middle-old (age 75–84 years) and old-old (age > 85 years) based on the increased likelihood of adverse issues affecting the person's global health and increased probability of adverse outcomes resulting from illness and injury as they age.

Policy Statements:

Elderly trauma patients represent a growing and unique population that requires important management considerations and recommendations in the following areas:

- Geriatric Trauma Triage
- Geriatric Trauma Resuscitation
- Specialized Geriatric Inpatient Care
- Specialized Geriatric Discharge

Background:

There is growing appreciation for the unique needs of the geriatric trauma population. They represent a growing patient group at risk for adverse outcomes compared to the younger trauma patient and therefore merit special attention to their evaluation and management. Despite the recognition that issues related to reduced physiologic reserve, comorbid illness, frailty, polypharmacy and support systems, many elderly trauma patients are not managed at designated trauma centers. Epidemiologic studies have demonstrated that failure to appreciate the unique issues related to the management of the elderly trauma patients have resulted in morbidity and mortality rates that are over 3 times higher than observed in younger trauma patients. A number of professional bodies have published useful evidence based guidelines to guide the evaluation and management of the geriatric trauma patients.

PROCEDURES / THERAPEUTIC INTERVENTIONS

Recommendations and Level of Evidence:

Recent comprehensive clinical practice guidelines have been published by the American College of Surgeons Trauma Quality Improvement Program (ACS TQIP) and the Eastern Association for the Surgery of Trauma (EAST) and will form the basis for the following recommendations.

Original: 1/2017
Reviewed: 4/2107
Revised: 6/2019; 1/2020
AMC: Trauma Practice Management Guideline: Geriatric Trauma

Geriatric Trauma Triage (Level 2 Evidence)
1. Lower Threshold and higher index of suspicion for significant injury with respect to field triage criteria irrespective of trivial trauma mechanism in patients ≥ 65 years
2. Trauma Patients ≥ 65 years meeting field triage criteria for significant trauma should be transported to a designated/verified trauma center
3. Increase in tier or level of activation (see Level 1 and Level 2 Activation Criteria – Geriatric)

Geriatric Frailty Index Screening:
1. All admitted geriatric trauma patients will have a Geriatric Frailty Index Screen completed. A maximum score of 7 is possible. Patients who score 4, 5, 6, or 7 require special consideration.
2. Geriatric patients who score at 4 should be considered for a higher level of care on admission
3. Geriatric patients who score ≥ to 5 are admitted to a higher level of care
4. Geriatric patients who score ≥ to 5 must have a cardiology consult prior to elective OR procedures
5. Consult Geriatric (Academic Medical Consult) for:
   a. If patient age > 80 – Any score
   b. If patient age > 70 who score ≥ 1
   c. If patient age > 65 who score ≥ 2

Geriatric Pain Management Order Set:
1. The ≥ 65 Years of Age Pain Management order set should be used for all geriatric patients who require pain management in the trauma order sets.

Geriatric Academic Medical Consult Role:

Geriatrics Trauma Team is a multi-disciplinary team with the following goals.
1. Establish Clinical Practice guidelines for Geriatric Trauma patients that will improve patient outcomes.
2. Review Geriatric Trauma patient’s mortality and morbidity to assess for areas of possible improvement.
3. Provide consultative services for Geriatric Trauma patients in the following capacity.
   a. Dormant-ICU patient-Evaluate pt. and follow pts progress but provide no further assistance until leaving the ICU.
   b. Assistive-evaluates the patient, provides recommendations and communicates with the trauma team. The Geriatrics Trauma Team will have specific responsibilities for:
      i. Discussing plan of care with patients Primary Care Provider,
      ii. Reviewing outpatient medications for necessity
      iii. Discussing Advanced Directives
c. **Active**—Evaluates the patient, provides the same services as Assistive but will now
   i. write orders on the patient (after communicating with the team) concerning medical issues
   ii. Co-ordinate the care with other medical services
   iii. 7 day a week responsibility for following patients progress.

4. Assist in Outreach to the community concerning Fall prevention and developing Advanced Medical Directives.
   Conduct of the Plan

   **All initial consults will be Assistive unless pt. is admitted to the ICU from the ED then it will be Dormant until pt. leaves the ICU or changed by the ICU attending.**

   **Active Consultation will be approved by the Rounding Attending.**

**References:**

*Geriatric Trauma Resuscitation* (See ACS TQIP Management Guidelines)

*Specialized Geriatric Inpatient* (Care See ACS TQIP Management Guidelines)

*Specialized Geriatric Discharge* (See ACS TQIP Management Guidelines)