

Trauma Team Expectations with Geriatric Fracture Admissions

Geriatric Fracture Admission Criteria from Emergency Department

- Acuity: meets Step down and Floor status criteria
 - o If Requiring ICU admission-Trauma consulted prior to admission for evaluation discussion with trauma attending for admission to SICU vs MICU
- If not a Trauma Activation
 - o Trauma consulted and called upon admission by the Emergency Department if not already a trauma activation

Trauma Provider Expectations

- Initial Evaluation
 - o Trauma evaluation and additional imaging if needed
 - o Post-operative disposition coordination with trauma attending and Geri-fracture attending
- Subsequent Evaluations
 - o Tertiary Exam within 24 hours
 - o Trauma Provider focus
 - Immediate Post-operative period post-op day 0-1
 - Assessing and providing recommendations for Anemia/Volume resuscitation, hemodynamic instability, requiring higher level of care further cardiopulmonary monitoring/support
 - Ongoing management
 - Preventing: constipation, DVT, symptomatic/critical anemia, uncontrolled pain, mobility limitations, missed injuries

General Sign Off Criteria

- Non-operative management patients- post trauma/post admission day 2
- Post-operative Day 3 if clinical stable from trauma standpoint
 - o Hgb stable, No blood transfusions in past 48 hours, DVT/Anticoagulation plan in place, tolerating regular diet without signs of ileus, tolerating PT/OT

Communication Goals: Trauma provider communicates recommendations timely, biweekly confirms sign offs and if re-consultation is needed for previous sign offs