North West Ambulance Service NHS Trust

CLINICAL.

1 June 2021
CI870

To: All Cumbria and Lancashire clinicians

Frail injured (non-major trauma) patients in Cumbria and Lancashire

The frail injured patient (FrIP) pathway has been in place successfully in the Greater Manchester Area since July 2019. The Lancashire and South Cumbria, and the Northern Trauma Networks have both agreed to implement the pathway across the Cumbria and Lancashire area on **Wednesday 2 June 2021**, which alongside the recent rollout in Cheshire and Merseyside means patients across the whole trust are covered by the FrIP pathway.

Elderly and/or frail injured patients who are not major trauma triage positive, but there is some clinical concern (guidance available on the Green Room), will be (amber) pre-alerted to the nearest emergency department via the Trauma Cell.

It is recognised that certain elderly or frail patients who have experienced relatively low mechanisms of injury/low energy transfers can suffer significant underlying injuries which are not initially apparent. This may particularly be the case in the presence of chronic conditions such as brittle bone disorders, or where the patient is taking anticoagulant medication.

The function of the FrIP pathway and subsequent pre-alert to emergency departments (ED) is to highlight those patients who are not major trauma, but are at risk of significant underlying injury. This helps supports EDs in providing early senior assessment and review. FrIP does not alter the triage of patients who are identified as major trauma, and the major trauma pathfinder should be reviewed and excluded before considering FrIP.

The guidance produced in conjunction with the Greater Manchester Trauma Network should assist you in identifying frail injured patients and is available on the Green Room. It has been shared with hospitals across the Cumbria and Lancashire area.

Please remember that if you are trained and able to do so, understanding and documenting the patient's frailty score is extremely useful.

If you have any questions, please contact your local senior clinician.

MATT DUNN
Consultant Paramedic for Lancashire

MATT HOUSE
Consultant Paramedic for Cumbria

THE FRAIL INJURED PATIENT PATHWAY

Discuss the possibility of a Frail Injured Patient Pre-Alert to nearest hospital with Trauma Cell

Mechanism of Injury
Low Impact Mechanisms

Falls <2m are the largest injury group in major trauma

Consider -

Collapse from Standing
Medical presentations
'Found on floor' presentations
Roll out of bed presentations

Impact Zone
Lack of peripheral injuries should illicit a high index of suspicion
Injury to 2 or more body systems

Pharmacology
Anticoagulants

Consider visible haemorrhage and occult bleeding to head, chest, abdomen, pelvis or long bones.

Consider -

Beta Blockers
Will mask tachycardia in the major trauma patient

Steroids
History of steroid use in chronic disease means fractures are more likely

Other medications
Consider polypharmacy and antiplatelet use (e.g. aspirin). Anticoagulants include warfarin, LMWH and DOACs (apixaban, rivaroxaban, dabigatran and edoxaban). *LMWH: low molecular weight heparin, DOAC: direct oral anticoagulants*

Physiology
SBP <110mmHg

Worried? What is the patient's normal blood pressure?

Consider -

Existing Disease Process
Note any changes in physiology of the chest wall. Chest wall injuries are common and difficult to diagnose and require careful examination.

Previous Recent Injury History
Consider acute on chronic injury to the brain and other regions

- **Consider previous recent collapses**
- **Consider potential for undiagnosed injury with previous, recent hospital attendances**

Older people may sustain serious injury from low mechanisms. Illness may be present as well as injury. Consider early TXA and pre-alert. Inform of anticoagulant use and potential for reversal. Recognise potential for occult injury.