

ACS TQIP: Geriatric Trauma Management Guidelines

- Assess for: Coumadin, Clopidogrel, other anticoagulants, ASA, B-Blockers, ACE inhibitors
- Consider common, acute, non-traumatic events that may complicate the patient's presentation:
 - ACS, Dehydration, UTI, PNA, ARF, CVA, Syncope
- Labs: Lactate or ABG, Coags, CMP, ETOH/UTOX
- Liberal imaging
- Anticoagulation reversal
- All geriatric patients seen by Geriatric service
- Assess using "geriatric questions"
- Medication list
- Contact PMD if available
- Beers Criteria 2012 for prescribing
- Pain management
- Comorbidities
- Patient Decision making capacities, surrogate decision maker, advance directives, palliative care
- Identify delirium risk factors
- Early mobilization with fall precautions
- Aspiration precautions
- Chest PT, IS
- Bowel regimen
- Skin integrity/pressure ulcers
- Develop a plan early for transition of care when discharged
- Home environment/social support
- Provide patient with written documentation
- Home health or home phone call 1-3 days upon discharge*