Geriatric trauma & frailty

Match the treatment to reserve, function and goals.

SURGICAL DECISIONS / ADULT TRAUMA

Low-energy trauma can produce serious injury in a frail patient. Assess the person and the injury together.

01 Establish the baseline

Record pre-injury mobility, cognition, independence, support and frailty. Review comorbidities, medication and anticoagulants. Recognise the risk of undertriage and delayed diagnosis after apparently modest trauma.

02 Co-manage early

Use a multidisciplinary frailty pathway with comprehensive geriatric assessment. Address pain, nutrition, hydration, delirium risk and medication problems. Define perioperative responsibility and appropriate escalation.

03 Choose functional goals

Discuss treatment options, expected burden and realistic recovery with the patient and those close to them. Consider advance decisions and capacity. Aim for a construct and care plan that support useful early mobilisation.

04 Prevent the next injury

Arrange falls assessment, bone-health review and a coordinated rehabilitation prescription. Start discharge planning early, including assistance, home environment and continuity of therapy after hospital care.

WATCH POINT Age alone does not describe physiological reserve or determine the appropriate ceiling of treatment.

DISCUSS WITH THE TEAM

Which outcome matters most to this patient, and is the proposed plan likely to support it?

READ THE SOURCES

[1] BOASt: Care of the Older or Frail Orthopaedic Trauma Patient (May 2019).