

## Denver Health Geriatric Trauma Pathway Guidelines

- The **Geriatric Trauma Consult Service (GTCS)** will co-manage geriatric patients (**≥ 60 yo**) admitted to TACS after trauma consult, alert, or activation. Patients should meet at least one of the following criteria:

- ≥ 3 prescription medications
- Functional status: partially or fully dependent for ADLs
- Admitted from nursing facility
- Other active medical issues on admission for example: AKI, syncope,

electrolyte derangement, active infection unrelated to surgical issue, altered mental status, etc.

### OR:

- ≥ 70 years of age, even without the aforementioned criteria.
- TACS will be responsible for identifying patients that meet co-management criteria, placing the “**Geriatric Trauma Consult Service inpatient consult**” order in Epic, and calling the GTCS (see AMION) with the consult as soon as possible, after inclusion criteria have been met.
  - Hospitalists will write daily progress notes on co-managed patients until a certain degree of clinical stability has been achieved.
  - If a patient is in the SICU, medicine will only make recommendations, not place orders.

### **Co-management Guidelines**

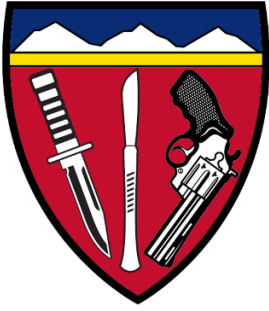
*Both teams of providers will be expected to write orders pertaining to their area of expertise and actively participate in the patient’s inpatient care. GTCS and TACS will used a shared decision making process in nearly all aspects of patient care. Communication between services will be standard practice. The GTCS consultant will contact the Trauma Chief Resident (see AMION) as early in the morning as is reasonable regarding concerns, recommendations, and plans of care.*

### • TACS TEAM WILL:

- Place admission and discharge orders, complete H&P, transfer/discharge summary, manage medication reconciliation, and will call consultants.
- Initiate advanced care planning and enter code status upon admission, and share information with patients in regard to surgical options and prognosis.
- Participate in RN-driven family meetings per SICU protocol.
- Identify the MDPOA or proxy decision-maker.
- Independently manage the following conditions: Any issue related to trauma or surgical needs, anticoagulation, transfusion, and antibiotic therapy until such time as these therapies and management decisions are explicitly transferred to the GTCS.

### • GTCS TEAM WILL:

- Manage and place orders pertaining to chronic medical co-morbidities outside the SICU (eg, HTN, AFib, CHF, DM, Renal issues, etc) in conjunction with the primary team.
- Review and correct home medication list if needed.
- Perform frailty evaluation, Beer’s list, delirium screen, cognitive evaluation, and elder/domestic abuse screening as warranted.
- Be proactive about preventing nosocomial complications (*e.g.*, delirium, AKI, pneumonia) and will manage acute medical issues as they arise.
- Communicate with PCP and other outpatient medical specialists about any major changes in medical conditions.
- Assist in arranging outpatient PCP and Geriatrics follow up appointments after discharge.



## **Contact Information**

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## **Purpose**

To outline the scope, duties, and logistics of the Trauma & Acute Care Surgery (TACS) and Medicine Geriatric Trauma Consult (GTCS) services.