NHS
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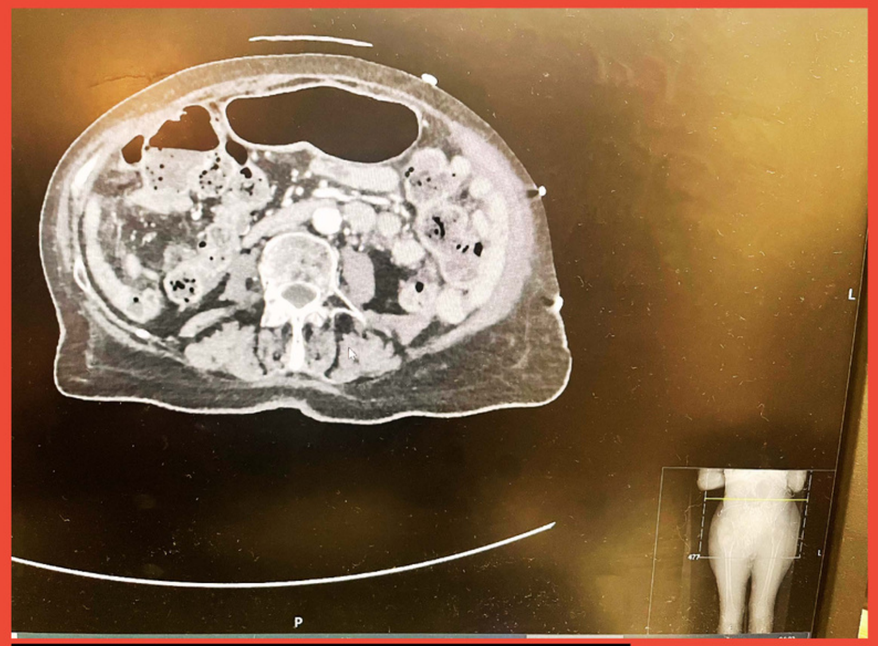
SILVER TRAUMA:NOT TO BE MISSED



CTAP with contrast showing retroperitoneal haematoma

An 86-year-old females presented with an unwitnessed fall with no recollection of events before or after the fall. On examination she was GCS 15 and NEWS 0. There was suprapubic tenderness (++) and bilateral hip pain on palpation. Biochemistry was unremarkable except haemoglobin 90 (baseline), lactate was <2 and X-ray of hips were normal with bladder scan showing minimal residual fluid, thus intravenous fluids were prescribed.

After 45 minutes, patient had a generalised tonic-clonic seizure. Airway was not patent, nasophrangeal airway was placed with non-rebreathable mask. Respiratory rate was 14, SP02 74%, blood pressure was 73/51mmHg. GCS dropped to 8(E1, M5, V2). She was given adrenaline, hydrocortisone and chlorphenamine. Based on the symptoms a thorough search revealed patient was epileptic (not compliant with medication) and was on edoxaban for blood clots. Post-ictal bloods were lactate 6.8 and haemoglobin 82, BMs normal.

In light of new results and previous history, further investigations included a full poly trauma series and Contrast enhanced pulmonary angiogram. This showed a large retroperitoneal haematoma, a comminuted fracture of superior pubic ramus and an unstable thoracic fracture. She was referred to surgeons and orthopaedics for further management.

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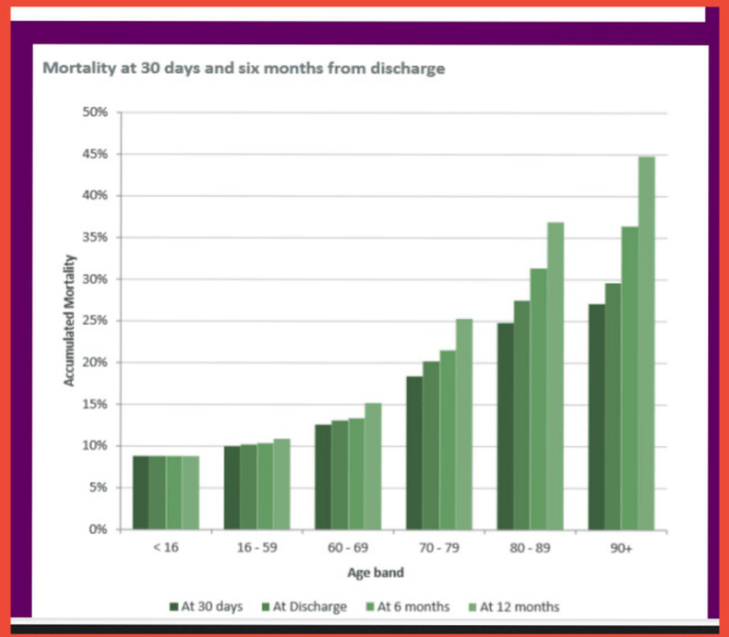

A graph showing increasing mortality in different age groups as dischagre time interval increases

THINK...SILVER TRAUMA

- Trauma is a fall of less than two metres from standing. (2)
- Search for more than one injury (2)
- Atypical presentations
- Atypical observations
- Tachycardia can be masked by medications
- High index of suspicion for more investigation e.g polytrauma scans
- Find previous medical history and records

INVESTIGATION/ MANAGEMENT

- Polytrauma following an unwitnessed fall with a low threshold for full CT trauma series
- Early reversal of anticoagulation should be implemented with
- Adequate pain relief hydration to prevent delirium (2)
- Knowing local pathways for referral to specialist services, and consideration of patient's and relatives' previous wishes are key for early mobilisation and discharge. (1)
- X-ray in elderly may not show fractures, often require CT or MRI imaging modalities

1)RCEMLearning. (2018). Silver Trauma - RCEMLearning. [online] Available at: https://www.rcemlearning.co.uk/foamed/silver-trauma/.

2)Major Trauma in Older People (ISS > 15) Click here for other RCEM issued Safety Alerts and Safety Newsflashes Silver Trauma Safety Alert. (2019). Available at: https://rcem.ac.uk/wp-content/uploads/2021/10/RCEM_safety_alert_Silver_Trauma_Sept_2019.pdf.

TRAUMA IN OLDER PATIENTS WITH POLYMORBIDITIES CAN BE MISSED AS THEY ARE POOR HISTORIANS WITH CONFLICTING COLLATERAL HISTORIES AND ATYPICAL PRESENTATIONS.

THE "SILVER TRAUMA" EMPHASISES EARLY DIAGNOSTICS, INTERVENTION AND OUTCOME INCLUDING REHABILITATION, DECREASING MORTALITY AND MORBIDITY. (1)