

Elderly trauma

A 72 yr old man is brought into your ED having fallen off a roof, where he was trying to mend an aerial for a friend. His GCS is 15, HR 97, BP 170/90, sSaO2 97% on 100% O2. According to the ATLS manual

Name two problems for each of A, B, C, D and E which are specific to trauma of the elderly? 5 marks

A: Dentures, Nasopharyngeal mucosal fragility, macroglossia/microstomia, cervical arthritis

B: Diminished resp reserve, Use of O2 mandatory, chest injuries poorly tolerated, COPD, Hypoxic drive

C: dec CVS reserve, fixed HR, Hypertension, loss of renal function, anticoagulants, pharmacology

D: Acute and chronic subdurals, altered sensorium (cerebral atrophy) spinal arthritis - > more frequent fractures

E: Inc risk of undetected hypothermia, fractures harder to spot, pre-existing deformities, osteoporosis

Name 2 factors in the history which should be emphasised in trauma in the elderly (2 marks)

Medications

Pre-existing conditions

Easy marks!

Name 4 groups of medications which may affect your resuscitation efforts? (2 marks)

Beta blockers, NSAIDs, anticoagulants, hypoglycaemics, Ca channel blockers, steroids, diuretics, psychotropics

How would fluid resuscitation be altered in trauma in the elderly? (1 mark)

More aggressive resuscitation and monitoring