



## Trauma Program

### Trauma and Internal Medicine/Family Medicine Service Agreement for Geriatric Patient Consultation

Traumatic injury in the geriatric population is increasing in prevalence and is associated with higher mortality and complication rates compared with younger patients. In trauma, proactive geriatric consultation has been associated with fewer episodes of delirium, fewer in-hospital falls, lesser likelihood of discharge to a long-term care facility, and a shorter length of stay. A proactive geriatric consultation is one in which an individual with expertise in the management of the geriatric patient evaluates a patient early following hospitalization and prior to complications developing. In 22 randomized trials including more than 10,000 patients, a comprehensive geriatric assessment followed by appropriate treatment and follow-up increases a patient's likelihood of being alive and in his or her own home at one year following discharge by 25 percent.

The purpose of this service agreement is to establish criteria for early geriatric consultation and expertise on the multidisciplinary trauma care team.

To facilitate the identification of patients in highest need of consultation, the Identification of Seniors at Risk (ISAR) screening tool should be used. A positive ISAR ( $\geq 2$ ) has been associated with a greater likelihood of functional decline, nursing home admission, long-term hospitalization, or death.

In patients  $> 65$  years of age, who are expected to be admitted for  $> 48$  hours, if the response to two or more of the following questions is "yes," Internal Medicine or Family Medicine consultation should be obtained:

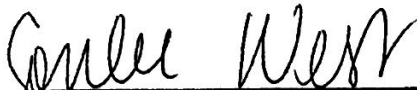
- Before you were injured, did you need someone to help you on a regular basis?
- Since the injury, have you needed more help than usual to take care of yourself?
- Have you been hospitalized for one or more nights during the past six months?
- In general, do you have problems seeing well?
- In general, do you have serious problems with your memory?
- Do you take more than three different medications every day?

Consultation by either Family Medicine or Internal Medicine should be determined by the patient's PCP according to the published list ([www.unmfm.pbworks.com](http://www.unmfm.pbworks.com)). For Internal Medicine, contact the consult resident; for Family Medicine, contact the admitting resident.

#### General Consultation Expectations

1. Consulting service will communicate recommendations verbally and in writing.
2. The primary team is responsible for writing all orders for the patient. Consulting service will not write any orders on patient unless alternative arrangements have been established or patient requires emergent intervention.
3. Consultations should address
  - Delirium prevention and management –delirium screening tool
  - Comorbidity management
  - Medication reconciliation and management
  - Goals of care discussions
  - Transitions of care- PCP communication, discharge planning assistance
  - Bowel regimen
  - Anticoagulation/anti-platelet management (if/when to restart)
  - As well as any other consult need requested by the trauma care team in accordance with Internal Medicine or Family Medicine scope of practice.

(10/24/16 Version) Approved by:



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