

PRACTICE GUIDELINE

Effective Date: **6-11-17**

Manual Reference: **Deaconess Trauma Services**

TITLE: T2 Internal ED Triage Process

PURPOSE: To provide a guideline for quick identification of the injured geriatric patients on blood thinner medications. To decrease the time to reversal of anticoagulation. To lessen the wait time for potential trauma patients to be seen by a physician. To shorten time from arrival to CT. To provide more expedient care to those who have a mechanism of injury/trauma to the head, neck, chest, back, abdomen, and /or pelvis and are on blood thinner medications.

SCOPE: All injured patients with a mechanism of injury that may possibly meet CAT II activation criteria once workup is complete.

EXCLUSION CRITERIA: Isolated extremity injuries, isolated facial injury, and patients meeting CAT I activation criteria.

GUIDELINES:

1. All injured patients will be assessed for a mechanism of injury and/or trauma to the head, neck, chest, back, abdomen, and/or pelvis.
 - a. If the resulting answer is “yes”, then the patient will be activated as a “T2” and will populate as such on the track board in the ED.
 - b. These patients are potential CAT II patients and should be triaged accordingly.

2. All injured patients who have a mechanism of injury and/or trauma to the head, neck, chest, back, abdomen and/or pelvis will next be asked if they are on any blood thinner or anticoagulation medication (i.e. Coumadin, Plavix, Pradaxa, Eliquis, Xarelto, etc.).
 - a. If the resulting answer is “yes”, then the ED nurse will order Trauma II Panel from the order set. The Trauma II Panel includes:
 - i. APTT
 - ii. CBC w Auto Diff
 - iii. Quick Creatinine
 - iv. Basic Metabolic Panel
 - v. Hepatic Function Panel
 - vi. Prottime (Prothrombin Time)/INR
 - vii. Insertion of Saline Lock

REFERENCES:

* Geriatric TQIP Presentation 2016

REVIEWED DATE	REVISED DATE
JAN 18	JULY 19
JAN 19	APRIL 21
APRIL 20	