

## Freedom of Information Act 2000

## The Royal Cornwall Hospitals NHS Trust Response to Information request

Date Request Received: 23<sup>rd</sup> June 2025

FOI Ref No 29287

### Requested Information:

1. Does your hospital have a guideline for silver trauma patients (>65 years old) attending ED?
2. What are the ED's indications for initiating a silver trauma call and requesting a trauma CT for elderly patients at your hospital?
3. Which specialties are called for silver trauma in ED? Does it include General surgery, Orthopaedics, Anaesthetics and Medicine of the elderly?
4. Does your hospital have a guideline for assessing delirium in silver trauma patients (>65 years old)?
5. Do all the silver trauma patients get reviewed by medicine of the elderly on the ward if admitted?
6. Do you have a guideline for assessment of the silver trauma patients on the ward by medicine of the elderly?
7. Can you please attach your hospital's guidelines for silver trauma patients in your reply?

### Response:

1. There is no specific guideline relating exclusively to this age group. Our standard hospital trauma call procedures apply with a much lower threshold to activate a hospital trauma call in those >70yrs. Please see appendix one.
2. Indications for a trauma call are largely defined regionally - these are publicly available on the Peninsula Trauma Network's webpage and consist of mechanistic, anatomical and physiological criteria. The same is true for CT requests with 16 different criteria listed in the 'Polytrauma CT Standard Operating Procedure'; piecemeal CT scanning is at clinicians' discretion. Please see appendix two for the Polytrauma CT Standard Operating Procedure.
3. Eldercare are not a standard part of the immediate trauma response team. Eldercare are not Trauma (ATLS) trained, but are available to ED in person or by mobile (silverline) 8am – 8pm 7 days for specialist advice or general support.
4. The hospital does not have a specific guideline for assessing delirium specifically in the context of silver trauma. The hospital does have an electronic delirium and dementia assessment with medical action prompts that

is to be completed on every >65 yr old within 24 hours (4.2.2. This assessment must be completed within 24 hours of admission on all patients aged 65 and over). Please see appendix three.

5. Royal Cornwall Hospital (RCH) now has a separate frailty take. It is intended that all patients who have minor, major or recurrent falls +/- fragility fracture are directed to the frailty take which ensures the frailty consultant and team review. RCH tries to cohort fragility fractures on Zennor ward (lower acuity eldercare ward); head, spinal and chest wall injuries cohort on Tintagel ward (eldercare, neurology and neuro-rehabilitation ward); polytrauma and orthogeriatrics cohort on Trauma (orthopaedic and orthogeriatric ward). Outside of these areas, eldercare will see any appropriate referred patients and pull patients to appropriate areas if required. Fragility Fracture Pathway attached.
6. There is no specific, generic guideline for assessing silver trauma on wards. Eldercare receive training within their curriculum for elderly trauma; many of the workforce are orthogeriatric trained. As a department we also use all the guidelines above, work across the frailty take and all wards so that clinical experience is widespread and standardised. We use the generic principles of assessing older people with comprehensive geriatric assessment, falls, bone health and pragmatism.
7. Please see the attachment(s) section below.

**Attachment(s):**

- Appendix One - [Trauma Teams Standard Operating Procedure](#)
- Appendix Two - [Polytrauma CT Standard Operating Procedure](#)
- Appendix Three - [Delirium Screening and Assessment Standard Operating Procedure](#)
- Appendix Four - FOI Ref 29287 RCHT Fragility Fracture Pathway
- Appendix Five - [Adult Chest Wall Injury Pathway](#)
- Appendix Six - [Adult Head Injury Pathway](#)

**Date Response sent: 15<sup>th</sup> July 2025**