

Major Trauma Bypass – Older Adult (≥ 65 years)

This guideline is intended as a guide and should not replace sound clinical judgement

	Observations
HR	≤ 50 or ≥ 120
RR	< 10 or > 29
SysBP	≤ 120
SpO2 (RA)	$\leq 94\%$
GCS	GCS ≤ 14 (or one point below baseline)

Injury Criteria

- Suspicion of multiple rib #'s, severe pain, restraint abrasion/contusion, evidence of blunt impact
- Significant injuries involving more than one body region
- Two or more proximal long bone fractures
- Amputation / crush Injury proximal to hand and foot
- Crushed, de-gloved or mangled limb or extreme open fracture
- Suspected spinal fracture and/or spinal cord injury
- Suspected open and/or depressed skull fracture
- Suspected fractured pelvis (excluding isolated # NOF)
- Penetrating Injuries to the head, neck, chest, abdomen, pelvis, axilla, or groin

High-Risk Criteria

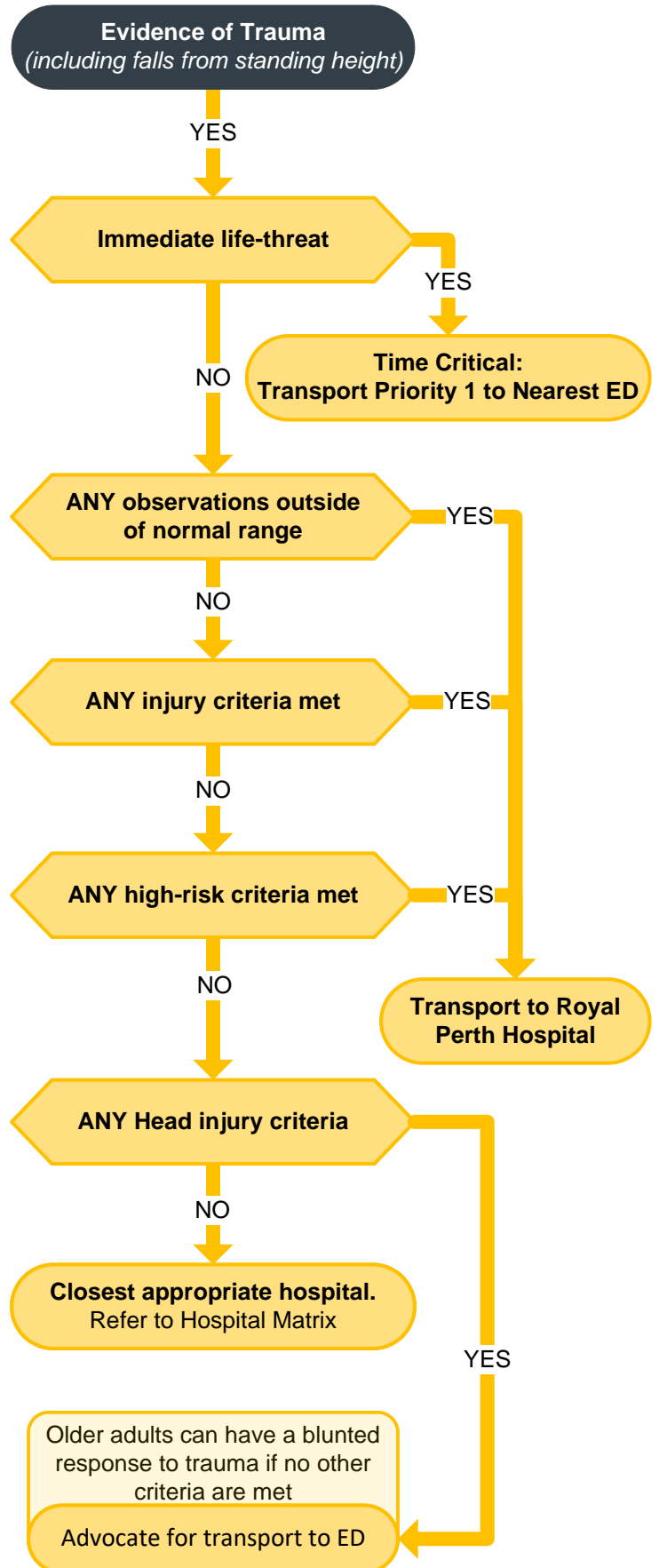
- Fatality on scene whereby the patient was in the same vehicle
- MBA > 30 km/h **with injuries**
- MVA > 60 km/h **with injuries**
- Partial or complete ejection
- Fall > 3 meters
- Pedestrian or cyclist with speed impact > 25 km/h
- Patient entrapment with compression
- Cabin intrusion
 - > 30 cm occupants side
 - > 45 cm any side
- Explosion

Heightened clinical consideration for significant mechanism, in presence of multiple comorbidities or anticoagulation therapy

Head Injury Criteria

History of head strike, and any of the following:

- Unequal pupils
- Blurred vision
- Severe or persistent headache
- Nausea or vomiting
- Change in neurological status
- On anticoagulant therapy



This tool is to be used when you are within 45 minutes of PCH/ RPH driving under normal conditions.
Burns associated with major trauma should still be transferred to PCH / RPH