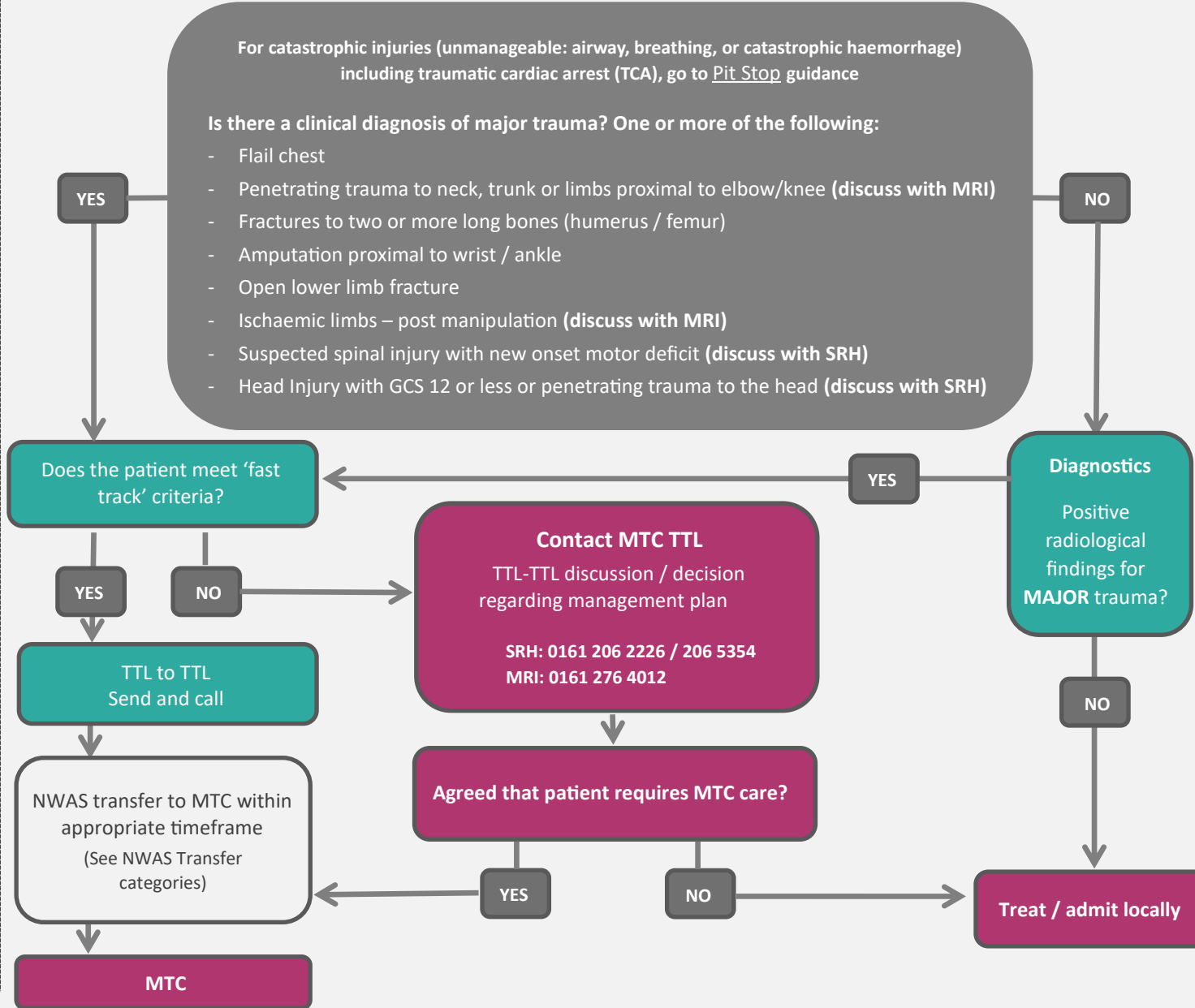


# The Injured Patient Pathway

For pre-hospital pathway **TRIAGE NEGATIVE** or self-presenting patients

'Fast track' Criteria	
Head injured patients aged 70 or under  ≤70 yrs	Intubated <b>AND</b> abnormal scan,  <b>OR</b>  Extra-dural haematoma: >15mm thickness or >5mm midline shift, <b>OR</b>  <b>Acute</b> subdural haematoma: >10mm thickness or >5mm midline shift
Head injured patients over 70  >70 yrs	GCS > 8 <b>AND</b> living independently,  <b>AND</b>  One of the following: - Extradural haematoma >15mm thickness or >5mm midline shift  - <b>Acute</b> subdural haematoma > 10mm thickness or >5mm midline shift
Spinal Injuries	Spinal injuries with hard motor neurology





If conveyed by NWS, ambulance crew must alert triage clinician of any previous CIH discussion.

Think TXA

Think anticoagulant reversal

Frailty/futility: Discuss with MTC – will the patient benefit from transfer?

**AS A MINIMUM:**

1. Patients should be booked into receiving hospital
2. Primary set of observations recorded
3. Review by senior ED clinician

Version 2.0