

# THE FRAIL INJURED PATIENT PATHWAY (FrIP)

Guidance for self-presenting patients or those not conveyed with a FrIP Amber Pre-alert

## Mechanism of Injury

### Low Impact Mechanisms

Falls <2m are the largest injury group in major trauma

#### Consider -

#### Collapse from Standing

Medical presentations  
'Found on floor' presentations  
Roll out of bed presentations

#### Impact Zone

Lack of peripheral injuries should elicit a high index of suspicion  
Injury to 2 or more body systems

## Pharmacology

### Anticoagulants

Consider visible haemorrhage and occult bleeding to head, chest, abdomen, pelvis or long bones.

#### Consider -

#### Beta Blockers

Will mask tachycardia in the major trauma patient

#### Steroids

History of steroid use in chronic disease means fractures are more likely

#### Other medications

Consider polypharmacy and antiplatelet use (e.g. aspirin). Anticoagulants include warfarin, LMWH and DOACs (apixaban, rivaroxaban, dabigatran and edoxaban). *LMWH: low molecular weight heparin, DOAC: direct oral anticoagulants*

## Physiology

### SBP <110mmHg

**\*Worried? What is the patient's normal blood pressure?**

#### Consider -

#### Existing Disease Process

Note any changes in physiology of the chest wall. Chest wall injuries are common and difficult to diagnose and require careful examination.

#### Previous Recent Injury History

Consider acute on chronic injury to the brain and other regions

Consider previous recent collapses

Consider potential for undiagnosed injury with previous, recent hospital attendances

**Older people may sustain serious injury from low mechanisms. Illness may be present as well as injury. Consider early TXA. Be aware of anticoagulant use and potential for reversal. Recognise potential for occult injury.**