

## Interdisciplinary care pathway helps manage frail, elderly trauma patients

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(HealthDay)—An interdisciplinary care protocol for frail geriatric

trauma patients significantly reduces the risk for delirium and 30-day readmission, according to a study published online April 5 in the *Journal of the American College of Surgeons*.

Elizabeth A. Bryant, M.P.H., from Brigham and Women's Hospital in Boston, and colleagues evaluated whether an interdisciplinary care pathway for frail trauma [patients](#) ( $\geq 65$  years) improved in-hospital mortality, complications, and 30-day readmissions. The interdisciplinary protocol included early ambulation, bowel/pain regimens, nonpharmacological delirium prevention, nutrition/[physical therapy](#) consults, and geriatrics assessments.

Based on the 125 and 144 [frail patients](#) in the preintervention and postintervention cohorts, the researchers observed no significant demographic differences in complications ( $P = 0.93$ ). However, following the intervention, there was a significant decrease in delirium (21.6 to 12.5 percent;  $P = 0.04$ ) and 30-day [readmission](#) (9.6 to 2.7 percent;  $P = 0.01$ ). Lower delirium (odds ratio, 0.44;  $P = 0.02$ ) and 30-day readmission rates (odds ratio, 0.25;  $P = 0.02$ ) were seen postintervention compared with prepathway patients, even after adjusting for patient characteristics.

"Implementing pathways standardizing care for these vulnerable patients could improve their outcomes following trauma," the authors write.

**More information:** [Abstract/Full Text \(subscription or payment may be required\)](#)

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