Calderdale and Huddersfield
NHS Foundation Trust

SOP Title	CHFT Emergency Department Minor Injuries Unit patient criteria		
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Approved by			
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SOP Objectives	To ensure patient who present with a primary complaint of a minor injury to either the CRH/HRI Emergency Department (ED) are streamed and cared for within the most appropriate ED care group
Scope	The purpose of this document is to: • Empower the ED team with clinical information to ensure patients are streamed to the most appropriate care group within the ED. • To ensure patients who present to the ED with a primary complaint of a minor injury are risk assessed and deemed to be clinically appropriate to be cared for through the Minor Injuries care group. • To ensure patients who present to the Emergency Department with a mechanism of injury that is susceptible to deterioration are streamed and cared for within the most appropriate Emergency Department care group.

CHFT Emergency Department Minor Injuries Unit exclusion criteria
Complete exclusions from Minor Injuries: • All children under 1 year old. • All genital injuries. • Non-accidental injuries. • Abdominal injuries. • Deliberate self-harm – ENP happy to review wounds/give advice in ED Majors.
Senior ED Clinician (Reg or above) discussion and documented decision making required for: • All patients who have a National Early Warning Score (NEWS) of ≥3 • All Patients who fulfil the silver trauma criteria. • Domestic Violence injuries.
Injuries to limbs (shoulders to fingers and hips to toes) with • Neurological or vascularly compromised limb (pulseless and or numbness and weakness) • Non-weight baring hip injuries • Dislocated Shoulders • Deformed Ankle/elbow/knee
Wounds and burns: • Arterial bleeds • Wound to chest or abdomen where the depth cannot be confirmed (example stab or penetrating wounds) • Flash burns to face (risk of inhalation injuries) • Electric shocks • Wound complications from surgery that are not injuries (example wound swelling or discharge from c-section wound) • Extensive burns greater than 10% TSBA
Head injuries: • Age more than 65 • Intoxicated • GCS <15 • On anticoagulation • Dangerous/Significant MOI (example assaulted with hammer) (Pedestrian or Cyclist hit by motor vehicle, Ejection from motor vehicle, fall greater than 1M or 5 steps) • Non ambulatory (eg struggling to mobilise due to dizziness) • Head injury returns that are not wound related • Vomiting more than 1 episode in adults 3 in children (episode of vomiting are separated by 30mins) • C spine tenderness • LOC or amnesia • Bleeding or clotting disorder • mechanism of injury More than 30 minutes retrograde amnesia

Eye conditions, FB's, red eyes with or without pain, floaters:

- Sudden loss of vision
- Eye pain with normal looking eye
- Unwell (NEWS ≥3)

RTC with minor head injuries, Neck and back pain or Limb injuries:

- Greater than 40 mph single or combine speed
- Significant history (rolled over, other fatalities or seriously injured passengers)
- Bike/pedestrian vs car (unless simple isolated limb and slow speed impact) **Please discuss with senior ENP.**
- Sternal Injuries
- Abdominal pain
- C spine tenderness

Mechanical back pain (related to minor trauma or activity, worse on movement eased by rest):

- Age > 65
- Non-WB
- Already on strong opioid analgesia
- Red flags for cauda equina
- Significant MOI (fall of greater than 1 meter or 5 steps)
- Flank pain

Simple cellulitis:

- On antibiotics treatment already
- One or more Co-morbidities (DM, lymphoedema, PVD etc)
- Systemically unwell with a NEWS score ≥3

Needle sticks and human bites:

- Known high risk donor (IVDU or sex works)

Chest Injuries:

- Severe pain
- Respiratory symptoms (SOB, haemoptysis, productive cough)
- Resp >20 Sats <95% On room air
- Significant Mechanism of Injury (1 meter or 5 steps)
- Abdominal pain
- Penetrating injuries
- Sternal injuries

Non-traumatic limb pains, (Shoulders to fingers and knees to toes) acute pain and swelling to a joint:

- Shoulder pain that is not worse on movement/touch
- Non traumatic chest pain
- Possible DVT
- Possible ischaemia (cold, numbness, history of PVD)
- History of temps or feeling unwell
- Non-weight bearing limping children
- Polyarthritis (multiple joint swelling and or pain)