Silver trauma is the term used to describe major trauma in a patient ≥ 65 years old.

Silver trauma patients have similar injury severity and distribution of injuries compared to young major trauma patients. HOWEVER important points to consider in silver trauma patients:

1. Silver trauma patients are under-triaged, under-treated, wait longer for investigations and diagnoses and are much more likely to die;
2. A fall of <2 meters is the commonest mechanism of injury to cause significant injuries in older patients, in contrast to the predominance of road traffic collisions in younger patients;
3. Vital sign derangement can be blunted or absent, due to a combination of any/all of altered physiology, co-morbidities and polypharmacy.

Traumatic Brain Injury (TBI) is the commonest cause of death in older adults. With a similar TBI severity, older adults have a better Glasgow Coma Score when compared to younger patients.

Older patients have been consistently shown to have poorer outcomes following rib fractures, which may be related to:
- Multiple comorbidities;
- Reduced physiological reserve;
- Greater difficulty in assessing and managing hemodynamics.

Silver Trauma is the best thought of as a distinct entity from typical major trauma seen in younger age groups, and it therefore warrants a different medical response.

This education material was developed by the European Task Force for Geriatric Emergency Medicine, which is a collaboration between the European Society for Emergency Medicine (EUSEM) and the European Geriatric Medicine Society (EuGMS). For more information, please visit: geriEMEurope.eu and follow us on Twitter: @geriEMEurope.

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