The Royal Brisbane and Women’s Hospital is a major tertiary trauma referral center in Queensland, receiving up to 1000 trauma presentations every 6 months. Trauma triage is a clinical tool which aims to identify patients presenting with multiple or serious isolated injuries.

- RBWH employs a 2 tier triage – “ALERTS” vs. “RESPONDS”
- Criteria depends on patient haemodynamics, stated mechanism and suspected type of injury and patient demographics

Mistriage can be defined as an inappropriate level of trauma alert activation and has been shown to lead to delayed identification of patient injuries.

A random snap-shot audit was performed to determine the factors that may contribute to non-activation trauma presentations within RBWH ETC and investigate the potential clinical ramifications.

- Clinical retrospective audit between Nov 2019 to April 2020
- Inclusion: patients identified by the trauma service who did not trigger a trauma activation on arrival to ETC

### RESULTS

#### Proportion of Trauma Presentations

- Trauma Alert (934)
- Trauma Respond (73)
- Non-Activation Trauma (123)

- 83% Trauma Alert
- 6% Trauma Respond
- 11% Non-Activation Trauma

#### Non-Activation Trauma Delayed Injury Identification

- Missed Injury (5)
- No Missed Injury (118)

- 95% No Missed Injury
- 5% Missed Injury

### CONCLUSIONS

- 1 in 10 trauma patients do not activate trauma alert criteria, despite 30% of these with ISS > 12.
- Falls commonly result in non-activation trauma presentation.
- No association with age, drug and alcohol use, mode of arrival or time of presentation.
- Despite initial non-activation, majority are subsequently identified in ETC and < 5% have delayed injury identification.