

## MIU Criteria for Triage

GENERAL EXCLUSIONS	DANGEROUS MECHANISM
<ul style="list-style-type: none"> <li>• Age under 16</li> <li>• Unexplained fall "I must have tripped" (unwitnessed fall in demented patients)</li> <li>• Intoxicated</li> <li>• Violent and aggressive</li> <li>• Epistaxis</li> <li>• DSH</li> </ul>	<ul style="list-style-type: none"> <li>• Fall from above 1m/3feet, down 5 stairs</li> <li>• Significant Axial load to head</li> <li>• Bicycle collision with car.</li> <li>• RTC combined speed over 30mph/airbags deployed.</li> </ul>

*Patients brought in by SAS must be triaged with the patient present. Check the neurovascular status of the limb. Consider XRAY in ED if likely to require reduction by sedation.*

*If they have had Morphine IV they must be GCS 15, No hypoxia or hypotension.*

*If patient requires trolley call MIU first to discuss due to limited space: 0131 2423942/ ex 23942*

## PATIENTS SUITABLE FOR MIU

### 1. Acute MSK Limb Injuries

#### EXCLUSIONS

- Over 14 days from injury
- Direct trauma to hip
- Atraumatic swelling/pain

### 2. Cellulitis – NEWS 0, Full ROM of limb/joint.

### 3. Foreign Bodies - Ears and skin only.

### 4. Head and Facial Injuries – News 0, GCS 15/15. Head Injury Proforma completed at triage.

#### EXCLUSIONS

- Meets criteria for CT head or anticoagulated
- Unexplained fall.
- LOC

### 5. Neck Injuries – Age 65 or under

#### EXCLUSIONS

- C-Spine tenderness
- Severe neck pain 7/10 or over
- Unable to rotate neck 45 degrees in both directions
- Neurological symptoms – Numbness/tingling or weakness arms or legs.

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## 6. Chest Wall Injuries – Age 65 or under, NEWS o,

### EXCLUSIONS

- Chronic lung disease
- Osteoporosis
- Anticoagulation
- Pain score over 6/10 or above
- Abdo pain
- Wound to chest or abdo.

## 7. Back injuries – Age 65 or under. MSK injuries: lifting, twisting or moving or minor fall.

### EXCLUSIONS

- Unable to weight bear
- Flank injuries
- Non traumatic back pain – not aware of a trigger event.
- Cauda- Equina Red Flags: urinary or faecal incontinence, urinary retention, saddle anaesthesia, perianal numbness, bilateral altered sensation to lower limbs.
- Direct trauma to spine requiring XRAY

## 8. Eyes- FB, trauma, Red eye (We can take penetrating trauma, traumatic loss of vision and chemical burns to eyes excluding hydrofluoric acid (see below)

### EXCLUSIONS

- Atraumatic Visual disturbance -auras, halos, flashing lights.

*Floater or flashing lights may mean VITREOUS OR RETINAL DETACHMENT – During the day these should be redirected to their optician. Discuss with Registrar*

## 9. Minor Burns (We can take chemical burns if no risk of systemic effects)



### EXCLUSIONS

- Hydrofluoric Acid burns: Must have ECG, Bloods (Ca) and immediate irrigation and administer C-Gel Hydrofluoric Acid First Aid every 15mins (in cupboard above sink between Pods A and B): Contact MIU to assist.
- Electrical burns
- Burns to face and neck
- Severe burns to genitals (May require urgent catheterisation)
- Extensive burns

## 10. Blood Borne Virus Exposure – Human bite only

### EXCLUSIONS

- Needle Stick injury
- Sexual exposure
- Requires PEP

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