

Alcohol and Substance Misuse Screening, Brief Intervention and Referral for Treatment (SBIRT) Guidelines for Pediatric Trauma Patients at Nebraska Medicine

Policy and Procedure Statement

The pediatric co-management team will be consulted on all pediatric trauma patients (18 years and younger) admitted to Nebraska Medicine following injury.

As part of their role in the patient's care, pediatric co-management will assist the trauma team in performing alcohol and substance misuse screening, brief intervention and treatment (SBIRT) as indicated on pediatric trauma patients age 11 years and older.

Screening:

1. Pediatric trauma patients age 12 years and older will be routinely screened for alcohol and substance use on admission by laboratory screening using blood alcohol level and/or urine drug screen (UDS). Pediatric trauma patients less than 12 years of age will undergo laboratory screening as needed based on history or suspicion of alcohol or substance misuse.
2. A HEADSS assessment will be performed on all admitted pediatric trauma patients age 11 years and older by the pediatric co-management team once the patient reaches floor status.

3. If HEADSS assessment is positive for the questions pertaining to drug/alcohol use and exposure AND/OR if blood alcohol (ETOH) or urine drug screen (UDS) testing is positive on admission labs, a CRAFFT screening questionnaire will also be administered.
 - If the patient is unable to be screened due to the medical condition or refuses, this will be documented in the medical record.

Intervention and Referral for Treatment:

1. A CRAFFT score of 2 or higher indicates a positive screen. Patients with a positive screen will receive a brief intervention conducted and documented by the pediatric co-management provider, social worker or member of child psychiatry team with referrals for outpatient treatment as indicated.
 - All pediatric patients who screen positive will receive a social work consult for information on area alcohol/substance misuse programs and assistance with referrals as indicated.
 - Child psychiatry may be consulted at the discretion of the trauma or pediatric co-management providers for either inpatient or outpatient assessment of alcohol/substance misuse.

Documentation:

The HEADSS assessment, results of alcohol and urine drug screen and CRAFFT assessment (if performed) will be documented in a pediatric co-management team progress note in the patient's electronic medical record when consulted. For those patients remaining in the ICU for entire hospital course, alcohol and substance misuse screening and interventions will be performed and documented as indicated by the trauma service.

Performance Improvement:

Per American College of Surgeons (ACS) Standards, a minimum of 80% of trauma patients with a hospital stay of >24 hours must be screened for alcohol misuse and a minimum of 80% of patients screening positive must receive an intervention.

Documentation of SBIRT will be done in the trauma registry database.

Any patients that had missed screenings or interventions will be reviewed in the trauma performance improvement process.

References:

1. Cohen E, MacKenzie RG, Yates GL. HEADSS, psychosocial risk assessment instrument: Implications for designing effective intervention programs for runaway youth. *J Adolesc Health* (1991); 12(7):539-544.
2. Katzenellenbogen R, HEADSS: The "Review of systems" for adolescents. *Virtual Mentor* (2005) Mar 1; 7(3): virtualmentor.2005.7.3.cprl1-0503.
3. Knight JR, Sherritt L, Shrier LA, Harris SK, Chang G. Validity of CRAFFT substance abuse screening test among adolescent clinic patients. *Arch Pediatr Adolesc Med.* (2002)

Jun;156(6):607-614.

4. American College of Surgeons, Resources for the Optimal Care of the Injured Patient, 2022 Standards.

HEADSSS ASSESSMENT TOOL IN ADOLESCENTS

An international tool, which can be used to structure the rapid psychological assessment through conversation, either in the ED or ward setting of adolescent patients. Infographic by Zoe Johnson for @PEMInfographics

H

Home

Who lives at home with you?
Do you share a room with anyone?
Do you get on with everyone in your home?
Who can you talk to at home when you're upset?

E

Education & Employment

Do you still go to school or college?
Do you have a job? How many hours do you work?
What are your goals in the future?
Do you have any specific careers in mind?
Do you have friends at school or work?

A

Activities

What do you like to do in your spare time?
How easy do you find it to relax?
Do you like doing any exercise?
Do you like doing these activities by yourself or with friends?

D

Drugs, smoking & Alcohol

Have you ever tried drugs, smoking or alcohol?
Do you feel pressured to try drugs, smoking or alcohol?
Where do you get the money to do these things?
Are you interested in stopping or cutting down?

S

Sex & Relationships

Are you in a relationship with anyone at the moment?
Is that with a boy or girl or both?
Have you ever had sex?
Do you ever feel pressured into sexual relations?
Do you know anything about contraception?

S

Self harm, Self image

How is your mood at the moment?
What makes you feel sad or stressed?
Do you ever have any thoughts about hurting yourself?
Have you ever told anyone about these thoughts?
How do you feel about yourself?

S

The CRAFFT Questionnaire (version 2.0)

To be completed by patient

Please answer all questions **honestly**; your answers will be kept **confidential**.

During the PAST 12 MONTHS, on how many days did you:

1. Drink more than a few sips of beer, wine, or any drink containing **alcohol**? Put "0" if none.

of days

2. Use any **marijuana** (pot, weed, hash, or in foods) or "**synthetic marijuana**" (like "K2," "Spice") or "vaping" **THC oil**? Put "0" if none.

of days

3. Use **anything else to get high** (like other illegal drugs, prescription or over-the-counter medications, and things that you sniff or "huff")? Put "0" if none.

of days

READ THESE INSTRUCTIONS BEFORE CONTINUING:

- If you put "0" in ALL of the boxes above, ANSWER QUESTION 4, THEN STOP.
- If you put "1" or higher in ANY of the boxes above, ANSWER QUESTIONS 4-9.

- | | No | Yes |
|---|--------------------------|--------------------------|
| 4. Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you ever use alcohol or drugs to RELAX , feel better about yourself, or fit in? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you ever use alcohol or drugs while you are by yourself, or ALONE ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you ever FORGET things you did while using alcohol or drugs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you ever gotten into TROUBLE while you were using alcohol or drugs? | <input type="checkbox"/> | <input type="checkbox"/> |

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