

Mental Health Screening and Intervention Guidelines for Pediatric Trauma Patients at Nebraska Medicine

Childhood traumatic stress happens when unexpected, violent, life-threatening, or devastating events overwhelm the ability to cope. The ACS reports that 20-30% of pediatric trauma patients report mental health symptoms and/or decreased quality of life following a traumatic event.

The purpose of this guideline is to identify pediatric trauma patients at high risk for post-trauma mental health adjustment disorder post-injury and facilitate brief interventions and appropriate referrals for longer term management and care.

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.

Patients with a positive HEADSS assessment in the mental health categories AND/OR any pediatric patient experiencing the following traumatic events:

- a. Neglect and psychological, physical, or sexual abuse.
- b. Victim of community and school violence.
- c. Victim of gun-related violence (intentional self-inflicted GSW or suicidal attempt will prompt child psychiatry consult)
- d. Serious traumatic event causing life-threatening and devastating injuries (traumatic brain injury, spinal cord injury, loss of limb, mutilating/deforming injuries, etc)
- e. Prolonged hospital stay (longer than 1 week)
- f. Death of friend/family member in traumatic event
- g. Care provider discretion.

These patients are identified as high risk for post-injury mental health disorder(s) will undergo additional screening using the ASC6/ASC3 screening tool derived from the Acute Stress Checklist (ASC-Kids) or consultation with behavioral health/child psychiatry.

<https://www.healthcaretoolbox.org/sites/default/files/2021-03/ASC-Kids%20English%20and%20Spanish%20with%20scoring%20info%20-%20all%20versions%20SAMPLE.pdf>

Patients admitted following self-inflicted injury or suicide attempt as well as patients with suicidal or homicidal ideation will receive inpatient consultation with child psychiatry.

Patients who screen positive on the ASC6/ASC3 will receive one or more of the following intervention(s):

- a. Consultation of child psychiatry for inpatient assessment of mental health concerns
- b. Referral to child psychiatry or psychology for outpatient assessment and management of mental health concerns
- c. Notification of primary pediatrician of mental health concerns for assistance in longer term follow-up and/or outpatient mental health referrals as indicated

For patients who do not screen positive but have experienced one of the above traumatic events, the patient's primary pediatrician should be notified with the recommendation to perform a repeat assessment of the patient's mental health in 4-6 weeks time.

Documentation

The HEADDs, ASC6/ASC3 assessment (if performed), and interventions provided will be documented in a progress note by the pediatric co-management teams in the patient's electronic medical record when consulted. For those patients remaining in the ICU for entire hospital course, mental health screening will be performed as indicated by the trauma service.

References:

1. American College of Surgeons. (2022, December). Best Practices Guidelines: Screening and Intervention for mental health disorders and substance use and misuse.
<https://www.facs.org/media/nrcj31ku/mental-health-guidelines.pdf>
2. The Acute Stress Checklist (ASC-kids) (2016), <https://www.healthcaretoolbox.org/acute-stress-checklist>

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

Self harm, Self image

X X X X ASC-6 / ASC-3 X X X X

We'd like to know about your thoughts, feelings, and reactions since _____.

There aren't any right or wrong answers, just how YOU are thinking and feeling.
Please put an X in the box that shows how true each of these sentences is for YOU.

For example, if you feel sort of sleepy in the morning or you feel sleepy in the morning some of the time, you would put an X in the middle box.

	Never / Not true	Sometimes / Somewhat	Often / Very true
Example I feel sleepy in the morning.		X	

[INSERT ONE OF THESE ITEM SETS]

ASC-6

		Never / Not true	Sometimes/ Somewhat	Often / Very true
1	At times, it seems like it is happening all over again.			
2	When something reminds me of what happened, I feel very upset.			
3	I want to stay away from things that remind me of what happened.			
4	I try to stop my feelings about it.			
5	I have a harder time concentrating or paying attention.			
6	I feel scared that something bad might happen.			

ASC-3

		Never / Not true	Sometimes/ Somewhat	Often / Very true
1	When something reminds me of what happened, I feel very upset.			
2	I want to stay away from things that remind me of what happened.			
3	I feel scared that something bad might happen.			

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