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Screening of the Trauma Patient for Alcohol and/or Drug Use

Purpose: To provide a guideline for identifying injured patients who will require Screening, Brief Intervention and Referral to Treatment (SBIRT) on admission.

To identify patients who should receive an alcohol and/or urine drug screen upon arrival to Deaconess Midtown Hospital

Guidelines:

- A. Screening, Brief Intervention and Referral to Treatment (SBIRT)
 - a. All injured patients who are 12 years of age or older and are admitted to the Deaconess Midtown Campus will be assessed for alcohol and drug use using the AUDIT-C.
 - b. These audits will be completed on admission in the electronic medical record (EMR)
 - i. If answer to question about drug use is “yes”, patient will also be screened using the DAST-10.
 - a. Scoring on the AUDIT-C requiring a Care Team consult for a brief intervention and appropriate referrals
 - i. Women who score a 3 or greater on the AUDIT-C
 - ii. Men who score a 4 or greater on the AUDIT-C
 - ii. Scoring on the DAST-10 requiring a Care Team consult for a brief intervention and appropriate referrals
 - a. Any patient scoring a 2 or greater
 - c. Care Team will document the consult note in the EMR.
 - i. Resource or referral information will be placed in the patient’s discharge instructions.
 - d. If a patient is under the age of 21 and admits to drinking alcohol or using drugs during screening, or is positive for alcohol or drugs, the patient requires a Care Team consult for brief intervention and appropriate referrals to treatment.
 - e. The following patient population is excluded from screening
 - i. Those who are severely cognitively and/or developmentally delayed
 - ii. Patients who are readmitted for complications from their initial injury
 - f. Patients have the right to refuse to receive SBIRT screening.
 - i. Such refusal must be documented in the patient’s EMR

B. Blood Alcohol Test (ETOH)

- a. All Category I trauma patients 12 years of age or older, and any driver of a motorized vehicle, should receive a blood alcohol content test upon arrival to the trauma center
 - i. If patient is transferred in from a referring facility and documentation of ETOH is sent with patient, no additional ETOH is required
 - ii. For patients less than 12, ETOH should be obtained when
 - a. indicated based upon assessment or patient history
 - b. abuse is suspected
 - c. patient is believed to be the driver of a motorized vehicle
- b. If the result of the ETOH is greater than 80 mg/dl, the patient will require a Care Team consult for brief intervention and appropriate referrals
 - i. The consult should be documented in the patient's EMR
 - ii. Referral information will be placed in the patient's discharge instructions
- c. Any person under the age of 21 who admits to drinking alcohol or has a positive ETOH should receive brief intervention and appropriate referrals

C. Urine Drug Screen (UDS)

- a. All Category I trauma patients 12 years of age or older should receive a Urine Drug Screen
 - i. For patients less than 12, UDS should be obtained when
 - a. indicated based upon assessment or patient history
 - b. abuse is suspected
 - c. there is a significant change in patient's level of consciousness
- b. If the UDS is positive for substances that were not give to the patient by the healthcare team, or are not prescribed to the patient for routine use, the patient will require a Care Team consult for brief intervention and appropriate referrals
 - i. The consult should be documented in the patient's EMR
 - ii. Referral information will be placed in the patient's discharge instructions

D. Clinical Institute Withdrawal Assessment (CIWA)

- a. A CIWA assessment should be ordered for patients who
 - i. Have a positive ETOH of 80 mg/dl or higher
 - ii. Have a positive UDS
 - iii. Have a positive AUDIT-C or DAST-10 screening
 - iv. Have a history of alcohol or drug abuse
 - v. Have a history positive for withdrawal

- b. Any patient exhibiting the onset of symptoms of alcohol withdrawal or delirium tremens (agitation, disorientation, uncooperative behavior, etc.)
 - i. Consider STAT blood gases
 - ii. Notify the Trauma Surgeon of change in patient condition

E. Monitoring of Compliance

- a. Monitoring compliance of ETOH and UDS will be tracked, trended and reported at Trauma Operational monthly meetings
 - i. Patient confidentiality will be maintained

References:

- American College of Surgeons. (2022). *Resources for Optimal Care of the Injured Patient*.
- Section 515.2040 Level II Trauma Center Designation Criteria. State of Illinois.
- Saxon, A. (2022). Screening for Unhealthy Use of Alcohol and Other Drugs in Primary Care. *UpToDate*. Retrieved March 11, 2022 from www.uptodate.com.