

## PRACTICE GUIDELINE

Effective Date: **5-17-16**

Manual Reference: **Deaconess Trauma Services**

**TITLE:** Screening Brief Intervention Referral to Treatment (SBIRT)

**PURPOSE:** To provide a guideline for identifying injured patients that will require SBIRT on admission.

**SCOPE:** All injured patients who are at least 12 years old and are admitted at Deaconess Hospital main campus. The exclusion criteria are as follows: severely cognitively/developmentally delayed patients, and patients re-admitted for complications from the initial injury. Patients have the right to refuse to receive SBIRT.

### GUIDELINES:

1. All injured patients who are 12 years of age or older and are admitted to the Deaconess Main Campus will be assessed for alcohol and drug use using the AUDIT-C. If they answer yes to a question about drug use, they will also be screened using the DAST-10. These audits will be completed on admission in the EMR.
  - a. If the patient scores a 3 or greater on the AUDIT-C or a 2 or greater on the DAST-10, the patient will require a Care Team consult for a brief intervention and referral to treatment. This will be documented in a progress note in the EMR. The referral information will be placed in the patient's discharge instructions.
  - b. If a patient is under the age of 21 and admits to drinking alcohol or drugs during screening, or is positive for alcohol or drugs, will receive a care team consult for intervention and referral to treatment.
2. All CAT I trauma patients and all CAT II drivers of a vehicle should receive a blood alcohol content test upon arrival to the trauma center, unless documentation of ETOH is sent with patient from referring hospital.
  - a. If the result is greater than 80mg/dl, the patient will require a Care Team consult for a brief intervention and referral to treatment. This will be documented in a progress note in the EMR. The referral information will be placed in the patient's discharge instructions.
3. All CAT I trauma patients should receive a Urine Drug Screen.
  - a. If the Urine Drug Screen is positive for substances that were not given to the patient from the healthcare team or that are prescribed to the patient, the patient will require a Care Team consult for brief intervention and referral to treatment. This will be documented in a progress note in the EMR. The referral information will be placed in the patient's discharge instructions.

4. For patients less than 12 years old, PI variance letters will not be sent to physicians regarding missing blood alcohol content and Urine drug screens unless testing was indicated based upon assessment or patient history. Blood alcohol content and urine drug screen should be obtained on all children with suspected abuse, history of drug and/or alcohol abuse, significant change in LOC, and/or believed to have been the driver of a motor vehicle.
5. If a patient has a positive blood alcohol content of 80mg/dl, positive urine drug screen, positive alcohol or drug screen from the audit tools: AUDIT-C or DAST-10, or patient history is positive for withdraw or alcohol or drug abuse, CIWA assessments should be ordered.
6. Any patient exhibiting the onset of symptoms of alcohol withdrawal or delirium tremens (agitation, disorientation, uncooperative behavior, etc.) consider STAT blood gases. Notify the Trauma Surgeon of change in patient condition.
7. Monitoring compliance of ordering the blood alcohol and urine drug screen tests will be tracked, trended, and reported at Operational monthly, where patient confidentiality will be maintained.

**REFERENCES:**

- ❖ American College of Surgeons. (2014). *Resources for Optimal Care of the Injured Patient*.
- ❖ Section 515.2040 Level II Trauma Center Designation Criteria. (2011). State of Illinois.

<b>REVIEWED DATE</b>	<b>REVISED DATE</b>
JAN 17	3/23/2016
JAN 18	5/17/2016
JAN 19	11/21/2016
MAY 20	
MAY 21	