

Trauma Center Practice Management Policy

*Iowa Methodist Medical Center and Blank Children's Hospital
Des Moines, Iowa*

| TRAUMA PATIENTS SCREENING, BRIEF INTERVENTION, REFERRAL TO TREATMENT | |
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| Policy #10 | |
| ADULT AND PEDIATRIC Practice Management Policy | Effective: 12/22/2000 |
| Contact: Trauma Center Medical Director/ Trauma Center Program Manager | Last Reviewed: 01/29/2017 |

- I. PURPOSE:** To provide optimal care and resources to the trauma patient suffering injuries from blunt and or penetrating trauma and demonstrating a positive risk factor for elevated alcohol blood levels or recreational drug levels.
- II. PROCEDURE:**
- A. All Level I and II trauma alert patients \geq 12 yrs. of age will have blood drawn for alcohol level and urine collected for toxicology screen as part of the trauma lab work.
 - B. Admitted trauma patients with positive drug/alcohol results will have SBIRT performed prior to discharge.
 - C. Patients are screened using CAGE questions.
 - C. If the patient is unconscious, intubated or unable to speak the CAGE questions are deferred.
 - D. Patients who are discharged from the Emergency Department, who have been identified in need of intervention, are provided with information from local agencies that provide services for substance abuse.
 - E. Patients who are admitted and identified to be in need of an intervention will have an intervention performed by one of the Trauma Surgeons, Trauma Care Coordinator or appropriately trained staff. This will be documented in the patient's medical record.
 - F. A CDC (Chemical Dependency Center) consult will be made as soon as appropriate for any trauma patient in need of additional evaluation/referral for treatment of substance abuse.

Approved by Trauma Committee, December 22, 2000

Reviewed and Approved by Trauma Committee, April 30, 2004

Reviewed and Approved by Trauma Committee, October 26, 2007

Revised and Approved by Trauma Committee, July 30, 2010; April 25, 2014

Revised and Approved by Trauma Committee, October 28, 2016

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