

# Clinical Guideline

**Subject: Pediatric Trauma Substance Abuse Screening, Brief Intervention, and Referral to Treatment**

Last Reviewed / Revised Date: May 16, 2013

**Applies to all listed below:**

**Limited to those specified:**

- |   |  |
|---|--|
| <input type="checkbox"/> Blodgett Hospital  | <input type="checkbox"/> Butterworth Hospital                        |
| <input type="checkbox"/> Outpatient Non-Surgical Centers  | <input type="checkbox"/> Outpatient Surgical Centers                 |
| <input checked="" type="checkbox"/> Helen DeVos Children's Hospital                               | <input checked="" type="checkbox"/> Resident and Specialty Practices |
| <input type="checkbox"/> Aero Med   | <input type="checkbox"/> Occupational Services                       |
| <input type="checkbox"/> Urgent Care Centers  |  |
| <input checked="" type="checkbox"/> Department/Service/Other (specify): Pediatric Trauma Services |  |

**Purpose:** To identify pediatric trauma patients at risk for substance abuse and to provide a brief intervention and referral to treatment when warranted.

**Responsibility:** Registered nurses, physicians, physician assistants, nurse practitioners

## Guideline Content

- I. Patients admitted to the pediatric trauma service who are 12 years of age or older and were injured engaging in risky activities often associated with substance abuse will be tested for Ethanol Blood Level and Urine Drugs of Abuse upon arrival. Examples might include:
  - a. Drivers of a vehicle, with or without passengers
  - b. Passengers of an impaired driver
  - c. Victims of violent trauma
  - d. Inappropriate use of motorized vehicles (eg. "car surfing")
  - e. Any other scenario deemed concerning for substance abuse by the admitting or consulting service
- II. All pediatric trauma patients who are 12 years of age or older will be screened for substance abuse by the care manager using the CRAFFT (Car, Relax, Alone, Forget, Friends, Trouble) Screening Interview.
  - a. CRAFFT Screening Interview to be completed as soon as medically appropriate
  - b. Results of the interview will be documented in care management progress notes
- III. A positive screen for substance abuse, either through laboratory results, CRAFFT Screening Interview, or patient self-report, will result in both a brief intervention by the care manager and a specific plan for referral to treatment. Consider consult to Pediatric Psychology or Psychiatry for counseling recommendations.

Clinical guidelines have the potential to improve health outcomes and reduce costs. However, what is best care for the majority of patients, as recommended in the guideline, may be inappropriate for the individual patient. Physicians must continue to use good clinical judgment when deciding when to follow the guideline. (Wolf SH, Grol R, Hutchinson A, Eccles M, Grimshaw J. Clinical guidelines: Potential benefits, limitations, and harms of clinical guidelines. *BMJ*. February 20, 1999; 318(7182):527-530.)

Spectrum Health reserves the right to alter, amend, modify or eliminate this guideline at any time without prior notice and in compliance with *Administrative Policy: Policy and Procedure Structure, Standards and Management*.

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**Approved by:** Pediatric Trauma Performance Committee, May 16, 2013

- References:**
1. American College of Surgeons Committee on Trauma (2006). *Resources for the Optimal Care of the Injured Patient*. Chicago, IL, American College of Surgeons
  2. Ley, E.J., Singer, M.B., et al. Support for blood alcohol screening in pediatric trauma. *American Journal of Surgery* 2012; 204:939-43.
  3. Ehrlich, P.F. et al. Characterization of the drug-positive adolescent trauma population: should we, do we, and does it make a difference if we test? *Journal of Pediatric Surgery* 2006; 41:927-930.
  4. Li, G. et al. Alcohol and other psychoactive drugs in trauma patient aged 10-14 years. *Injury Prevention* 1999; 5:94-97.
  5. Shafi, T. et al. Screening adolescent patients admitted to the trauma service for high-risk behaviors: Who is responsible? *Journal of Trauma* 2009; 67(6):1288-1292.
  6. Burke, P.J. et al. Adolescent substance use: Brief interventions by emergency care providers. *Pediatric Emergency Care* 2005; 21(11): 770-776.
  7. Robinson, R.L. The advanced practice nurse role in instituting screening, brief intervention, and referral to treatment program at the Children's Hospital of Philadelphia. *Journal of Trauma Nursing* 2010; 17(2):74-79.
  8. Schweer, L.H. Pediatric SBIRT: Understanding the magnitude of the problem. *Journal of Trauma Nursing* 2009; 16(3):142-147.