

Trauma Clinical Guideline:

Screening, Brief Intervention, and Referral for Treatment (SBIRT)

The Trauma Medical Directors and Program Managers Workgroup is an open forum for designated trauma services in Washington State to share ideas and concerns about providing trauma care. The workgroup meets regularly to encourage communication among services and to share best practices and information to improve quality of care. On occasion, at the request of the Emergency Medical Services and Trauma Care Steering Committee, the group discusses the value of specific clinical management guidelines for trauma care.

The Washington State Department of Health distributes this guideline on behalf of the Emergency Medical Services and Trauma Care Steering Committee to assist trauma care services with developing their trauma patient care guidelines. The workgroup has categorized the type of guideline, the sponsoring organization, how it was developed and whether it has been tested or validated. This information will assist physicians in evaluating the content of this guideline and its potential benefits for their practice and patients.

The Department of Health does not mandate the use of this guideline. The department recognizes the varying resources of different services, and that approaches that work for one trauma service may not be suitable for others. The decision to use this guideline in any particular situation always depends on the independent medical judgment of the physician. It is recommended that trauma services and physicians who choose to use this guideline consult with the department regularly for any updates to its content. The department appreciates receiving any information regarding practitioners' experiences with this guideline. Please direct comments to 360-236-2874.

This is a trauma assessment and management guideline. The workgroup has reviewed the guideline, sought input from trauma care physicians and nurses throughout Washington State and used that input to make changes. The guideline was endorsed by both the Emergency Medical Services and Trauma Care Steering Committee and the Department of Health Office of EMS/Trauma Section. This guideline has not been tested or validated.

Washington State Department of Health
Office of Community Health Systems
111 Israel Road S.E.
Olympia, WA 98504-7853
360-236-2800

The Problem

Alcohol addiction is only one problem related to use of alcoholic beverages. For every adult in the U.S. who is dependent on alcohol, more than six other non-dependent adults have had problems with their drinking or are at risk for problems. At least 25 percent have at-risk drinking behavior. They drink at levels that put them at higher risk for future alcohol dependence and for traumatic injury. Alcohol is the leading contributing factor to traumatic injury. Almost 50 percent of trauma patients have a positive blood alcohol concentration (BAC).

The National Survey on Drug Use and Health consistently shows alcohol and drug use is a factor in many injuries, including: 40 to 50 percent of fatal motor vehicles crashes, 60 percent of drownings, 60 percent of fatal burns, 40 percent of fatal falls, 60 to 70 percent of homicides, and 40 percent of suicides. Patients with risky drinking behavior are much more likely to have repeat injuries and repeat Emergency Department (ED) visits.

Best Practice

The effectiveness of screening, brief intervention, and referral (SBIRT) has been documented in hundreds of published and peer-reviewed articles. It can be used for both alcohol and drug issues, and many patients are known to have been using both before the emergency department (ED) visit. The teachable moment created by an injury and treatment in an ED can be a wakeup call for patients to change their risky drinking or drugging behavior and seek help. Help may be through Alcoholics/Narcotics Anonymous, outpatient treatment, inpatient treatment, or decreasing or stopping drinking and or drugging.

Screening Tools

Several validated alcohol and drug-screening tools are available. Below are four commonly used: [AUDIT \(Alcohol Use Disorders Identification Screening Test\)](#) contains 10 questions. For men, scores above eight are positive for alcohol problems; for women, the score is seven. These patients should receive a SBIRT in the ED or as an inpatient.

[CAGE](#) - Has four yes or no questions regarding alcohol use. Two positive answers indicate a SBIRT.

[CRAFFT](#) – A six-question alcohol-screening tool for adolescents; two or more positive responses indicate a SBIRT

[DAST \(Drug Abuse Screening Test\) and DAST-A for Adolescents](#) – Ten questions regarding drug use. Patients who score greater than zero are considered positive screens and should receive SBIRT.

While these formal tools are very useful, they are not necessary for a successful SBIRT. The main points address the issue in nonjudgmental conversation, connect the alcohol and or drug use with the injuries or reason for being in the ED, have a motivational conversation to help the patient reach out for help, provide local resources and be supportive. The ED provider, whether physician, nurse, respiratory therapist, or other staff member) does not need to be a chemical dependency professional or have special training in alcohol and drug issues to be successful with SBIRT.

SBIRT in Trauma Services: A simple three-step process:

Step 1 Screen Patients

Screening for alcohol and or drug use determines if the patients' drinking and or drug use puts them and others at risk for injury. If so, SBIRT is warranted. Criteria for screening may be: ED and/or hospitalized patients who are admitted with:

1. Alcohol and/or drug intoxication:
 - Evidence of alcohol and or drugs in blood, breath, or saliva; or
 - The patient reports drinking alcohol or using drugs in the six hours before admission to the ED
2. Patients seen in the ED or admitted as an inpatient for trauma or other injury

Step 2 Conduct Brief Intervention

- Provide feedback and information about screening results, such as BAC; the link between drinking, drug use and injury; resources to help stop or decrease drinking and drug use. Guidelines for lower-risk alcohol use and stopping drug abuse and a reality check that persistent high-risk drinking and drug use will very likely lead to more injury or death to the patient or other people.
- Encourage patients to think about and talk about how drinking and or drugging contributed to their injury, what they like and dislike about their current drinking and or drugging pattern, and how they may want to change their patterns to reduce their injury risks. This discussion helps patients come to their own decisions about drinking and using drugs.
- Provide clear, respectful, motivational and professional advice about the need to reduce risk by decreasing or quitting drinking and/or drugging, and avoiding high-risk alcohol and or drug situations. The optimal result is for patients to set and express their own goals and a plan to achieve them.
- Consider referral to Social Work services for follow-up resources and education (if available).

Step 3 Follow up

- Give the patient "Brief Intervention Handout for Patient at Discharge" – see below. Include local resource phone numbers.
- Research shows patient outcomes improve when there is follow up. Consider:
 - Follow-up visits or telephone calls to reinforce the intervention.
 - Recommend patients consult their primary care provider or hospital specialist.
 - Discuss options for more services as needed, such as Alcoholics or Narcotics Anonymous, or a local substance abuse or chemical dependency treatment center.
 -

Resources

[Centers for Disease Control and Prevention](#)

[CMS Medicare SBIRT Guide](#)

[Emergency Nurses Association Nurse SBIRT Toolkit](#)

[Emergency Nurses Association SBIRT Supplemental Materials](#)

[Patient Resources](#)

[Rethinking Drinking \(Alcohol and Your Health\)](#)

[Society of Trauma Nurses “Cutting Back” Program Implementation](#)

[Substance Abuse and Mental Health Services Administration](#)

[Washington SBIRT](#)

References

American College of Surgeons, Committee on Trauma. Alcohol screening and brief intervention (SBI) for trauma patients. COT Quick Guide. 2008. Accessed: July 7, 2015
<https://www.facs.org/~media/files/quality%20programs/trauma/publications/SBIRTtguide.ashx>

American Public Health Association and Education Development Center, Inc. Alcohol screening and brief intervention: A guide for public health practitioners. Washington, DC: National Highway Safety Administration, U.S. Department of Transportation. 2008

Gentilello LM, Rivara FP, Donovan DM, Jurkovich GJ, Daraciang E, Dunn CW, Villaveces A, Copass M, Ries, RR. Alcohol interventions in a trauma center as means of reducing the risk of injury recurrence. Annals of Surgery Vol. 230, No. 4, 473-483. 1999.

Higgins-Biddle J, Hungerford D, Cates-Wessel K. Screening and brief interventions (SBI) for unhealthy alcohol use: A step-by-step implementation guide for trauma centers. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Atlanta (GA). 2009.

Huber A, Estee S, Malmer D, O’Neil S, Dunn, C, Ries R. Screening, brief intervention, and referral to treatment for substance abuse... bringing substance abuse counseling to acute medical care. Division of Behavioral Health and Recovery Services, Department of Social and Health Services, Olympia (WA). 2010.

Washington State Department of Social and Health Services, Division of Behavioral Health and Recovery. Directory of Certified Chemical Dependency Services in Washington State, Accessed: July 7, 2015. <https://www.dshs.wa.gov/bhsia/substance-use-treatment-services>

Brief Intervention Handout for Patient at Discharge

Our staff appreciates your choosing us for your emergency needs. Read these after-care instructions carefully, follow them, and call us with any questions. **Phone #:** _____

We are here to serve you, and to help you get better and stay well. There are also phone numbers at the end for community resources for you to follow-up with.

Substance Abuse: Your exam shows that you have a problem with substance abuse. Substance abuse is the misuse of alcohol and or other drugs that cause problems in family life, friendships, work relationships, and increase your risk for death or disability because of traumatic injury. Substance abuse is a major cause of premature illness, death and disability in our society. It is also a big threat to a person's physical, mental and spiritual well-being.

Substance abuse can begin innocently with social drinking, taking a little extra medication prescribed by your doctor or trying an illicit substance. No one starts out deciding to be an alcoholic or addict. Substance abuse victims can't control their use of alcohol or other drugs. You may become intoxicated daily or go on weekend binges. There is often a strong desire to quit, but trying to stop often fails. Run-ins with the law or conflicts with family, friends and fellow workers are signs of a growing problem.

Recovery is always possible, even though the craving for alcohol or other drugs make it hard to stop without help. There are treatment programs to help people stop abusing alcohol and or other drugs. The first step is to admit you have a problem. This is a big step because denial is a strong force in substance abuse.

Alcoholics Anonymous, Narcotics Anonymous, Cocaine Anonymous and other recovery groups and programs help people quit. If you don't feel all right about your use of alcohol or other drugs, or if it is causing you trouble, we want you to talk about it with your doctor or with someone from a recovery group – they can help you. You can also call the National Institute on Drug Abuse at 1-800-662-4357. It is up to you to take the first step.

AL-ANON and ALA-TEEN are support groups for friends and family members of an alcohol- or other drug-dependent person. The people who love and care for the alcoholic or addicted person often need help, too. To find these resources, check your phone directory, or call a local alcohol or drug treatment program.

Below is more information for you about your specific substance abuse issue and follow-up care. Please read this and ask any questions. Remember – it is up to you to take the first step to get well from your substance abuse.

Alcohol: Your exam shows you have a problem with alcohol. Drinking too much alcohol contributes to traffic crashes, fights, suicide, falls, fires, drowning, other injuries, and medical problems. Continued over-use and abuse of alcohol can lead to early injury or death to you or someone else. That someone else is often an innocent bystander, family member or friend.

Alcohol is even more dangerous when taken with sedatives, painkillers, tranquilizers, antihistamines, muscle relaxants, seizure medication, marijuana and illegal drugs such as cocaine, methamphetamine and heroin. Combining any of these drugs with alcohol can cause heavy sedation or even coma. Alcohol increases the effect of blood pressure medicine and leads to very low blood pressure, general weakness and fainting.

We have released you from medical care today. It is important to think about the effect alcohol has on your health, safety, and family life. We also strongly suggest you ask yourself and others whether you have a drinking problem. Accepting you have a drinking problem is not always easy. **Please call**

DOH 530-165

November 2015

Alcoholics Anonymous (AA), an alcohol and drug rehab program, or your doctor for more help.

Local numbers: _____

Your blood alcohol level today was: _____. The legal blood alcohol limit for driving in Washington State is 0.8.

Opiate Overdose: You have been treated for an opiate (narcotic) overdose.

This means you took either too many pain pills, or injected heroin or some other strong opiate, or a combination. Opiates include codeine, heroin, methadone, Demerol (meperidine), Dilaudid (hydromorphone), morphine, oxycontin or Percocet (oxycodone), Ultram (tramadol), and Vicodin (hydrocodone).

An opiate overdose can make you pass out and stop breathing. If you are not treated quickly this can cause permanent brain damage or cardiac arrest. We've given you medicine to treat the effects of the overdose. Sometimes the medicine can cause withdrawal symptoms such as stomach cramps, vomiting, chills and nervousness.

Shooting up opiates can cause even more problems than an oral overdose. AIDS, hepatitis, and other bad infections are passed among people by sharing needles and syringes. If you decide to quit, medicines can help you through the withdrawal period. Trying to quit "cold turkey" is not life threatening. It can be hard and painful. Call Narcotics Anonymous (NA), any drug and alcohol treatment program, or your doctor for more help. Local #: _____

Amphetamine Abuse: Your exam shows you abuse methamphetamine (meth) or amphetamine. Meth and other amphetamines overstimulate the nervous system, and give you a false feeling of power and confidence. Amphetamines can come as diet pills. More often, they are bought as the illegal drug methamphetamine (crank, speed, crystal, ice). Meth and similar drugs can cause many severe physical and psychological problems, such as:

- ◆ Violent behavior, anxiety, hallucinations, paranoia, hyperventilation, and delirium
- ◆ Convulsions and stroke
- ◆ Severe depression, personal neglect, malnutrition and dental problems
- ◆ Heart palpitations, chest pain, heart attack, and sudden death
- ◆ Skin abscesses, hepatitis, and AIDS when meth products are injected

Ecstasy Amphetamines are very addictive. Using them over time can lead to very bad problems for you and your family. After using amphetamines, there can be a time of severe fatigue, sleepiness and depression that can last for weeks or longer. Medications may help you get through withdrawal, which can last six to 12 months.

This is a very serious problem. Stopping can require both medical and emotional help. The first step is to admit you have a drug problem. Please call a local drug treatment center or your doctor for more help.

Local #: _____

You can also call the National Institute on Drug Abuse at 1-800-662-4357. Call your doctor or go to the emergency room right away if you have severe chest pain, are short of breath or are very agitated.

Cocaine Abuse: Your exam shows you abuse cocaine. Whether it is smoked (crack), snorted, or injected, cocaine is very addictive. It can give you a false feeling of great power. However, cocaine overdose can cause severe agitation, hallucinations, uncontrolled violent behavior and sudden death. Other medical problems related to cocaine use are heart disease, hepatitis, AIDS and damage to the nose, sinuses and lungs.

Most cocaine users deny they have a problem with addiction. This is the biggest problem: just recognizing you are physically or psychologically dependent on cocaine. People trying to stop using cocaine are often afraid of the prolonged depression that can follow withdrawal from the drug. Medications to address the chemical imbalance caused by cocaine can help prevent this depression. To succeed in coming off and staying off cocaine, most users need a support group or treatment program to help them.

The best way to cure cocaine addiction is to get into and stay in group therapy, eat well, and give your body the proper rest and healthy exercise it needs. You may need medication to help treat withdrawal symptoms. Call a drug treatment center or your doctor for more help. Local #: _____ You may also want to call the National Institute on Drug Abuse at 1-800-662-4357. Call your doctor or go to the emergency room right away if you have severe chest pain, shortness of breath, or extreme agitation.

Ecstasy and other Club Drug Abuse: Your exam shows you abuse one or more “club drugs”. Ecstasy, also called MDMA, Adam, and X, is the most common club drug. It is commonly taken at raves (all-night dance parties). Ecstasy is a mood stimulant and hallucinogen taken to add energy and keep one dancing all night. This can cause serious dehydration, fainting, liver and kidney damage, heat stroke, and death. Using Ecstasy can damage the nervous system. It impairs memory, normal sleep, emotional stability and the ability to think clearly. Sometimes these changes are forever.

Alcohol, GHB, LSD, ketamine, Rohypnol and meth are also used. These club drugs all have dangerous side effects: memory loss, hallucinations, paranoia, seizures and coma. There is no way to know the dose or the effects of club drugs. Using club drugs with alcohol increases the bad effects. Club drugs are have no color, are tasteless and can be easily slipped into drinks. Getting high on club drugs also increases the risk for injury and date rape. Taking them is very risky. Check the internet for more information at www.clubdrugs.org

Inhalant Abuse: Your exam shows you abuse inhalants. People inhale various products to get high. Freon, room deodorizers, solvents, amyl nitrate and a wide range of other chemicals are used for these “highs”. While most of the inhalant chemicals are not addictive, they can cause serious health problems, including: headaches, dizziness, cough, pneumonia, and muscle, nerve or brain damage. Abusing inhalants can be deadly.

To start treating the medical problems caused by inhalant use, stop abusing and inhaling these chemicals. Also, stop using alcohol and other recreational drugs. Substance abuse is the most important cause of premature illness, disability and death in our society. Complete recovery is possible – the first step is admitting you have a problem. Call your local drug treatment program. Local #: _____ your doctor, or the National Institute on Drug Abuse at 1-800-662-4357 for more information and help.

Marijuana Abuse: Your exam shows you have used marijuana or pot. There are many health problems related to marijuana abuse: impaired memory and judgment, less ability to learn, and lack of coordination. Long-term regular use causes addiction. Chronic cough, bronchitis, emphysema and lung-upper airway cancer are linked to regular marijuana smoking. Acute marijuana intoxication can lead to high anxiety, panic attacks, and increased risk for traffic crashes and other injuries. Combining pot with alcohol or other drugs increases these risks.

Students who smoke pot get lower grades and are less likely to graduate than students who don't smoke. Attention, memory and learning skills are decreased for up to six months after stopping regular use. These effects multiply and stay over a lifetime. This is a common problem in the United States because millions of people are dependent on marijuana.

Treatment for acute pot intoxication is rarely needed. Medicine to reduce anxiety may help some people. Information on addiction and the injury and health consequences of long-term abuse is posted at the National Institute for Drug Abuse website: www.drugabuse.gov. Talk with your doctor or counselor for more information and support with this common problem. Local #: _____

Sedative Ingestion: Your exam shows you took an overdose of sedatives. The most common group of sedatives is benzodiazepine drugs: Ativan, Valium, Serax, Dalmane, Flexaril, Halcion, Librium and Xanax. Sedatives are prescribed for insomnia and anxiety, to relax muscles after injury, and to help control alcohol and drug withdrawal symptoms. The risk of serious problems from any sedative overdose depends on the amount of drug taken, and if it is mixed with alcohol or other drugs.

A sedative overdose causes symptoms like alcohol intoxication. These include loss of coordination, slurred speech, poor judgment, memory loss, drowsiness, blackouts and coma. Taking too many sedatives causes respiratory depression, vomiting, dehydration, shock or even death. You also increase your risk for injuries, especially when you drive or operate machinery. It is very important someone keep a close watch on you for the next 24 to 48 hours. That person will need to call 9-1-1 for emergency help if you have trouble breathing or can't be woken up.

Sometimes activated charcoal is used to reduce the amount of sedative that gets into the blood. If this happens, hospital care for you is likely not needed. You may have a hangover after a sedative overdose. Get extra rest and drink plenty of non-alcoholic fluids such as water and tea. A sedative overdose is often a sign of depression or an unsteady emotional state. If you have been taking a sedative regularly for a long time, and suddenly stop, you may have withdrawal symptoms, including anxiety, agitation, headache, and symptoms that are more serious. See your counselor or doctor for more help to deal with your emotional and physical health issues.

Follow-up Care:

Your physician today was _____

For follow-up care, you have been referred to: _____

Local mental health or alcohol and other drug treatment agency/clinic:

- ◆ Please call the agency noted above **now** for an appointment in _____ days. Be sure to tell your referral doctor or clinic that we sent you, and take your medications and instructions to that office.
- ◆ If you had X-rays, an EKG, lab or other tests today, the doctor here reviewed them. We will contact you if there are other important findings after more review by staff members.
- ◆ If you do not improve or if your condition gets worse, please call your doctor or the emergency department right away, and come in to be checked.

I acknowledge receipt of these instructions. I understand that my condition may need more care will arrange for further treatment as recommended.

Patient or Representative Signature

Day, Date & Time

Staff Signature

Day, Date & Time