

<p style="text-align: center;">UNIVERSITY OF ROCHESTER MEDICAL CENTER</p> <p style="text-align: center;">KESSLER TRAUMA CENTER</p>	<p>TRAUMA SERVICE MANUAL</p>	<p>APPROVED BY: Trauma Council Social Work</p>
	<p>Responsible for Content: Trauma Program</p>	<p>EFFECTIVE DATE: 4/17/12</p>
	<p>0002 SBIRT Process</p>	<p>PAGE: Page 1 of 2</p>

Description:

It is the policy of the Kessler Trauma Center at the University of Rochester Medical Center to provide optimal care and resources to the trauma patient population.

Rationale:

To provide a guideline for screening and brief intervention and referral (SBIRT) for alcohol misuse in the trauma population at Kessler Trauma Center.

Definitions:

SBIRT:	Screening, brief intervention and referral for treatment
Consumption/Binge Questions	Screening questions used for SBIRT
Trauma Patient:	Adult Trauma Activations (Level 1, Level 2)
SW:	Social Worker
OBS:	Observation Unit

Policy:

- a) For those trauma patients that are seen, treated and discharged from the **Emergency Department (including OBS)**, the process is as follows:
 1. ED SW will be notified for all Level I and Level II Trauma Activations via page.
 2. Clinical team will also place SW consult order for SBIRT process
 3. ED SW will complete the SBIRT process with each trauma patient prior to ED/OBS discharge.
 4. Required documentation of SBIRT results will be found in the medical record.

- b) For those trauma activations that are **admitted** to the hospital, the process is as follows:
 1. Clinical team will place SW consult order for SBIRT process.
 2. ED or Inpatient SW will complete the SBIRT process with each trauma patient prior to discharge.
 3. Required documentation of SBIRT results will be found in the medical record.

- c) The Consumption and Binge Drinking questions will be used for screening.

- d) All trauma patients who answer positive by the following criteria will receive an intervention by the SW.:
 1. The product of responses to consumption questions exceeds the recommended weekly or daily guidelines (weekly guidelines: 7 for women and anybody older than 65; 14 for men under age 66. Daily guidelines:3 for women and anybody over 65; 4 for men under age 66);
OR
 2. The response to Binge question is greater than 0.

- e) Trauma patients who are admitted to the hospital, ages 15 or greater, who self report use of alcohol within 1-6 hours of the injury do not need to be screened and will be immediately eligible for intervention process.

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- f) Laboratory testing for alcohol is not required unless the Trauma Team requires the information to guide clinical care.
- g) Those trauma patients that screen positive using the above named screening tool will undergo the brief intervention process. Brief intervention steps, as indicated, will include:
 - 1. Information and/or feedback on screening results, the link between drinking and injury (if applicable), methods and/or resources for reducing or stopping drinking
 - 2. Discussion with patient about their current drinking habits, how they may have contributed to injury, how they may want to change behaviors.
 - 3. Respectful Professional advice and discussion to help patient articulate their goals and plan to achieve them.
- h) Following the intervention, a referral/resource list for alcohol related information and assistance will be provided to the patient.
- i) Screening questions are incorporated into social work evaluation in the electronic medical record
- j) Community resources are maintained in Social Work Sharepoint Site
- k) SBIRT Coordinator and trauma program staff will review and maintain program compliance.
- l) Registry will provide SW leadership a daily census of Level I and Level II Trauma Patients.

Exception:

Patients transferred from Nursing Homes.

Patient Death

Traumatic Brain Injury preventing screening

References/Related Policies:

1. American College of Surgeons, *Resources for the Optimal Care of the Injured Patient, 2006*
2. American College of Surgeons, Alcohol Screening and Brief Intervention for Trauma Patients, *COT Quick Guide*

Original Policy Date and Revisions/Reviews

December 2011 Original

January 27th, 2012 Revision

February 7th, 2012 Revision

February 21st, 2012 Revision

May 21st, 2012 Revision