



erlanger

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Trauma

Prgm Mgr

Adult

Area Trauma

Surgical

Critical Care

Applicability Acute Care

Hospitals

Screening, Brief Intervention and Referral to Treatment (SBIRT) for Substance Abuse Practice Management Guidelines

1. Process/Procedure Description

The primary goal of SBIRT is to identify and intervene in patients who are a moderate or high risk for psychosocial or health care problems related to their substance abuse. Providing SBIRT in trauma centers has documented positive effects on patient outcomes, successful referral to and participation in substance abuse treatment programs, reduction in repeat injuries, and hospitalization related to injuries.

2. Who Should Read This Process/Procedure?

Inpatient Staff Nurses and Department Leaders, Behavioral Health, Trauma Nurse Navigator, Social Work, Case Management

3. Definitions:

- Substances may include alcohol, nicotine, illegal or controlled drugs, etc.
- SBIRT- Screening, brief intervention and referral to treatment
- Screening quickly assesses the severity of substance and alcohol use and identifies who is eligible for a brief intervention.
- Brief intervention and referral to treatment, or simply 'intervention', provides the patient with an opportunity to receive local resources that assist in locating voluntary inpatient or outpatient

rehabilitation services and referral to a substance abuse recovery navigator for further discussion. The patient may explore these options independently or with the help of the Social Worker, Case Manager, or Behavioral Health representative if their assistance is requested.

- CAGE-AID- Screening tool for identifying potential substance abuse.
- CRAFFT-N- Screening tool is a short clinical assessment designed to screen for substance-related risks and problems in adolescents. Car, Relax, Alone, Forget, Eriends, Trouble- Nicotine.

4. Process/Procedure

Step:	Process Instructions/Description:
A.	Nursing staff will complete the CAGE-AID or CRAFFT-N screenings in Epic as a part of every patient's nursing admission assessment as identified in the nursing models of care. Patients who are unable to participate in the SBIRT due to injuries and/or medical problems may be excluded from the process; such as those with a severe TBI, intubated, or history of dementia. However, should their medical condition improve, CAGE-AID or CRAFFT-N assessments should be performed.
B.	Positive Screening Score and Intervention: CAGE-AID: For patients ≥ 18 years of age. Any "Yes" answer in the screening tool will be considered a positive screening in need of intervention. • Within the CAGE-AID assessment, an additional question will cascade down for the nurse to ask the patient if they would like community resource information, a referral to speak to a recovery navigator, both actions, or to have no action taken. Answering this last question completes the assessment and the intervention. • If desired by the patient, an automated process within Epic ensures that community resources are added to the AVS and/or a referral is made to the recovery navigator who will reach out to the patient. This is triggered by the nurse answering the question mentioned above. CRAFFT-N: For patients ages 12-17 years of age. Any "Yes" answer in the screening tool will be considered a positive screening in need of intervention. • For BEH patients, the Trauma Nurse Navigator or designee will identify trauma patients with positive CRAFFT-N assessments through regular report running in Epic and perform the intervention. • For Children's Hospital patients, the Pediatric Social Worker or designee will follow a similar process of identifying patients through Epic reporting and performing the intervention.

C.	Documentation: The CAGE-AID assessment contains both the screening and the intervention in Epic. When fully completed, no further documentation is necessary. The CRAFT-N assessment will be documented as an admission screening in Epic. If intervention is indicated, the Trauma Nurse Navigator, Pediatric Social Worker, or designee will chart the intervention in Epic via a note. The SmartText Tool "CAGECRAFTN" is available for use in documenting the intervention. For patients that were discharged prior to intervention being completed, every effort will be made to contact the patient. A note will be entered in Epic to indicate what action was taken for fallout reconciliation and the outcome of those actions by the Trauma Nurse Navigator, Pediatric Social Worker, or designee.
D.	Compliance Screening: Per the 2022 Resources for the Optimal Care of the Injured Patient standards, compliance with completing screening assessments must be maintained at 80% or higher for traumatically injured patients admitted more than 24 hours. Intervention: The Trauma Programmatic goal for completing an intervention for those that screen positive for potential substance abuse is 100%. However, it is mandatory that an 80% compliance is maintained. Monitoring: Compliance will be monitored through data report outs at Trauma PIPS meetings with referrals made to inpatient nursing leadership if opportunities for improvement are identified.

References:

- Brown RL, Rounds LA. Conjoint screening questionnaires for alcohol and other drug abuse: criterion validity in a primary care practice. Wis Med J. 1995;94:135-40.
- Hinkin CH, Castellon SA, Dickson-Fuhrman E, Daum G, Jaffe J, Jarvik L. Screening for drug and alcohol abuse among older adults using a modified version of the CAGE. Am J Addict. 2001;10:319-26.
- <https://www.facs.org/quality-programs/trauma/vrc/resources>. Resources for Optimal Care of the Injured Patient: 2022.

Attachments

[!\[\]\(cbe80b694ebd74fcfe136a095b608235_img.jpg\) CAGE-AID Screening Tool Resource.pdf](#)

Approval Signatures

Step Description	Approver	Date
VP Approval	Jessica Holladay: VP & CNO Surg & Trauma Svcs	08/2026
Trauma Services Committee Approval	Stephanie Spain: Trauma Prgm Mgr Adult	08/2026
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Applicability

Erlanger Health - Baroness, Erlanger Health - Children's, Erlanger Health - East, Erlanger Health - North

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