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Area **Trauma Surgical**
Critical Care

Applicability **Tennessee**
Hospitals ONLY

Trauma Services Mental Health Screening Protocol PMG

1. Process/Procedure Description

All trauma centers must meet the mental health needs of trauma patients. Following traumatic events and injuries, patients may experience signs/symptoms of Post-Traumatic Stress Disorder (PTSD). The need for identification and resource provision for patients with these concerns is the goal of Trauma Services.

This protocol is to provide a structured approach to identify patients at high risk for mental health problems. To help identify and provide support, Trauma Services has a 3-step process of screening, identification and referral to allow trauma patients to be as informed as able and provided with resources.

2. Process/Procedure

In-Hospital

- A. During trauma patient's hospital stay, the following protocol screens patients in order to identify those at high risk for psychological sequelae with subsequent referral to a mental health provider.
 - Nursing Admission Assessment includes psychosocial, SBIRT and Suicide Risk (Columbia Suicide Severity Rating Scale). Positive screening on admission for suicidal ideation on the approved screening tool with nursing (care team) notification to the social worker in the respective department to ensure follow up.
 - All patients admitted to the trauma service have an automatic referral to Case Management who, in their evaluation, complete the Patient Health Questionnaire – 9 (PHQ9). If the patient scores moderate, then the attending physician is notified for potential psychiatric referral.
 - For patients deemed to be suicidal or homicidal, a physician will be notified and place an order

for emergency detention while awaiting determination for a certificate of need for involuntary confinement.

B. Those at high risk for developing PTSD are provided with an informational hand-out by the Trauma Navigator, along with a business card with instructions to call with any questions or concerns related to PTSD.

- Trauma patients considered for high risk include penetrating trauma (assault and self – inflicted), high energy blunt trauma (not including fall from standing), and any type of assault.

At Hospital Discharge

Upon discharge from the hospital, in addition to the handout provided previously, patients at high-risk for PTSD will have information provided in their hospital After Visit Summary (AVS). This information will be added in the form of a smart phrase into the instructions section of the AVS. It will reiterate some of the key information previously provided, including signs/symptoms, resources, recommendations, and crisis response.

- AVS PTSD Information:
 - It is natural to feel afraid during and after a traumatic situation. It is important to be aware of the symptoms of PTSD that can be the result of a traumatic event.
 - Symptoms Include:
 - Recurring flashbacks, bad dreams, frightening thoughts
 - Avoiding places, events, reminders, thoughts, or feelings about the event
 - Being easily startled, feeling tense, edgy or reactionary, or difficulty sleeping
 - Distorted feelings such as guilt or blame related to the incident, negativity toward self or the world, loss of interest, mood or cognition symptoms, or trouble remembering the traumatic event
 - Self-help:
 - Talk with your doctor about treatment options
 - Engage in mild physical activity or exercise to help reduce stress
 - Set realistic goals for yourself
 - Break up large tasks into small ones, set some priorities, and do what you can as you can
 - Try to spend time with other people and confide in a trusted friend or relative
 - Tell others about things that may trigger symptoms
 - Expect your symptoms to improve gradually, not immediately
 - Identify and seek out comforting situations, places, and people
 - Resources:

- Health maintenance organizations
 - Community mental health centers
 - Hospital psychiatry departments and outpatient clinics
 - Mental health programs at universities or medical schools
 - State hospital outpatient clinics
 - Family services, social agencies, or clergy
 - Peer support groups
 - Private clinics and facilities
 - Employee assistance programs
 - Local medical and/or psychiatric societies
 - If you are unsure of where to go for help, ask your family doctor
- What if you or someone you know is in crisis?
 - If you are thinking about harming yourself, or know someone who is, get help immediately:
 - In a crisis, an emergency room doctor can provide temporary help and can tell you where and how to get further support.
 - Call 911 or go to a hospital emergency room or ask a friend or family member to help you do these things.
 - Call the toll-free, 24-hour National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255); TTY: 1-800-799-4TTY (4889) to talk to a trained counselor.
 - Call your family doctor.

Follow-up Phone Calls

After patient discharge to home from the hospital, the Trauma Navigator makes attempt to reach out to the patient to check on the progress and assess for any needs. During this call, the Navigator asks the patient if he/she has had any of the signs/symptoms of PTSD and again, provide resources if necessary.

References:

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

NIH Publication No. QF 16-6388

Approval Signatures

Step Description	Approver	Date
COO	Robert Maloney: Executive VP & Chief Operating Officer	07/2023
Trauma Services Committee Approval	Stephanie Spain: Trauma Program Manager	07/2023
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