The University of Arkansas for Medical Sciences
Trauma Clinical Practice Management Guideline

SUBJECT: Alcohol Screening, Intervention, & Referral

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PURPOSE: To define the expectations of screening trauma patients for alcohol misuse and providing a brief intervention if applicable.

POLICY:
Alcohol misuse is common and the cause of numerous injuries that bring people to trauma centers. Level I and Level II trauma centers are required to have a way of identifying patients whose drinking is excessive. It is expected that each trauma patient admitted to UAMS Medical Center will be screened for alcohol use, including the amount consumed and CAGE. Additionally, those who screen positive for excessive use or CAGE 2 or more will receive a brief intervention.

DEFINITIONS:

Excessive Consumption: Consuming more than 14 drinks per week.

Positive CAGE Score: A CAGE questionnaire is positive if two or more of the following questions yield a positive response:

- Have you ever felt you should cut down on your drinking?
- Have people annoyed you by criticizing your drinking?
- Have you ever felt bad or guilty about your drinking?
- Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (eye opener)?

GUIDELINE:

1. All inpatients will be screened for alcohol consumption and assessed for drinking history on admission by an RN. Exceptions for screening include patients who cannot answer the questions and/or have no family available to provide information (i.e., trauma deaths, severe traumatic brain injuries).
    - The alcohol screening will be entered into the Electronic Medical Record (EMR) under the Admission Navigator Psychosocial Review or within the Screenings Flow Sheet.
    - Upon the trauma clinical coordinator's review, if an alcohol screening has not been performed (within 24 hours of arrival), a communication order will be entered into the EMR. Enter the following verbiage into the comments of the order: "Please complete the Alcohol Screening, CAGE Score, and (if applicable) Brief Intervention." Before signing the order, change the priority to "STAT".

2. If the patient screens positive for excessive consumption or has a CAGE score of 2 or higher, the RN will provide a brief intervention. This brief intervention will be documented in the EMR under the Screening Flowsheet, specifically in the Alcohol Intervention section.
    - Upon the trauma clinical coordinator's review, if a brief intervention has not been conducted, a nurse will enter a social work order into the electronic medical record (EMR). The Social Worker will perform a brief intervention and may potentially refer the individual to treatment.
3. If the patient is interested in receiving help in cutting back or quitting drinking, the RN will place a referral for Social Work.
4. The Social Worker will provide the patient with available community resources and treatment options. The Social Worker will document any brief intervention or referral to treatment in the electronic medical record (EMR).

PERFORMANCE MONITORING:

- Alcohol Screening Performed (including screening for alcohol consumption, excessive consumption, and CAGE score)
- Alcohol Brief Intervention & Referral to Treatment Performed

REFERENCES:

1. UAMS Medical Center Policy – MS.4.16, Alcohol Withdrawal
2. Centers for Disease Control. Screening and Brief Interventions for Unhealthy Alcohol Use, Step-by-Step Implementation Guide for Trauma Centers.
3. Committee on Trauma, American College of Surgeons. Alcohol Screening and Brief Intervention (SBI) for Trauma Patients.