

UAMS MEDICAL CENTER
ACS SERVICES MANUAL

SUBJECT: PTSD and Depression Screening & Intervention Guidelines **PAGE:** 1 of 4

REVIEWED/REVISED: new

EFFECTIVE: 12/15/2022

RECOMMENDATION(S): Dr. Sacha McBain

APPROVAL: 12/15/2022

CONCURRENCE(S): Trauma Surgeons

PURPOSE:

To define a process of posttraumatic stress disorder (PTSD) and depression screening and intervention in an inpatient trauma population

POLICY:

Trauma patients will be screened for PTSD and depression prior to discharge

BACKGROUND:

Per the American College of Surgeons Verification, Review, and Consultation program Resources for Optimal Care of the Injured Patient (2022 Standards):

“All trauma centers must meet the mental health needs of trauma patients by having: A protocol to screen patients at high risk for psychological sequelae with subsequent referral to a mental health provider (LI, LII, PTCI, PTCII), and a process for referral to a mental health provider when required (LIII).”

PROCEDURE:

- Trauma patients will be screened by the unit social worker for risk for post-injury PTSD and depression using the Injured Trauma Survivor Screen (ITSS) in the electronic medical record. Positive screens will initiate a consult to the Trauma Surgery Psychology Consult Service. See Attachment A: ITSS Screening Tool.
- Any member of the trauma service may initiate a Trauma Psychology referral based on results of screening or clinical determination of need.
- Trauma Psychology will conduct a consult and evaluation with the patient. If the patient’s condition does not allow for participation in screening or the consult, this will be documented in the medical record. The patient’s condition will be monitored for improvement and will be contacted when the patient’s condition is improved.
- The psychological consult and evaluation will determine subsequent intervention which will be documented in the medical record. If the treatment plan requires follow-up after discharge, the plan will be documented.
- Screening results and completion of consult will be recorded in the trauma registry.
- For patients requiring psychiatric follow up, Trauma Psychology will defer treatment to, or collaborate with, the Psychiatry CL team to meet the patient’s needs during admission. See Attachment B: Inpatient Psychology and Psychiatry Service for Trauma Patients.

UAMS MEDICAL CENTER
ACS SERVICES MANUAL

SUBJECT: PTSD and Depression Screening & Intervention Guidelines **PAGE:** 2 of 4

REVIEWED/REVISED: new

EFFECTIVE: 12/15/2022

References:

1. *Resources for Optimal Care of the Injured Patient - American College of Surgeons.*
https://www.facs.org/-/media/files/quality-programs/trauma/tqp/2022_vrc_injured-patient-standardsmanual_final.
2. Hunt J.C., Sapp, M., Walker C., Warren A.M., Brasel. K., & deRoos – Cassini T.A. (2017) Utility of the Injured Trauma Survivor Screen to Predict PTSD and Depression During Hospital Admission. *Journal of Trauma and Acute Care Surgery*, 82 (1), 93 – 101

**UAMS MEDICAL CENTER
ACS SERVICES MANUAL**

SUBJECT: PTSD and Depression Screening & Intervention Guidelines **PAGE:** 3 of 4

REVIEWED/REVISED: new

EFFECTIVE: 12/15/2022

Attachment A:

Injured Trauma Survivor Screen (ITSS)

Injured Trauma Survivor Screen (ITSS)

1 = Yes 0 = No

Before this injury	PTSD	DEP
1. Have you ever taken medication for, or been given a mental health diagnosis?		1 0
2. Has there ever been a time in your life you have been bothered by feeling down or hopeless or lost all interest in things you usually enjoyed for more than 2 weeks?		1 0
When you were injured or right afterward		
3. Did you think you were going to die?	1 0	1 0
4. Do you think this was done to you intentionally?	1 0	
Since your injury		
5. Have you felt emotionally detached from your loved ones?		1 0
6. Do you find yourself crying and are unsure why?		1 0
7. Have you felt more restless, tense or jumpy than usual?	1 0	
8. Have you found yourself unable to stop worrying?	1 0	
9. Do you find yourself thinking that the world is unsafe and that people are not to be trusted?	1 0	
≥ 2 is positive for PTSD risk ≥ 2 is positive for Depression risk	SUM =	

These guidelines were prepared by the UAMS ACS Division. They are intended to serve only as a guideline based on current review of the medical literature and practice. They are neither policies nor protocols. Their use is at the discretion of the managing physician.

UAMS MEDICAL CENTER
ACS SERVICES MANUAL

SUBJECT: PTSD and Depression Screening & Intervention Guidelines **PAGE:** 4 of 4

REVIEWED/REVISED: new

EFFECTIVE: 12/15/2022

Attachment B:

Inpatient Psychology, Neuropsychology, and Psychiatry Services for Trauma Patients

The following serves as an overview of the reasons for referral to the trauma surgery psychology, inpatient neuropsychology, and psychiatry services for hospitalized trauma patients.

Inpatient Trauma Psychology Service – Service Director: Sacha McBain, PhD

- Positive risk score on the Injured Trauma Survivor Screen (> 2 for depression and/or PTSD risk)
- Concerns about patient’s ability to cope with their injuries or hospitalization
- Mental health symptoms in need of behavioral health management (e.g., interfering with engagement in care)
- Traumatic grief or support in navigating difficult conversations with patients and families
- Assistance with providing family support
- Pre-existing mental health concerns exacerbated by the trauma or complicating recovery (may require collaboration with psychiatry)
- Suspected interpersonal violence, abuse, neglect resulting in injuries

Note: 1 - The psychology team may recommend to the primary service to consult psychiatry if the patient is solely interested in addressing the above issues with psychotropic medication management (if appropriate); 2 – the decision to consult psychology should be in collaboration with the patient and the patient should agree with this plan prior to the consult being placed.

Inpatient Neuropsychology Service – Service Director: Chrystal Fullen, PsyD

- Patients with TBI, SCI or cognitive impairment and their families
- Confusion and/or disorientation
- Agitation or inappropriate behaviors
- Reduced awareness of injury/implications
- Persistent cognitive problems interfering with care
- Assistance with early cognitive rehabilitation
- Providing psychoeducation on TBI, SCI, treatment expectations, and community resources

Inpatient Psychiatry Consultation Liaison Service – Service Directors: Amy Grooms, MD; Samidha Tripathi, MD; Payton Lea, MD

- Known suicide attempt
- Medication evaluation for patient, particularly for patients with severe and persistent mental illness
- Delirium