

# UAMS MEDICAL CENTER

## ACS SERVICES MANUAL

**SUBJECT:** Alcohol Screening, Brief Intervention, and Referral to Treatment (SBIRT) Protocol **PAGE:** 1 of 2

**UPDATED:** N/A

**EFFECTIVE:** 07/06/2023

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**RECOMMENDATION(S):** K. Urban, PhD, RN

**APPROVAL:** 07/06/2023

**CONCURRENCE(S):** Trauma Faculty

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### **PURPOSE:**

To define the expectations of screening inpatients > 12 years old for alcohol misuse and providing a brief intervention if applicable.

### **POLICY:**

Alcohol misuse is common and is the cause of numerous injuries that bring people to the 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 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:** Excessive Consumption is positive if the patient consumes > 14 drinks per week.

**Positive CAGE Score:** A CAGE questionnaire is positive if two or more of the following questions yields 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 assessment of drinking history on admission by 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 Flowsheet.
  - Upon the trauma clinical coordinator review, if an alcohol screening has not been done (24 hours after arrival), a communication order will be entered in the EMR. Enter the following verbiage into the comments of the order “Please complete the Alcohol Screening, CAGE Score, and (if applicable) Brief Intervention.” Prior to signing the

*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.*

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order, change the priority to “STAT”.

2. If the patient screens positive for excessive consumption or has a CAGE of 2 or more, the patient will receive a brief intervention from the RN. This brief intervention will be documented in the EMR in the Screening Flowsheet under the Alcohol Intervention section.
  - Upon the trauma clinical coordinator review, if a brief intervention has not been done, a nurse order to Social Work will be entered into the EMR. The Social Worker will perform the brief intervention and potential referral to treatment.
3. If the patient is interested in receiving help in cutting back of quitting drinking, the RN will place a referral for Social Work.
4. The Social Worker will give the patient community resources/treatment options that are available. The Social Worker will document any brief intervention or referral to treatment in the EMR.

### PERFORMANCE MONITORING:

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

### REFERENCES:

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