

1. SCOPE

- 1.1. Care of the Trauma Services patient at CCHMC
- 1.2. This is the recommended guideline to screen trauma patients, age 2 and older, for psychological sequelae of their trauma and identify patients at high risk for mental health challenges.

2. DEFINITIONS

- 2.1. **Posttraumatic stress disorder (PTSD):** a set of four symptom clusters that include intrusive memories, thoughts or sensations relating to the event; avoidance of people, places objects or sensations associated with the event; negative alterations in mood and thought patterns; as well as hyperarousal, anxiety, and unhealthy reactivity to stress. Symptoms lasting longer than 30 days after the event are PTSD, whereas symptoms observed soon after the event lasting at least three days and up to 30 days are considered **acute stress disorder (ASD)**.
- 2.2. **YCPS:** Young Child PTSD Screen
 - 2.2.1. Brief screen for symptoms of posttraumatic stress disorder in young children (ages 2-6 years)
- 2.3. **ASC-Kids:** Acute Stress Checklist for Children
 - 2.3.1. 29-item (ASC-29) self-report measure for acute stress reactions, including ASD symptoms, in children ages ≥ 7 years
 - 2.3.1.1. ASC-3, ASC-6: short forms of the ASC-Kids
 - 2.3.1.2. ASC-10: questions from ASC-29 & ASC-6 developed by the CCHMC Pediatric Rehab ReSet IRB study

3. PROCEDURES

- 3.1. Applies to all trauma patients, age 2 and above, that are admitted to the trauma service and subsequently discharged from the trauma service.
- 3.2. Prior to discharge, trauma core nurses, bedside nurses or Trauma Service nurse practitioners provide a paper document screening tool to guardians or patient to complete.
- 3.3. Results are inputted in Redcap by trauma core nurse for results to be tracked by Trauma Clinic RN.
- 3.4. Patients/guardians are notified of their positive score.
 - 3.4.1. ASC 10 ≥ 6 indicates a positive score
 - 3.4.2. YCPS ≥ 2 indicates a positive score
- 3.5. All patients, regardless of their score, receive brief information about acute stress disorder (ASD) on their discharge paperwork (inputted by discharging provider). Patients receive the following on their discharge paperwork:
 - 3.5.1. All patients are provided with the Trauma Clinic contact information to call with concerns or questions related to their acute stress score or symptoms following discharge.
 - 3.5.2. Contact information for the Social Worker, trained in trauma-focused cognitive behavioral therapy (TF-CBT), is provided to all symptomatic patients (score ≥ 1) with the option to directly set up counseling services if acute stress symptoms develop or worsen following discharge prior to their one-month follow-up call.
 - 3.5.3. To input this information on discharge paperwork smartphrases are utilized:
.ASDNEGATIVE2TO6YEARS .ASDNEGATIVE7TO18YEARS . ASDPOSITIVE2TO6YEARS . ASDPOSITIVE7TO18YEARS
- 3.6. One month after discharge, all patients who were symptomatic at discharge, are contacted via phone by the Trauma Clinic nurse. Patients or guardians repeat the screening tool.
- 3.7. Patients who are positive on their screening tools or express interest in mental health follow up are referred for mental health services.
 - 3.7.1. Mental health service referrals include Cincinnati Children's Hospital Medical Center's Behavioral Medicine Clinical Psychology program or our TF-CBT Social Worker through the Mayerson Center for Safe and Healthy Children.

4. ATTACHED FORMS

Young Child PTSD Screen

Parent/Caregiver:

Below is a list of symptoms that children can have after life-threatening events. Circle the number (0-1) that best describes how often the symptom has bothered your child since admission.

	0 None	1 A little	2 A lot
1. Does your child have intrusive memories of the trauma? Does s/he bring it up on his/her own?	0	1	2
2. Is your child having more nightmares since the trauma occurred?	0	1	2
3. Does s/he get upset when exposed to reminders of the event?	0	1	2
3. Has s/he had a hard time falling asleep or staying asleep since the trauma?	0	1	2
5. Has your child become more irritable, or had outbursts of anger, or developed extreme temper tantrums since the trauma?	0	1	2
6. Does your child startle more easily than before the trauma? For example if there's a loud noise or someone sneaks up behind him/her, does s/he jump or seem startled?	0	1	2

ACUTE STRESS CHECKLIST FOR CHILDREN

We would like to know about your thoughts, feelings, and reactions since admission. There are not any right or wrong answers, just how YOU are thinking and feeling. Please put an X in the box that shows how true each of these sentences is for YOU.

While it was happening	Never/ Not true 0	Sometimes/ Somewhat 1	Often/ Very true 2
1. It was really shocking, awful, or horrible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I wanted to make it stop, but I couldn't.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I felt really scared.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I thought I might die.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Now:	Never/ Not true 0	Sometimes/ Somewhat 1	Often/ Very true 2
5. At times, it seems like it is happening all over again.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. When something reminds me of what happened, I feel very upset.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I want to stay away from things that remind me of what happened.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I try to stop my feelings about it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I have a harder time concentrating or paying attention.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I feel scared that something bad might happen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. REFERENCES

- 5.1. Kassam-Adams, N., & Marsac, M. L. (2016). Brief practical screeners in English and Spanish for acute posttraumatic stress symptoms in children. *Journal of traumatic stress, 29*(6), 483-490.
- 5.2. Statement on Post-Traumatic Stress Disorder in Adults. (2018, February 1). American College of Surgeons. <https://www.facs.org/About-ACS/Statements/109-adult-ptsd>.
- 5.3. Kassam-Adams, N. (2006). The Acute Stress Checklist for Children (ASC-Kids): Development of a child self-report measure. *Journal of Traumatic Stress, 19*(1), 129-139.
- 5.4. Scheeringa, Michael S. MD. Development of a Brief Screen for Symptoms of Posttraumatic Stress Disorder in Young Children: The Young Child PTSD Screen. *Journal of Developmental & Behavioral Pediatrics: February/March 2019 - Volume 40 - Issue 2 - p 105-111* doi: 10.1097/DBP.0000000000000639
- 5.5. Kassam-Adams N, Marsac ML, Hildenbrand A, Winston F. Posttraumatic Stress Following Pediatric Injury: Update on Diagnosis, Risk Factors, and Intervention. *JAMA Pediatr. 2013;167*(12):1158–1165. doi:10.1001/jamapediatrics.2013.2741

6. APPROVALS

HISTORY
Original Date 9/22/22
Review Date

All revisions of this procedure are approved by the Trauma Services Department. This procedure is reviewed every three years or sooner if deemed necessary. Authority for this document resides with the Trauma Service Department. This procedure is approved by the Trauma Service Manager and the Director of Trauma Services.