Guideline



CCHMC Trauma Service Guidelines

Title: Mental Health Screening

Effective Date: 11/2024 Number: TR-36 Page: 1

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

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. Within 24 hours of admission, trauma core nurses, bedside nurses, trauma clinic RN 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. YCPS ≥ 2 indicates a positive score
 - 3.4.2. ASC $6 \ge 6$ indicates a positive score
- 3.5. All patients with a positive score will receive a BMCP referral.
- 3.6. All patients, regardless of their score, receive brief information about acute stress disorder (ASD) on their discharge paperwork (input by discharging provider). Patients receive the following on their discharge paperwork:
 - 3.6.1. 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.
 - 3.6.2. A comprehensive list of local resources is provided for all patients who screen positive.
 - 3.6.3. To input this information on discharge paperwork smartphrases are utilized: .ASDNEGATIVE & .ASDPOSITIVE

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
 Does your child have intrusive memories of the trauma? Does s/he b up on his/her own? 	oring it 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 tra	auma? 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	2
6. Does your child startle more easily than before the trauma? For example there's a loud noise or someone sneaks up behind him/her, does s/h or seem startled?	•	1 2	2

ACUTE STRESS SCREENING

Patient: We would like to know about your thoughts, feelings, and reactions since the accident. There are not any right or wrong answers, just how YOU are thinking and feeling. Please circle the number (0 to 2) that best describes how true each of these sentences is for you.

	0	1	2
	Never,	Somewhat	Often,
	not	or	very
	true	sometimes	true
 At times, it seems like it's happening all over again. 	0	1	2
When something reminds me of what happened, I feel very upset.	0	1	2
I want to stay away from things that remind me of what happened.	0	1	2
4. I try to stop my feelings about it.	0	1	2
I have a harder time concentrating or paying attention.	0	1	2
6. I feel scared that something bad might happen.	0	1	2

PATIENT: Please return to the nurse once complete.

Nurses: Please return to SRU Trauma Core Nurse to enter into Redcap.

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.0000000000000039
- 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

U. ALLINOVALS		
	HISTORY	
Original Date		
9/22		
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11/2024		

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.