

FOOTPRINTS

Pediatric Trauma Program Newsletter

EDITION 06

Spring Into Action

APRIL 2024

In this edition we are excited to present a case study that highlights a hot topic in our trauma department. We will then provide a literature review related to alcohol misuse in the adolescent population as well as look at the details of a recent policy change. We hope this edition will provide you with valuable insights and help you stay up-to-date with the latest Pediatric Trauma Program news.



DATES TO REMEMBER

Video Review:

April 10 • May 8 • June 12
@ 8am via Teams

PACC Adv. Trauma Lecture:

May 15
@ 11:30 via Teams Register in LMS

Trauma Champions

June 6
@ 4 pm via Teams
See below for details

CALL TO ACTION

Nurses from all units and all shifts that have an interest in Pediatric Trauma are wanted! We have created a group of *Trauma Champions* to work on upcoming projects. This would be a great opportunity for RN advancement to RN3 or RN4. Please email [Haley Wiggins](#) and/or [Stefani Skoglund](#) if you have an interest or would like more information.



[Trauma Program Website](#)

CASE STUDY

Johnny Smith is a 16 year old male who presented to the hospital following a high speed MVC in which he was the restrained driver. Imaging revealed compression fractures of the T6-T11 vertebral bodies and possible endplate compression fracture of T12, a nondisplaced L1 TP fracture, multifocal pulmonary contusions and anterior body wall contusions in a seatbelt distribution. The Spine service was consulted with upright imaging obtained and determined to be stable. No further intervention was indicated. PT/OT were consulted for mobilization. A coagulation evaluation was completed with no additional therapies indicated. Social work was consulted to meet with the family and the DCS liaison was provided the circumstances of the accident. Given some conditional suicidal ideations, psychiatry was consulted and recommended admission to an inpatient behavioral health hospital. Once he was tolerating a regular diet, pain was controlled, voiding well, and ambulating, he was discharged to an the inpatient behavioral health hospital.

Further details of the accident revealed potential alcohol use amongst occupants, one passed away on scene, and another is in stable condition at an outside hospital. Law enforcement has an on-going investigation regarding the mother's role in providing alcohol to minors and charges against patient and mother. When the patient was told he would discharge to jail, he began expressing suicidal ideations.

This case study highlights the impact alcohol misuse has on the community and the high risk behaviors amongst teens. We as healthcare professionals have a pivotal role to play in supporting traumatic event prevention. There is much work being done to screen for alcohol misuse and provide brief intervention and treatment referrals for high risk patients.

LITERATURE REVIEW

To meet the requirements set by the American College of Surgeons (ACS) , all level 1 and 2 trauma centers must screen patients greater than 12 for alcohol misuse. This scholarly article discusses the implementation and evaluation of a mandatory electronic medical record tool for alcohol or other drug use screening, brief intervention, and referral to treatment (SBIRT) for adolescent inpatients in a pediatric trauma center. The study found that screening compliance increased significantly after the implementation of SBIRT electronic medical record tool. However, demographic disparities in intervention rates may exist. The study concluded that multidisciplinary training along with an electronic medical record tool can increase SBIRT protocol compliance, and further research is required to address the demographic disparities in intervention rates.

Roubil JG, Hazeltine MD, Bludevich BM, Aidlen JT, Pustis N, Ferrante C, Hirsh MP, Cleary MA. Assessing screening, brief intervention, and referral to treatment (SBIRT) compliance and disparities for pediatric inpatients at a tertiary care facility. *J Pediatr Surg.* 2022 Jan;57(1):111-116. doi: 10.1016/j.jpedsurg.2021.09.048. Epub 2021 Oct 5. Erratum in: *J Pediatr Surg.* 2023 Nov;58(11):2267. PMID: 34740443.



POLICY CHANGE

Our previous practice of screening for alcohol misuse in adolescents relied heavily on the Trauma and Orthopedic APP's to identify patients that qualified. During the week, the APP's would place a SW consult for SBIRT/ CRAFT. On the weekends, the trauma APP's would complete the screening themselves while ortho traumas were missed due to a lack of ortho APP coverage. With this process, the screening compliance was below the standard of 80%. Monroe Carell was granted 1 year Trauma Center verification status and must correct this deficiency by showing 6 months of screening rates >80% in order to receive the full 3 year verification.

Beginning in February, all patients 13 years and older, with an injury related admission will be subject to the new SBIRT process. If the ED LOS is <6hrs they will have an ordered blood ethano-level. The lab should be drawn in a dark green tube and completed immediately to reflect accurate levels. If the ED LOS is >6hrs, a SW consult for SBIRT/CRAFFT screening will be placed. The results of the ethanol test and the CRAFFT questionnaire are considered protected health information and should not be relayed to caregivers or law enforcement.

