TRAUMA REGISTRY CASES RELATED TO PRESENCE OF OPIATES
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Purpose: To quantify the presence of opiate drugs in our trauma patient population and assess process in place and prevention outreach opportunities.

Background: Opiate drug abuse is both a national and local public health crisis. In our community, Akron, Ohio, we have witnessed a large increase in opiate-related overdoses. In fact, data from our emergency department shows that, on average, 31 opiate-related overdoses were occurring in each of the 3-months prior to July 2016—however, in the 3-months following July 2016, an average of 156 opiate-related overdoses came to our ED. This caused our team to investigate the presence of drug use in our trauma cases. Data from a Level 1 Trauma Center registry shows that from January 1, 2014 - August 30, 2016, 24.7% (1346/5448) of trauma cases involved a drug (amphetamine, barbiturate, benzodiazepine, opiate, cocaine, marijuana, phencyclidine (PCP). Prescription drug use was present in 20.4% (1111/5448) of trauma cases, while 4.3% (235/5448) of trauma cases involved an illegal drug. Opiates were the most common drug present in cases where any drug was used— with 78.4% (1055/1346) of trauma cases involving an opiate. Polysubstance drug use occurred in 27.1% (365/1346) of all cases involving a drug. Benzodiazepine and Opiate was the most common combination of drugs observed in trauma cases where multiple drugs were present (62.5%, 215/344).

Falls, minor and major, along with motor vehicle accidents make up seventy percent of causes of trauma cases that used legal and illegal drugs. The age group 50-59 had the highest prevalence of substance use (28.0%, 204/728) amongst trauma cases. Seven out of the eight trauma cases during this time period involved a trauma patient that was pregnant and using opiates.

Process: Trends in substance use and trauma were examined from the trauma registry. Previous literature findings confirmed drug use is common in trauma cases. All trauma patients are given a toxicology screening test upon presentation to the emergency department. Current care requires a referral to the Clinical Liaison in Psychiatry (CLP) for trauma patients who test positive for drugs. These patients are evaluated by the CLP psychologist and referrals made to appropriate agencies as needed. At this time patients are referred for follow-up care to our outpatient trauma clinic.

Pregnant trauma patients with positive opioid screens are referred to our Maternal-fetal Opiate Medical Home (MOMH), a specialized, innovative, and highly coordinated care pathway for opiate addicted mothers that has received both state and national level recognition.

Key to prevention is engaging the community through education outreach by targeting high risk neighborhoods and venues, taverns, fairs, concerts, and sporting events. Innovative interactive activities using simulation driving of a model car and wearing impaired goggles demonstrate the trauma risk.

Impression: Opioid drug use is a common occurrence in trauma patients that present to our Level 1 Trauma Center. Our hospital has a process in place to make referrals to drug counseling, including pregnant opiate addicted women, however, as the opioid epidemic continues, more robust policies and follow-ups need to be considered. We would like to move to using a toolkit that patients are given upon discharge that would include a
checklist of resources for follow-up. Additionally, nursing would be provided with education on what resources to suggest and how to approach this conversation with patients.

**Conclusion:** Given the prevalence of substance use within our trauma population, it is important to link patients with referrals to drug counseling (if appropriate), treatment centers and to also educate patients on side effects of drugs that impair functioning to the extent that trauma can occur.