Purpose: ASD symptoms persist for a minimum of three days and last no more than one month. The symptoms fall into the following categories: intrusion, negative mood, dissociative symptoms, avoidance and arousal symptoms. PTSD symptoms begin within a month of the trauma but sometimes can begin years afterward. PTSD symptoms can be re-experiencing, avoidance, arousal/reactivity and cognition/mood. UT Medical Center’s Trauma Services has been able to meet the emotional support needs of trauma patients and their families utilizing their Trauma Survivors Network (TSN) program to address ASD symptoms. The American College of Surgeons (ACS) supports efforts to screen and refer trauma patients with PTSD symptoms. In 2018, efforts to identify and address PTSD symptoms experienced by trauma patients began with follow up from the Brief Intervention Coordinator (BI Coordinator) and trauma patients were able to talk with someone and be linked to resources for treatment.

Resources: Manpower and office supplies are the main resources needed to implement a PTSD protocol. Our Trauma Services uses a portion of their BI Coordinator’s time to complete scoring of the PTSD Checklist–Civilian version (PCL-C) and follow up with former trauma patients who screen at risk for PTSD.

Description: Planning meetings occurred between Trauma Program Manager, TSN Development Coordinator and the Trauma Clinic Administrator to discuss the screening tool, responsibilities and process to implement PTSD screening during trauma clinic follow up visits. PTSD screening went live in January 2018 with trauma patients scheduled for follow up visits to the trauma clinic.

Screening: The PTSD Checklist–PCL-C, a self-report questionnaire with 17 questions, is completed by the patient during their visit to the trauma clinic. The form was modified to include the patient’s name and date of birth so follow up could be completed with those who screen positive. All the collected questionnaires are then scored by the BI Coordinator. Brief Intervention and Referral: If a patient scores a 36 or higher a brief intervention with the patient is completed. The BI Coordinator calls the patient and discuss the findings of the screening, and then discusses any concerns or needs for further help.

Effectiveness: The Medical Center’s Trauma Services PTSD program has been successful in providing resources and referrals for treatment to trauma patients who are at risk for PTSD. The PTSD protocol has provided trauma patients who were formerly not offered emotional support for a life changing event that caused a physical trauma the information and resources needed to fully recover.

Lessons Learned: A major lesson learned was the fear of dealing with a mental health issue in a non-mental health setting. The number one concern for our trauma and orthopedic clinics were suicidal patients. A con for the PTSD program has been managing the dissemination and collection of the PTSD Checklist–PCL-C data collection. A pro came from monitoring of the PTSD protocol and Trauma Services wanting to reach more trauma patients. Many of the Medical Center’s trauma patients are from out of town and different states and would not come into the trauma clinic for follow up. After the review of a research article on PTSD after critical illness an ICU pilot was created and implemented in September 2019. With the PTSD-ICU pilot, the Medical Center’s Trauma Services can identify, screen and support more trauma patients in their emotional recovery. Patients receive a follow-up call and are rescreened at 12 month and 24 months after the initial 3 month screen.

Conclusions: In 2018, the trauma clinic collected 239 completed screens. The BI Coordinator conducted 52 follow up attempts, 21 follow up contacts placed 1 referral and mailed out 6 resource packets. In 2019, the trauma clinic collected 49 screens and the BI Coordinator conducted 8 follow up attempts, 4 follow up contacts and mailed out five resource packets. The decrease in numbers is attributed to “dropping the ball” and screens not being handed out to patients in the trauma clinic.