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| Maine Medical Center Trauma Clinical Practice Guideline<br>(MMCT-CPG)  |                           |                                 |
| Screening and Brief Intervention and Referral to Treatment (SBIRT)   |                           |                                 |
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| Guidelines translate best evidence into best practice. A well-crafted guideline promotes quality by reducing healthcare variations, improving diagnostic accuracy, promoting effective therapy, and discouraging ineffective – or potentially harmful – interventions. |                           |                                 |

## Purpose:

This CPG provides guidelines for identification and counseling for alcohol use disorder.

## Summary

All trauma patients will be screened for potential alcohol use through measurement of blood alcohol concentration and routine screening using an assessment of consumption and CAGE questions. Patients who screen positive for possible EtOH abuse will have intervention as appropriate.

## Screening Assessments:

- Blood ethanol level- all trauma patients
  - Drawn on all trauma patients as part of the initial workup (or)
  - Drawn at a transferring facility
- Routine screening questions- all admitted trauma patients
  - Consumption screening through social history
  - CAGE questionnaire
  - Exclusion criteria: baseline severe cognitive impairments (advanced dementia, severe TBI)

## Timing of Brief Intervention

- The soonest appropriate opportunity, typically on admission or tertiary, including ICU patients who are examinable
- For patients who are not examinable due to acuity of illness, sedation, or severely altered mental status, screening should happen at the soonest appropriate time. It is an expectation that providers will inquire/follow-up on the SBIRT status of all injured patients upon transition out of the ICU.

## Intervention and Referral

Based on a positive blood alcohol screen *or* a positive result on the CAGE or Consumption screen (cutoff scores below), a Psychiatric consult will be requested, or a brief intervention can be done in the moment by the provider . The substance abuse consultant will refer the patient to appropriate services.

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## Consumption

1. On average, how many days per week do you have a drink containing alcohol?
2. On a typical day when you drink alcohol, how many drinks do you have?
3. How many times in the past year have you had more than 5 drinks in a day (for men) or more than 4 drinks in a day (for women)?

## Consumption Cutoff Scores:

The patient is considered positive for heavy drinking if:

- The total number of drinks per week  $>7$  for women
- The total number of drinks per week  $>7$  for patients  $\geq 65$  years old
- The total number of drinks per week  $>14$  for men
- The response to question 3 is  $> 0$

## CAGE Questions

Have you ever felt you should Cut down on your drinking?

Have people Annoyed you by criticizing your drinking?

Have you ever felt bad or Guilty about your drinking?

Have you had an Eye opener first thing in the morning to steady nerves or get rid of a hangover?

## CAGE Cutoff Scores:

Yes to 2 or more above.

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