

A Retrospective Evaluation of Psychiatric Recommendations Using the Injured Trauma Survivor Screen

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BACKGROUND

According to the American College of Surgeons (ACS), at least 20% of hospitalized trauma patients will develop post-traumatic stress disorder (PTSD) or depression.¹ As a result, ACS guidelines require all trauma centers to screen high-risk patients for psychological sequelae and ensure timely referral to a mental health provider.¹ The Injured Trauma Survivor Screen (ITSS) is a validated tool for identifying trauma survivors at risk for PTSD and depression that was implemented at the University Medical Center of Southern Nevada (UMCSN) in August 2023.²

PURPOSE

- To assess the proportion of patients who screen positive using the ITSS.
- Evaluate the referral rate of psychiatry consultations among these patients.
- Identify the most common psychiatric recommendations provided.

METHODS

We conducted a retrospective analysis of medical records from trauma patients who underwent ITSS screening in a Level I Adult and Level II Pediatric Trauma Center over a 12-month period. A total of 797 ITSS screenings were initiated between August 2023 and July 2024. Sixty-two patients were excluded due to incomplete screens or trauma related to a suicide attempt, leaving a final sample size of 735. Patients who screened positive for PTSD or depression were identified, and their psychiatric recommendations were reviewed. The primary psychiatric recommendations included medication, psychotherapy, 1:1 sitter, legal hold for psychiatric evaluation (L2K), or no psychiatric intervention recommended.

ACKNOWLEDGEMENTS

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ITSS Results Over a 12-Month Period

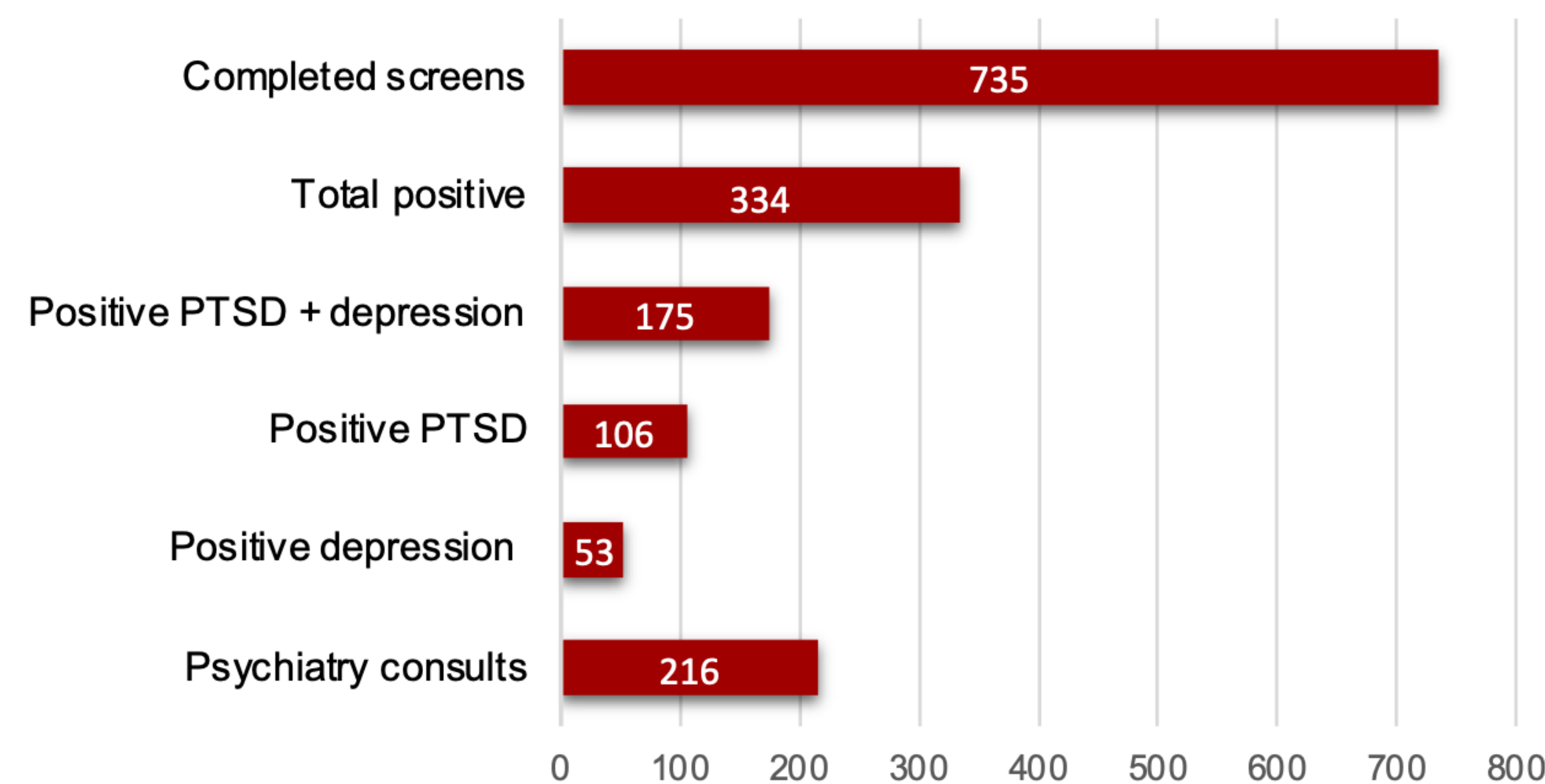


Figure 1. ITSS screening results for PTSD and depression in trauma patients over a 12-month period.

Psychiatric Recommendations

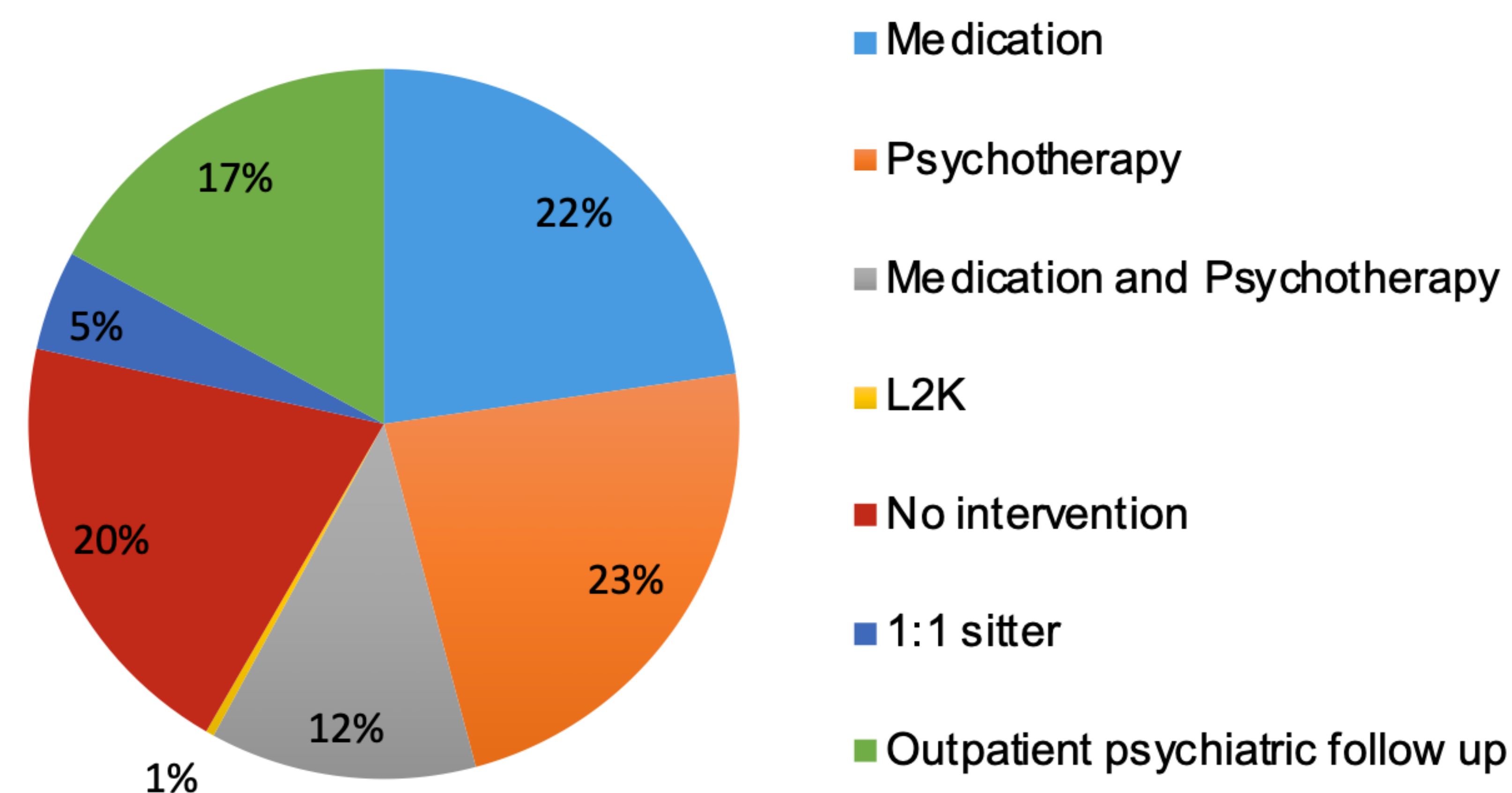


Figure 2. Distribution of psychiatric recommendations for trauma patients with positive ITSS screens.

RESULTS

Between August 2023 and July 2024, a total of 735 ITSS screens were conducted, with 45% (n=334) yielding positive results. Among those who screened positive, 52% screened positive for both depression and PTSD, 32% for PTSD alone, and 16% for depression alone. Of the individuals who screened positive, 65% (n=216) accepted psychiatric consultations. The most common recommendations following psychiatric consultation were psychotherapy (23%), medication (22%), outpatient psychiatric follow up (17%), and a combination of medication and psychotherapy (12%). Less common recommendations included 1:1 sitter (5%) and L2K (1%). In 20% of cases, no intervention was indicated.

CONCLUSIONS

Our study highlights the patterns in psychiatric recommendations for trauma survivors and emphasizes the importance of early identification and intervention for PTSD and depression. Notably, 45% of patients screened positive, a rate much higher than initially expected, underscoring that PTSD and depression may be more prevalent among trauma patients than previously understood. These findings support the ACS' decision to mandate psychological screening for trauma patients, demonstrating the critical need for such protocols.¹ Additionally, these findings suggest a need for standardized protocols to ensure that patients receive appropriate psychiatric care based on their ITSS results. Future efforts should focus on refining these protocols and exploring their long-term impact on patient health. Future work should also explore the implementation of protocols for long-term follow-up after discharge, ensuring proper diagnosis and treatment of trauma-related mental health disorders to enhance patient care continuity and outcomes.

REFERENCES

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