

Training and Education:

1. Training: Provide regular training to healthcare providers on the administration and interpretation of the NSESSS screening tool.
2. Education: Educate staff and patients about PTSD, its symptoms, and available resources for support and treatment.

Conclusion:

PTSD Screening in Admitted Adults using the NSESSS Screening Tool is intended to enhance patient care by early identification and appropriate management of PTSD symptoms. By adhering to this guideline, the trauma center can ensure consistent and evidence-based screening practices, ultimately improving patient outcomes and overall healthcare quality.

References:

McBain SA, Sexton KW, Palmer BE, Landes SJ. Barriers to and facilitators of a screening procedure for PTSD risk in a level I trauma center. *Trauma Surg Acute Care Open*. 2019 Aug 12;4(1):e000345. doi: 10.1136/tsaco-2019-000345. PMID: 31467988; PMCID: PMC6699788.

Price J, Genuario K, Romeo D, Pruden K, Elwell S, Matwiejewicz D, Friedlander E, Jaszczyszyn D. Implementation of a standardized screening program for risk of posttraumatic stress disorder among youth hospitalized with injury. *Psychol Serv*. 2019 Feb;16(1):48-57. doi: 10.1037/ser0000271. Epub 2018 Nov 26. PMID: 30475046.

Rahmat S, Velez J, Farooqi M, Smiley A, Prabhakaran K, Rhee P, Dornbush R, Ferrando S, Smolin Y. Post-traumatic stress disorder can be predicted in hospitalized blunt trauma patients using a simple screening tool. *Trauma Surg Acute Care Open*. 2021 Mar 23;6(1):e000623. doi: 10.1136/tsaco-2020-000623. PMID: 33880413; PMCID: PMC7993304.

Effective Date: December 2023 **Review Date:** December 2026

Discharge Guideline

Discharge summaries should be sent to the rounding attending for the day, NOT the admitting attending.

Trauma Service Follow Up

- Choose the ACP 3rd Floor Location under the discharging trauma attending's name
 - All Trauma patients are to follow up in the ACP Office, not Bradhurst.
- Laceration repair
 - Patients with lacerations repaired by the Trauma Service should follow up in 5-7 days from repair for the head and face. All other patients should follow up 10-14 days for repairs on other areas of the body. Patients can follow up with the PCP for suture/staple removal, if they prefer.
- All patients who underwent surgery by the Trauma Service should follow up at 4 weeks, unless otherwise specified.
- For patients with ≥ 3 rib fractures, displaced sternal fractures, or a chest tube, follow up with a 2-view chest x-ray before their appointment.
- Patients who underwent surgery for rib or sternal fractures should undergo a 3-view chest x-ray (PA/Lateral/oblique) to visualize the hardware before follow-up at 4 weeks, 3, 6, and 12 months.
- Patients with AAST Grade ≥ 3 or greater solid organ injuries (liver, kidney, spleen), should follow up with the trauma service at 4 weeks
- Any patient not included above should follow up at the discretion of the discharging Trauma Attending
- Any patient without a scheduled follow-up, the office contact info should be listed as PRN follow up

Other Services

- Follow up with ancillary services per their notes (make sure to check recommendations from services that have already signed off)

Discharge VTE Prophylaxis

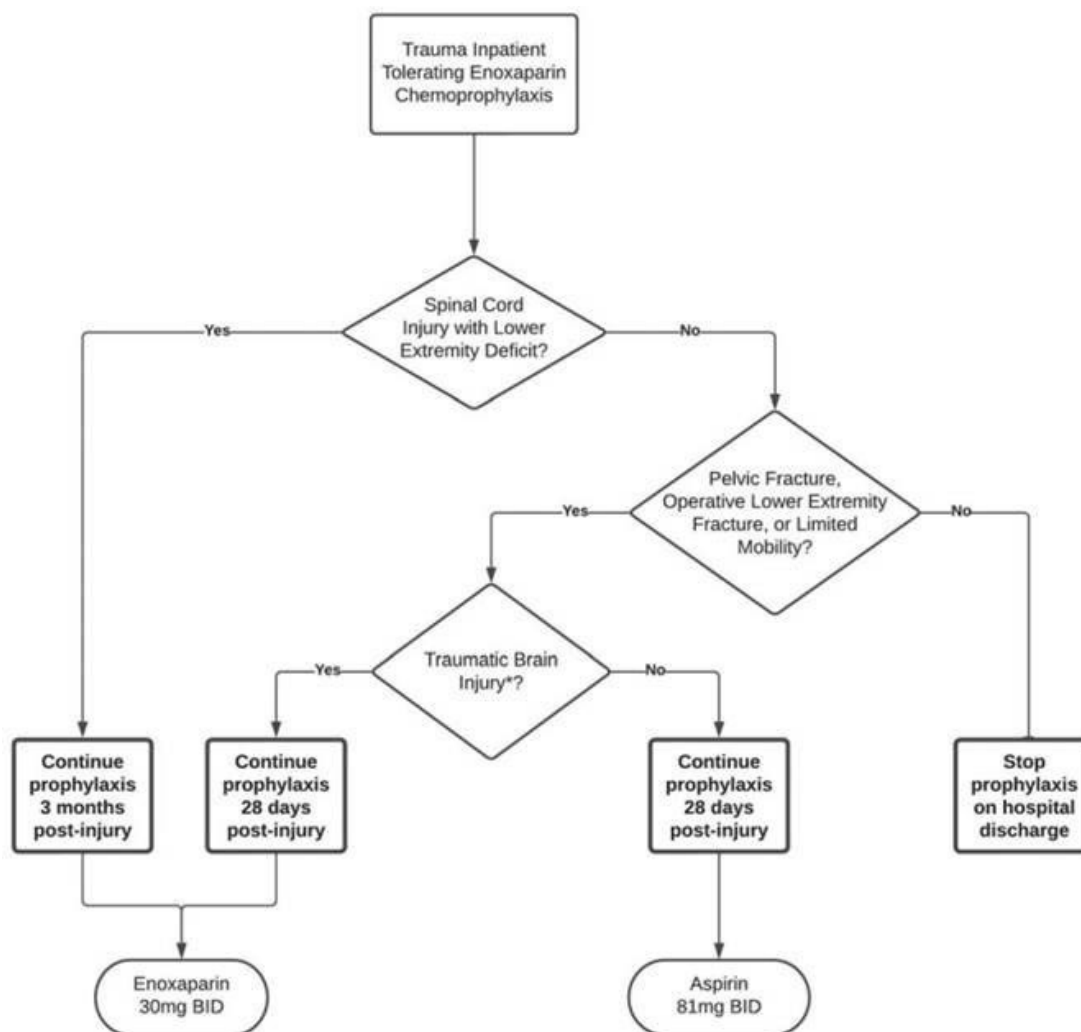


Figure 1. Postdischarge VTE prophylaxis algorithm.

DOACs may be substituted for enoxaparin in patients who are discharged home. Patients discharged to a facility should continue enoxaparin.

For patients with CrCl<30ml/min, substitute heparin 5000 units every 8 hours.

Apixaban 2.5 mg PO BID for 28 days post injury

Rivaroxaban 10mg PO daily for 28 days post-injury

Contraindications for DOACs: pregnancy, body weight > 150kg, CrCl <30ml/min