Acute Stress Disorder and Post-Traumatic Stress Disorder Screening in Pediatric Trauma Patients

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Acute Stress Disorder and Post-Traumatic Stress Disorder Screening in Pediatric Trauma Patients

Samantha Irizarry BSN-RN; Marian Malone DNP, APRN, CPNP-AC/PC; Megan Waddell MSN CPEN

BACKGROUND

- Two-thirds of U.S. children and adolescents report experiencing one or more potentially traumatic events by age seventeen, and 4.7% of U.S. adolescents meet the lifetime criteria for PTSD.
- 13.4% of the North Carolina pediatric population ages 0-17 have undergone two or more traumatic adverse childhood experiences, compared to 14% of the U.S. population.
- One of the most common inappropriate diagnoses and treatments is attention-deficit/hyperactivity disorder (ADHD) in this population.
- Early identification reduces the by-products of underdiagnosis of ASD and PTSD, such as mental illness, developmental delays, poor academic performance, and challenges with social interactions.

LOCAL PROBLEM

- The site for this Evidence-Based Practice Improvement project is a level-one pediatric trauma hospital in Charlotte, North Carolina, seeing more than 130,000 patients annually.
- Prior to project implementation, there was an absence of ASD and PTSD screening and referral protocol for pediatric trauma patients.
- The aims of the project were:
  - Implement ASD and PTSD screening at the project site for pediatric trauma patients
  - Increase the number of pediatric trauma patients with referrals ordered

METHODS

- The Evidence-Based Practice Improvement (EBPI) and Plan-Do-Study-Act (PDSA) models were the frameworks used for this project.
- Literature search, critical appraisal, and synthesis outcomes revealed strong, consistent evidence for each screening tool utilized: Child Stress Disorder Checklist (CSDC-SF), Acute Stress Checklist (ASC 3/6-SF), and Child and Adolescent Trauma Screening (CATS).
- Outcome measures were compared to the pilot study performed pre/post-intervention implementation.

RESULTS

- Pediatric trauma patients at risk for ASD and PTSD were more likely to be identified and receive referral orders after the implementation of a standardized ASD and PTSD screening tool.

![Screening Tools Results](image)

<table>
<thead>
<tr>
<th>Screening Tools</th>
<th>Positive</th>
<th>Negative</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Stress Disorder Checklist (CSDC)</td>
<td>11</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>Acute Stress Checklist (ASC 3/6AC-6)</td>
<td>8</td>
<td>39</td>
<td>0</td>
</tr>
<tr>
<td>Child Adolescent Trauma Screen (CATS)</td>
<td>5</td>
<td>6</td>
<td>46</td>
</tr>
</tbody>
</table>

- Acute Stress Disorder - High Risk
  - Number of referrals ordered: 11
  - Positive: 46
  - Unknown: 0

- Post-Traumatic Stress Disorder - High Risk
  - Number of referrals ordered: 5
  - Positive: 6
  - Unknown: 46

- Outcome measures were compared to the pilot study performed pre/post-intervention implementation.

CONCLUSIONS

- The use of standardized screening tools increased the number of referrals placed for pediatric trauma patients at risk for ASD and PTSD.
- The implementation of ASD and PTSD screening tools was integrated into the standard practice at the project site.
- The screening tools were incorporated into the site’s electronic health records.