OPERATIONAL GUIDELINES: IMPLEMENTING POST-TRAUMATIC STRESS DISORDER (PTSD) SCREENING IN A BURN CENTER

PURPOSE:
To provide nursing staff with information on the benefits of early detection of burn patients at risk for PTSD, how to use the PC-PTSD tool, and timely and appropriate mental health interventions for identified patients.

1. Early detection of patients at risk for the development of Post-Traumatic Stress Disorder to provide early intervention leading to more favorable outcomes.
2. Nurses in the inpatient setting will use the Primary Care PTSD Screening Tool (PC-PTSD-5) three days post injury plus or minus one day to identify patients at risk for PTSD in a consistent and reliable manner. The score will be documented in the patient's EMR.
3. Nurses in the outpatient setting will use the Primary Care PTSD Screening Tool (PC-PTSD-5) on the patients' initial visit to the burn clinic. The score will be documented in the patient's EMR.

APPLICABILITY:

Population Served: x Adult
- □ Psychiatry
- □ Obstetrics
- □ Pediatrics

Care Setting
- x Ambulatory Care – **Burn patients at Outpatient clinic**
- x Critical Care - **Burn ICU**
- □ Emergency Department
- x Inpatient Acute
- □ Procedure/Diagnostic Area
- ▫ Periop
- X Step-down -

EVIDENCE BASED SUPPORTIVE DATA:

Post-traumatic Stress Disorder (PTSD) is a disorder categorized in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) that can develop when a person is exposed to death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence[1]. PTSD is the most common psychological disorder for the burn survivor[2]. Prevalence studies among burn survivors report PTSD diagnosis 19-45%[3].

[1] U. S. Department of Veterans Affairs (February 22, 2018). Accessed 30 March 2018. *PTSD: National Center for PTSD*. Retrieved from https://www.ptsd.va.gov/professional/PTSD-overview/dsm5_criteria_ptsd.asp

[2] Cukor, J., Wyka, K., Leahy, N., Yurt, & Difede, J. (2015) The treatment of posttraumatic stress disorder and related psychosocial consequences of burn injury: A pilot study. *The Journal of Burn care and Research, 36*(1), 184-192. Doi:10.1097/BCR.0000000000000177

[3] Tiet, Q. Q., Schutte, K. K., & Leyva, Y. E. (2013). Diagnostic accuracy of brief PTSD screening instruments in military veterans. *Journal of Substance Abuse and Treatment, 45,* 134-142.

Dated: 10/1/2019

Early identification of PTSD in the adult burn population with the use of a reliable nurse administered screening tool lead to more favorable outcomes. The PC-PTSD is a 5-item screen tool designed for use by medical professionals to screen patients who are at risk for PTSD[4].

EQUIPMENT:
Primary Care PTSD Screening Tool (see appendix A)

PROCEDURE:
A. The bedside or clinic nurse will perform a PC-PTSD-5 screen *(Appendix A)* at three days post burn injury (plus or minus one day)
B. If a patient provides 3 "yes" responses, the PC-PTSD is "positive." The positive response indicates a patient *may* have acute stress or other trauma-related psychological problems and is likely to develop PTSD.
C. Inform Physician/NP to create "Referral" for early mental health interventions.

PATIENT TEACHING:
1. Inform patient that the PC-PTSD screening is done on burn patient immediately following admission to provide best quality of care.
2. Assure patient any positive responses are a normal part of the coping process for a burn injury.
3. If positive, inform patient they will be referred for services to facilitate coping with their burn injury.

DOCUMENTATION:
1. Enter PC-PTSD score into patient's EMR.
2. Enter Nursing Note to document Patient Education has been completed.

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[4] Prins, A., et al. (2016). The Primary Care PTSD Screen for DSM-5 (PC-PTSD-5): Development and Evaluation Within a Primary Care Sample. *J Gen Intern Med, 31(10), 1206-11*

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Giannoni-Pastor, A., Eiroa-Orose, F. J., Kinori, S. G. F., Arguello, J. M., & Casas, M. (2016). Prevalence and predictors of posttraumatic stress symptomatology among burn survivors: A systematic review and meta-analysis. *Journal of Burn Care and Research, 37,* e79-e89. doi:10.1097/BCR.0000000000000226

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Tiet, Q. Q., Schutte, K. K., & Leyva, Y. E. (2013). Diagnostic accuracy of brief PTSD screening instruments in military veterans. *Journal of Substance Abuse and Treatment, 45,* 134-142.

U. S. Department of Veterans Affairs (March 13, 2018). *PTSD: National Center for PTSD*

IMPLEMENTING POST-TRAUMATIC STRESS DISORDER (PTSD)

SCREENING IN A BURN CENTER, CONT'D

APPENDIX A

Text Box 1. The Primary Care PTSD Screen for DSM-5 (PC-PTSD-5)

Sometimes things happen to people that are unusually or especially frightening, horrible, or traumatic. For example:
· a serious accident or fire
· a physical or sexual assault or abuse
· an earthquake or flood
· a war
· seeing someone be killed or seriously injured
· having a loved one die through homicide or suicide

Have you ever experienced this kind of event?
YES/NO
If 'No,' screen total = 0; if 'Yes,' continue with screening.

In the past month, have you···
1. had nightmares about the event(s) or thought about the event(s) when you did not want to?
YES/NO

2. tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)? YES/NO

3. been constantly on guard, watchful, or easily startled? YES/NO

4. felt numb or detached from people, activities, or your surroundings? YES/NO

5. felt guilty or unable to stop blaming yourself or others for the events(s) or any problems the event(s) may have caused? YES/NO

Note. All new items are italicized here for emphasis; respondents were asked to answer "yes" or "no" to all items.