

ASR ASSESSMENT
a) Symptoms
b) Trauma
c) Risk factors
d) Medical status
e) Mental status
f) Functional status
g) Psychosocial status
h) Dangerousness
i) Unit disruption

ASR IMMEDIATE NEEDS
Survival
Safety
Security
Food
Shelter
Sleep
Medical care (first aid)
Mental health triage
Orientation
Communication with family friends and community

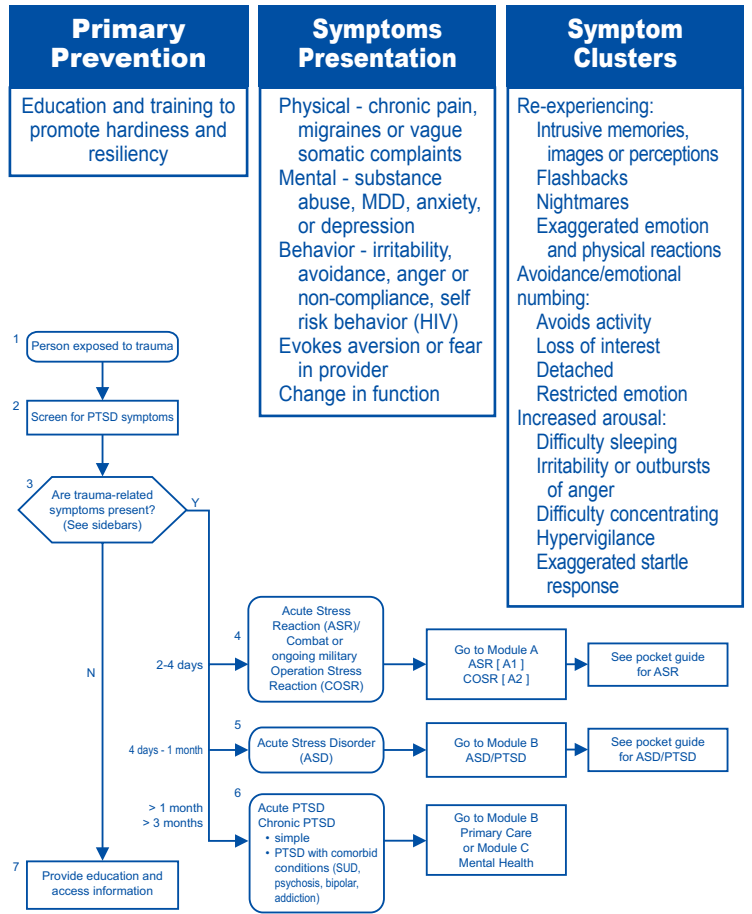
ASR ACUTE INTERVENTIONS
Provide:
<ul style="list-style-type: none"> Acute symptom management Education & normalization Social & spiritual support Consider medication (avoid use of benzodiazepines)
Avoid:
<ul style="list-style-type: none"> Individual debriefing Compulsory group debriefing

Functional Assessment	
Work	<ul style="list-style-type: none"> Any changes in productivity? Have co-workers or supervisors commented on any recent changes in appearance, quality of work, or relationships? Tardiness, loss of motivation, loss of interest? Been more forgetful, easily distracted?
School	<ul style="list-style-type: none"> Changes in grades? Changes in relationships with friends? Recent onset or increase in acting out behaviors? Recent increase in disciplinary actions? Increased social withdrawal?
Family Relationships	<ul style="list-style-type: none"> Negative changes in relationship with significant others? Irritable or easily angered by family members? Withdrawal of interest in or time spent with family? Any violence within the family?
Recreation	<ul style="list-style-type: none"> Changes in recreational interests? Decreased activity level? Poor motivation to care for self? Sudden decrease in physical activity? Anhedonia?
Housing	<ul style="list-style-type: none"> Does the person have adequate housing? Are there appropriate utilities and services (electricity, plumbing, etc)? Is the housing situation stable?
Legal	<ul style="list-style-type: none"> Are there outstanding warrants, restraining orders, or disciplinary actions? Is the person regularly engaging in, or at risk to be involved in, illegal activity? Is patient on probation or parole? Is there family advocacy/ Dept. of Social Services (DSS) involvement?
Financial	<ul style="list-style-type: none"> Does the patient have the funds for current necessities including food, clothing, and shelter? Is there a stable source of income? Are there significant outstanding or past-due debts, alimony, child support? Has the patient filed for bankruptcy? Does the patient have access to healthcare and/or insurance?
Unit/Community Involvement	<ul style="list-style-type: none"> Does the patient need to be put on profile, MEB, or limited duty? Is patient functional and contributing in the unit environment? Is there active/satisfying involvement in a community group or organization?

VA/DoD Clinical Practice Guideline for the Management of Post Traumatic Stress Acute Stress Reaction (ASR) Module - Pocket Guide

Update April 2005

Core Module - Initial Evaluation and Triage



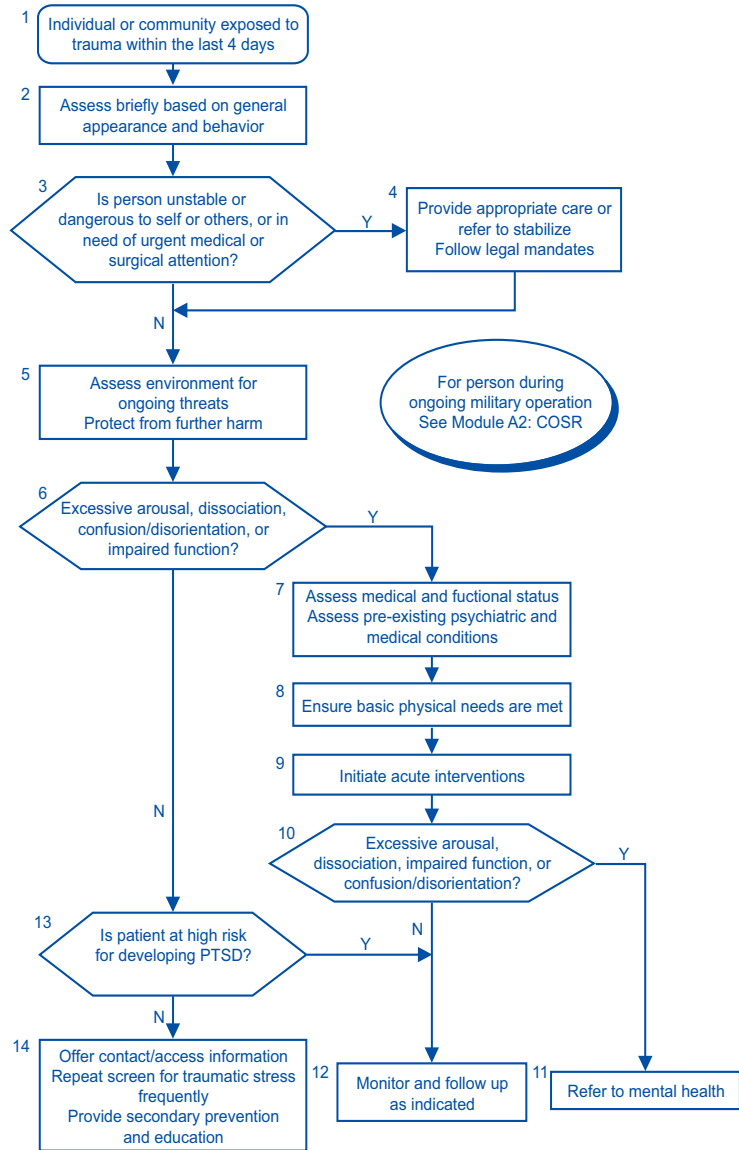
VA access to full guideline: <http://www.oqp.med.va.gov/cpg/cpg.htm>
 DoD access to full guideline: <http://www.QMO.amedd.army.mil/pguide.htm>

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MANAGEMENT OF ACUTE STRESS REACTION (ASR)
(2-4 Days After Trauma Exposure)
Module A1 - Acute Stress Reaction



Common Symptoms After Exposure to Trauma or Loss			
Physical	Cognitive/Mental	Emotional	Behavioral
<ul style="list-style-type: none"> • Fatigue • Muscle tremors • Chest pain • Elevated blood pressure • Thirst • Visual difficulties • Grinding teeth • Dizziness • Chills • Fainting • Nausea • Twitches • Difficulty breathing • Rapid heart rate • Headaches • Vomiting • Weakness • Profuse sweating • Shock symptoms 	<ul style="list-style-type: none"> • Attention • Change in alertness • Memory problems • Poor problem solving • Poor decisions • Increased or decreased awareness of surroundings • Difficulty identifying familiar objects or people • Intrusive images • Poor abstract thinking • Nightmares • Confusion • Poor concentration • Hyper-vigilance • Blaming someone • Loss of orientation to time, place, person 	<ul style="list-style-type: none"> • Anxiety • Grief • Severe pain • Fear • Loss of emotional control • Apprehension • Agitation • Inappropriate emotional response • Guilt • Denial • Emotional shock • Uncertainty • Depression • Feeling overwhelmed • Irritability 	<ul style="list-style-type: none"> • Change in activity • Suspiciousness • Inability to rest • Pacing • Emotional outbursts • Hyper-alert to environment • Erratic movements • Somatic complaints • Withdrawal • Alcohol consumption • Antisocial acts • Change in speech pattern • Loss of, or increased appetite • Startle reflex intensified • Change in sexual functioning • Change in communication

Primary Care PTSD Screen (PC-PTSD)		
In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month, you...		
1. Have had nightmares about it or thought about it when you did not want to?	YES	NO
2. Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?	YES	NO
3. Were constantly on guard, watchful, or easily startled?	YES	NO
4. Felt numb or detached from others, activities, or your surroundings?	YES	NO
<i>Current research suggests that the results of the PC-PTSD should be considered "positive" if a patient answers "yes" to any three items. Update April 2005</i>		

