

Handbook for Trauma Patients and their Families



Thomas Jefferson University
Hospital

This handbook has been developed for you by Thomas Jefferson University Hospital in collaboration with the Trauma Survivor Network (TSN) of the American Trauma Society. We hope this information will help you and your loved ones during the hospital stay.

At the back of this handbook there is room for you to take notes and to write down questions for the hospital staff. You can use this to make sure you get all your questions answered.

We also encourage you to visit the TSN website at www.traumasurvivorsnetwork.org to learn about the services this program provides. You can also use this website to keep your friends and family informed during your loved one's hospital stay.

TABLE OF CONTENTS

Arrival

1. Introduction	4
2. Immediately After the Injury	6
3. Visitors Are Important	7
4. How can the Family be Involved	12

Stay

5. Where Patients Stay in the Hospital	15
6. Who Takes Care of the Patient	17
7. Common Traumatic Injuries and Their Treatment	20
8. Glossary of Common Medical Terms.....	26
9. For Your Comfort.....	33

Discharge

10. After the Hospital: Planning for Discharge	36
11. Personal Health Information	38
Names of Providers	
Injuries and Procedures	
Questions to Ask	
12. Things to Do and Get	43
13. Additional Notes	44

Recovery

14. Adjusting to your Loved One's Injury	47
15. Is It Stress or Post-Traumatic Stress Disorder (PTSD)?	48
16. Wisdom from Other Trauma Patients and their Families	49
17. About the American Trauma Society and the Trauma Survivor Network	50

ARRIVAL

1. INTRODUCTION

WE ARE HERE TO HELP

Trauma is an unexpected occurrence. Hardly anyone thinks, “I’m going to get hurt today.” A sudden injury, being in the hospital and going through recovery, in most cases, can cause anxiety, fear and frustration. You may feel confused and frightened by some things you hear and see. You may not understand some words that people use. This experience of advanced medical care may be a whole new world for you.

We hope that the information in this book will help you better cope during this difficult time. It includes basic facts about the most common types of injuries and their treatments, the patient care process, and hospital services and policies.

There is space within this book to take notes. We encourage you to write down questions that you have for the doctors and staff. **Every** member of the hospital staff is here to help you.

THOMAS JEFFERSON UNIVERSITY HOSPITAL

Jefferson University Hospitals and [Thomas Jefferson University](#) are partners in providing excellent clinical and compassionate care for our patients in the Philadelphia region, educating the health professionals of tomorrow in a variety of disciplines and discovering new knowledge that will define the future of clinical care. Jefferson has topped the list of hospitals in Pennsylvania (3rd) and the Philadelphia metro area (2nd) in [U.S.News & World Report's](#) annual listing of the best hospitals and specialties.

Jefferson also stands out as among the best in 11 specialty areas:

- Orthopedics
- Cancer
- Ear, Nose & Throat
- Gastroenterology & GI Surgery
- Nephrology
- Neurology & Neurosurgery
- Ophthalmology
- Diabetes & Endocrinology
- Geriatrics
- Cardiology & Heart Surgery
- Urology

Thomas Jefferson University Hospitals has 951 licensed acute care beds, with major programs in a wide range of clinical specialties. Services are provided at five primary locations — Thomas Jefferson University Hospital (the main hospital facility, which was established in 1825) and Jefferson Hospital for Neuroscience, both in Center City Philadelphia; Jefferson's Methodist Hospital and Jefferson at the Navy Yard, both in South Philadelphia; and Jefferson at Voorhees in South Jersey.

To protect the health and well-being of our patients, visitors, employees, students and volunteers, Jefferson is a smoke-free campus. Smoking is not permitted in all Jefferson buildings and within 50 feet of any entryway to or exit from Jefferson buildings, and within 50 feet of driveways, canopies, archways and plazas. We are also smoke free in campus parking areas.

2. IMMEDIATELY AFTER THE INJURY

ARRIVAL AT THE HOSPITAL

Most likely you or your loved one was brought to the Emergency Department by an ambulance or helicopter. The trauma staff can tell you which service brought you or your loved one to the hospital.

During the transport, the rescue crew was in radio contact with the hospital. They gave information about you or your loved one's injuries. This allows the team at the trauma center to be ready to provide treatment as quickly as possible.

The trauma team typically includes;

- trauma surgeons
- emergency doctors
- nurse
- respiratory therapist,
- X-ray staff
- Social worker.

The team is ready 24 hours a day, seven days a week. Also, board-certified specialty doctors are on call to help with care.

INITIAL ASSESSMENT

Trauma care at the hospital begins in the Emergency Department (ED). It includes:

- An exam to find life-threatening injuries
- Multiple X-rays, ultrasounds and perhaps CT scans so that doctors can better understand the extent of the injuries
- If needed, transfer to the OR for surgery. The OR is staffed by an expert team.
- Transfer from the admitting area, ED or OR to a unit in the hospital.

HOW THE HOSPITAL CARES FOR THE FAMILY

Initially the patient is evaluated in the ED. Please note that the ED is under Restricted Access. While the patient is being assessed, family can't be present in the room. A member of the medical team will keep the family and friends informed. Every attempt will be made to update the family as soon as possible.

WHY A PATIENT MAY HAVE A FAKE NAME

Sometimes the hospital may not know the name of the patient. To make sure that doctors can match the right lab and other reports with that patient, the hospital may give the person a fake name. These names may be "Delta Delta", Qoppa Eight Qoppa" or "Tango Tango."

The fake name may have made it hard for you to locate your loved one at first. When hospital staff can be sure of your loved one's name, they change to the real name.

If the patient is a victim of crime, they may keep this fake name. This is for safety reasons for the patient, family and hospital. It is encouraged that family and friends support the hospitals direction and not disclose the patient's identity as well as the whereabouts.

3. VISITORS ARE IMPORTANT

Research shows that comforting visits from friends and family help most patients to heal. Family and close friends know the patient better than anyone else and can make a difference in treatment. Visiting is often a good time to begin learning how to take care of your loved one at home. Asking questions of the medical team and staff is encouraged during visiting hours.

You may have to wait before you can visit your loved one. Visits are often limited for patients with brain injuries because they need quiet time to recover.

WE ARE HERE TO HELP

Feel free to ask for help finding a patient room, department, etc. **All our employees, doctors and volunteers wear ID badges.**

»Surgical Family Waiting Rooms

The Surgical Family Waiting Area is located in Room 8210 of the Gibbon Building. It is open from 6 a.m. until 9 p.m., Monday through Friday. The telephone number is 215-955-7480.

The Surgical Family Waiting Area of Thomas Jefferson University Hospitals is a place to keep you informed of your patient's surgical progress while you wait. You play an important role in the patient's recovery, and we are here to support you.

For more information regarding the Surgical Family Waiting Room please refer to the Jefferson.edu website at <http://hospitals.jefferson.edu/patients-and-visitors/center-city/surgical-family-waiting-area.html>

»Hotels, Restaurants, and Attractions

While visiting a loved one at Thomas Jefferson University Hospitals in Center City Philadelphia, there are a variety of hotel and housing accommodations to choose from, including more than 20 area hotels and several private housing options.

There are a variety of great restaurants within walking distance of the Hospital, including cafés, diners and pizza parlors. If you need access to cash, there are several convenient ATM locations within the Hospital, available 24 hours a day.

Jefferson's Center City campus is also close to a variety of attractions and shops, including the National Constitution Center and the Gallery at Market East.

For more information regarding the Hotels and Lodging please refer to the Jefferson.edu website at <http://hospitals.jefferson.edu/patients-and-visitors/center-city/hotels-and-lodging.html>

»Visiting Hours and Policies

We know that visitors are important to the well-being and recovery of the patient. Your family and friends are welcome to visit you on the general units from 11 a.m. to 8 p.m.

If you do not want visitors or telephone calls, please call a patient representative at 215-955-7777 (or 5-7777 from inside the Hospital).

- Except for brothers and sisters visiting newborn siblings, children under 13 years old may not visit on patient floors; they may wait in the lobby or the Atrium Cafeteria. Children must be accompanied

by an adult at all times. Special visiting privileges for children should be arranged in advance with your nurse.

- To avoid overcrowding, no more than two visitors are allowed in a patient room at a time.
- Visiting hours are limited in the intensive care units because of the special care required for these patients.

To protect the health and well-being of our patients, visitors, employees, students, and volunteers, Jefferson is a smoke-free campus. Smoking is not permitted in all Jefferson buildings and within 50' of any entryway to or exit from Jefferson buildings, and within 50' of driveways, canopies, archways and plazas. We are also smoke free in campus parking areas.

For more details about visiting hours, visitor policies and additional information for patients and visitors such as hotels, shuttle service, cafeteria etc. please visit the Jefferson.edu website at <http://hospitals.jefferson.edu/patients-and-visitors/center-city.html>

»Cafeteria and Gift Shop

The Atrium attracts staff, patients and visitors for dining every day. The Department of Nutrition and Dietetics surveys the Jefferson community to identify the habits of current customers and solicit ideas to expand menu and services.

During breakfast hours, enjoy continental breakfast items from our fruit and yogurt bar as well as a hot cereal bar, or made-to-order omelets, pancakes and french toast. Or choose from a selection of self-serve hot items, such as eggs, meats and sandwiches to go.

Lunch and dinner feature a rotating selection of popular choices such as home-baked pizza (options include vegetarian, whole wheat crust and daily specials), hot entree selections, paninis, soup & chili bar, salad bar, unlimited deli sandwich combinations utilizing kiosk ordering, grab-and-go fresh selections, yogurt parfaits and desserts.

Looking for a late-night snack or meal? We're open with a variety of packaged hot meals, pizza, fresh selections (salads, sandwiches and sushi), snacks, desserts and beverages.

Additional features include:

- Signage communicating menu, nutrition and wellness tips and sustainable practices
- Availability of healthy food options at every station
- Vegetarian and gluten-free items
- Single-stream recycling

Hours

Monday through Friday

Breakfast - 7 to 10 a.m.

Lunch - 11 a.m. to 4:30 p.m.

Dinner - 4:30 to 7 p.m.

Express Hours - Breakfast 6 to 11 a.m. and Late Night 7 to 9:30 p.m.

Saturday and Sunday

Breakfast - 7 to 10 a.m.

Lunch - 11 a.m. to 2 p.m.

Call 215-955-FOOD (215-955-3663) or 5-FOOD (inside the Hospital) for daily specials at The Atrium.

The Jefferson Market

In a rush and need a cup of coffee, or a bite to eat? Our convenient express market, located in the 10th street side of the Atrium: serves Starbucks coffee, refreshments, pre-packaged meals and more, seven-days a week.

Hours

Monday-Friday: 6 a.m. to 5 p.m.

Saturday-Sunday: 6 a.m. to 7 p.m.

Jefferson's Gift Shop

The Gift Shop can be reached at 215-955-4738. It is located in the 11th Street lobby of the Gibbon Building and is open from 9 a.m. to 7 p.m. Monday through Friday, and open on Saturday and Sunday, from 12 p.m. to 5 p.m.

»Thomas Jefferson University Map



Welcome to Jefferson

The area surrounding Jefferson's campus is bustling with restaurants, cafés, and other conveniences. The Office of Patient and Family Experience has compiled their top picks to make your time in Philadelphia more enjoyable.

RESTAURANTS

Cooperage	123 S. 7th St.
Jones	700 Chestnut St.
LaScalas	615 Chestnut St.
El Azteca	714 Chestnut St.
Fat Salmon Sushi	719 Walnut St.
Independence Beer Garden*	100 S. Independence Mall W.
Morimoto	723 Chestnut St.
Smokin' Betty's	116 S. 11th St.
Barra Rossa Ristorante	929 Walnut St.
Talula's Garden	210 Washington Square W.

FAST AND FRESH FOOD

Sweet Green	924 Walnut St.
Snap Kitchen	1109 Walnut St.
Fuel Center City	1225 Walnut St.
Reading Terminal Market	51 N 12th St.

COFFEE/CAFÉS

DiBruno Brothers	930 S. 9th St.
Dunkin Donuts	1100 Walnut St.
Milkboy	1100 Chestnut St.
Le Pain Quotidien	801 Walnut St.
Starbucks	200 Washington Square W. 1001 Chestnut St. 1201 Walnut St.
Talula's Daily	208 Washington Square W.

CONVENIENCE STORES

7-Eleven	804 Walnut St.
Old Nelson Deli	1201 Chestnut St.
Wawa	701 Chestnut St.
	912 Walnut St.

PHARMACIES

Target	1128 Chestnut Street
CVS	1046 Market Street
Walgreens	1101 Locust Street

BANKS

Bank of America	932 Chestnut St.
PNC Bank	900 Walnut St.
TD Bank	1032 Chestnut St.
Wells Fargo Bank	601 Chestnut St.

TRANSPORTATION

Jefferson Station	12th & Market Sts.
Market Frankford Line	8th & Market Sts.
PATCO	8th & Market Sts. 9th & Locust Sts.
	12th & Locust Sts.

* Seasonal

Flip the page for a full map of Jefferson's campus.



For more helpful information, visit Jefferson.edu/Info

HOME OF SIDNEY KIMMEL MEDICAL COLLEGE



Patient & Visitor Shuttle

Our free Patient and Visitor Shuttle with wheelchair accessibility offers convenient service to get you to and from several of Jefferson's buildings. The Shuttle runs every 15 minutes, Monday through Friday, from 6 a.m. to 6 p.m. Red dots indicate pick up and drop off points.



HOME OF SIDNEY KIMMEL MEDICAL COLLEGE

4. HOW CAN THE FAMILY BE INVOLVED

We need your help in taking care of your loved one and making sure he or she gets the best care possible. Here are things you can do to help us and your loved one, while the trauma team is focused on treating the patients.

» Take Care of Yourself

The trauma unit team understands that this time can be just as stressful for family and friends as it is for patients. Worry and stress are hard on you, and you need strength to offer support to your loved one.

Be sure to continue, taking any medicines that your doctor has prescribed for you, take breaks, go for a walk around the hospital campus, get plenty of sleep and eating regular meals; all will help you think better, keep up your strength and prevent illness so you can be there for your loved one when you are needed.

» Ask for Help from Your Family and Friends

Do not hesitate to ask for help. Make a list in the back of this book so you will be prepared to accept help when friends offer. Friends often appreciate being able to help and be involved in the patient's care.

Visit the Trauma Survivors Network Website at www.traumasurvivorsnetwork.org and find out how you can create your own "CarePage". This makes it easy for you to connect with friends and family.

» Ask Questions and Stay Informed

The trauma team knows how important regular updates are to family and friends. The family is an important part of the health care team. It helps if you choose one person from your group to represent the family. This allows staff to focus on caring for the patient instead of repeating the same updates.

When you think of questions during the day, write them down. Be sure to ask your doctor these questions when you see them. You will want to ask questions until you understand the diagnoses and options for treatment. It's all right to ask the same question twice. Stress makes it hard to understand and remember new information. Ask until you understand. Write down what you are told so you can accurately report the information to other family members. We have provided space throughout this handbook to write down your questions and the answers.

» Help Maintain a Restful and Healing Place

When you are visiting, please talk in a quiet voice. Patients need quiet and families deserve your courtesy. To help maintain a healthy environment for patients and their families, the hospital counts on your help. Please:

- Observe the visiting hours for the area you are visiting.
- Do not sleep in patient rooms or waiting rooms unless you have permission.
- Respect other patients' right to privacy.
- Leave the patient room or care area when asked by hospital staff.
- Knock or call the patient's name softly before entering if a door or curtain is closed.
- Wash your hands before you go into a patient's room and when you come out.
- Do not visit if you are not feeling well or have an illness that could be transferred to our patients.
- Talk with the patient's nurse before bringing any children into a patient's room.
- For the safety of young children, provide adult supervision in all areas of the hospital.

- Respect the property of other people and of the hospital.
- Do not ask other patients and families about private details of their care.
- Respect the rights of all patients and hospital staff.
- Do your best to communicate with all visitors related to the patient. For those newly arriving visitors, please prepare their expectations before entering the patient's room.
- It is suggested to elect a spokesperson, or possibly two, to communicate with the hospital staff.

STAY

5. WHERE PATIENTS STAY WHILE IN THE HOSPITAL

After patients are evaluated by doctors they are moved to another unit in the hospital. Where they are moved depends on their injury.

Patients may first go to the intensive care unit. When they are ready, they may then move to a step-down unit. They may also go to another unit in the hospital. Patients are only moved from one unit to another when the trauma team believes they are ready.

The hospital staff does its best to let family and friends know when a patient is moved from one unit to another. If your loved one has been moved and you do not know where he or she has gone, please call the hospital operator at 215-955-6000.

These are the hospital units that care for trauma patients:

» Trauma Intensive Care Unit (ICU)

Patients in the ICU receive care from a team of doctor and nurses. They trained to take care of seriously injured patients. The first step is to make sure the patient is medically stable. Medically stable means that all body systems are working. As the patient is being treated, the team begins to plan with the patient and family. This plan will help the patient return to as normal a life as possible, as quickly and as safely as possible.

» Step-Down Unit

As patients in the ICU improve, they are often moved to a step-down unit. Patients may also go straight from the admitting area to this type of unit. This happens if they do not need the care provided in the ICU.

» Medical and Surgical Care Units

Less injured patients may be moved to another unit in the hospital. Also, those who no longer require the care found in ICU or IMC may be moved to these units.

A TYPICAL DAY IN THE ICU

Most patients are attached to equipment that gives doctors and nurses important information. This allows them to make the best decisions. The equipment;

- Monitors patients
- Delivers medicine
- Helps patients breathe.

Do not worry if you hear alarms. Some alarms do not need immediate attention. The staff knows which ones to respond to.

In the morning, the trauma team “rounds” to each patient’s bed to do exams, check progress and plan the patient’s care. This time is valuable for everyone involved in the care of your loved one. Family members are encouraged to be involved in the patient’s plan of care.

Physical therapists, occupational therapists and nursing staff work together to help patients begin to move normally and regain strength. For instance, they may;

- raise the head of the bed
- turn a patient every two hours
- Help a patient sit on the bed or in a chair.

Patients may be moved to other areas of the hospital for tests. During this time, other patients may be brought into the unit. You can expect a busy place. Sometimes, the staff asks all visitors to leave the unit to preserve a patient’s privacy.

HELPING CHILDREN

Be direct, simple and honest. Explain what happened in terms that the child can understand. Encourage the child to express feelings openly. Accept the child's emotions and reactions; be careful not to tell the child how he or she should or should not feel. Maintain as much order and security in the child's life as possible. Be patient. Know that children need to hear "the story" and ask the same questions again and again.

6. WHO TAKES CARE OF THE PATIENT

Many types of caregivers may take care of your loved one while he or she is in the hospital. Different patients will need different types of care. Here is a list of the kinds of doctors, nurses and other caregivers you may meet or hear about.

» Anesthesia and Pain Management Specialists

These specialists are specially trained to work with patients who have are in pain. They create a plan to ease pain and improve quality of life. Treatments may include;

- Medications
- Implanting pumps or nerve simulators
- Physical therapy or behavioral programs.

» Case Manager

All admitted patients have a case manager. Case managers have experience to help you through your stay in the hospital.

» Chaplain

Chaplains have special skills to help people during times of illness and are part of the trauma team. Pastoral Care can be contacted by phone Monday through Friday, 8:30 a.m. to 4:30 p.m. by calling the Pastoral Care Office at 215-955-6336 or 24 hours a day, seven days a week by calling the Page Operator at 215-955-6060 and ask for beeper number 3223. You can also make a request through the medical team.

» Dietitian

Dietitians are the food and nutrition experts. They work closely with the trauma team in caring for patients. For example, if a patient needs a feeding tube at home, the dietitian explains the proper diet.

» Geriatrician

Geriatricians are doctors that treat older adults.

» Neurosurgeon

Neurosurgeons are doctors who are trained in surgery for the brain or spinal cord.

» Nurse

Nurses manage care and recovery of patients. They talk with the trauma team about the patients' care. They also act as a link between the patient and the patient's various caregivers.

» Nurse Practitioner

Nurse practitioners are nurses who have advanced training and manage patients along with the doctor.

Trauma nurse practitioners do:

- Physical exams
- Order and interpret tests
- Prescribe medications and other treatments
- Refer patients to other specialists

» **Nursing Assistants**

Assists the nurse in the patient's daily care including feeding, turning, bathing, toileting, and taking vital signs.

» **Occupational Therapist**

Occupational therapists help the patients regain strength for daily events.

This includes:

- Getting out of bed
- Eating
- Dressing
- Using the toilet and bathing.

They also recommend equipment that can help patients.

» **Orthopedic Surgeon**

Orthopedic surgeons are physicians who have specialized training in repairing broken bones.

» **Orthopedic Technician**

Orthopedic technicians do the following:

- Cast broken bones
- Change wound dressings
- Set up and maintain treatment equipment such as traction
- Place splints on injured arms and legs

» **Patient Technician**

Clinical technicians help nurses with a patient's care. They have advanced technical skills and may start an IV, draw blood, or insert or remove catheters. They also may help get the patient out of bed or help with feeding. Clinical technicians work under the direction of a nurse or a doctor.

» **Pharmacist**

Pharmacists are medicine experts. They work closely with nurses and doctors. They provide information and help with choosing medicines.

» **Physiatrist or Rehabilitation Medicine Physician**

Physiatrists are doctors who use a number of tests and exams to plan a patient's rehabilitation. They prescribe devices including wheelchairs, braces and artificial limbs. Their goal is to help the patient live independently.

» **Physical Therapist**

Physical therapists help patients regain their strength and movement. They also help with stiff joints and other problems with moving and wound healing.

» **Procedure Nurse**

Procedure nurses have special training to help surgeons perform such procedures as opening patients' airways, examining their lungs and changing surgical dressings.

» **Psychologist**

Psychologists are licensed mental health professional. A psychologist is not a medical doctor but has advanced training at the masters or doctoral level (a Ph.D. or Psy.D.)

» Psychiatrist

Psychiatrists are medical doctors (MDs) who treat of mental and emotional disorders. Psychiatrists can prescribe medication.

» Resident

Residents are licensed physicians who are getting more training in a specialty. They provide patient care and keep the attending doctor informed of each patient's progress.

» Respiratory Therapist

Respiratory therapists provide breathing support and treatments. Respiratory Therapists are specially trained and state licensed.

» Social Worker

Social workers help patients and family members adjust to the injury. Hospital social workers specialize in medical and crisis counseling. They talk with patients and the medical team. They also help patients and families with services both within the hospital and in the community. The social worker also may help ease the change from hospital to home.

» Speech and Language Therapist

Speech therapists work with patient on language, memory and swallowing problems, often under the direction of a psychiatrist. They may also evaluate hearing.

» Trauma Surgeon

Trauma surgeons are doctors who have years of training in trauma surgery. A trauma surgeon is in the hospital 24 hours a day. They will oversee the total care of you or your family member in the hospital. They regularly visit patients to check on their progress and coordinate with other members of the trauma team.

» Pediatrician

Pediatricians are doctors who have specialized training in treating children and adolescents.

» Patient Transport

Patient Transporters members of the health care team that assist with the physical transportation of patients between departments. They are under the direction of the Nursing staff and are skilled in handling patients during transitions.

» Unit Secretaries

Unit Secretaries are available to assist with the patient and family direction and assist with scheduling follow-up appointments. They are also available to answer questions regarding general hospital navigation and policies.

» Student Nurses

As an affiliated academic institution, Student Nurses are present on the medical floors during the patient's care. They assist with direct patient care under the direction supervision of the Registered Nurse.

7. COMMON TRAUMATIC INJURIES AND THEIR TREATMENT

Injuries may be due to blunt or penetrating forces. Blunt injuries occur when an outside force strikes the body. These injuries occur as a result of a motor vehicle crash, a fall or an assault. Penetrating trauma occurs when an object, such as a bullet or knife, pierces the body. Sometimes, patients have both types of injuries.

In this section of the handbook, we describe some of the common types of injuries people have and how they are typically treated. The trauma staff can give you more details about your loved one's injuries. At the end of the book there is a place for you to list these injuries.

HEAD INJURIES

A traumatic brain injury, sometimes called a TBI, is an injury to the brain due to blunt or penetrating trauma. There are many types of brain injuries:

- **Cerebral concussion:** brief loss of consciousness after a blow to the head. A head scan does not show this injury; a mild concussion may produce a brief period of confusion; it is also common to have some loss of memory about the events that caused the injury.
- **Cerebral contusion:** contusion means bruising, so a cerebral contusion is bruising of the brain; this can occur under a skull fracture. It can also be due to a powerful blow to the head that causes the brain to shift and bounce against the skull.
- **Skull fracture:** cracks in the bones of the skull caused by blunt or penetrating trauma; the brain or blood vessels may also be injured.
- **Hematomas:** Head injuries and skull fractures may cause tearing and cutting of the blood vessels carrying blood into the brain. This may cause a blood clot to form in or on top of the brain. A blood clot in the brain is referred to as a hematoma. There are several types of hematomas:
 - **Subdural hematoma:** bleeding that occurs when a vein on the outside of the brain is damaged; a blood clot slowly forms and puts pressure on the outside of the brain.
 - **Epidural hematoma:** bleeding that occurs when an artery on the outside of the brain is injured; a blood clot can occur quickly and put pressure on the outside of the brain.
 - **Intracerebral hematoma:** bleeding inside the brain itself; it usually happens when blood vessels rupture deep within the brain.
- **Diffuse Axonal Injury:** a brain injury with extensive lesions in white matter tracts which occur over a widespread area.

A traumatic brain injury that is described as "mild" implies that there was little or no loss of consciousness at the time of injury. These types of injuries often are not reported or treated. Neurological exams may appear normal, which makes it hard to diagnose the injury, but symptoms often show up later. Such symptoms may include foggy memory, a hard time solving problems, headaches, dizziness, nausea, fatigue, mood swings, anxiety, depression, disorientation and delayed motor response.

Diagnosis and Evaluation

The trauma team watches patients with a head injury very closely, including:

- Checking the patient's pupils with a light
- Checking the level of consciousness. They use the Glasgow Coma Scale (GCS) to find out how badly the brain has been injured. The GCS includes testing for eye opening, talking and movement. Scores range from a high of 15 (normal) to a low of 3 (coma from injury or drugs).
- Checking to see if patients react to touch or if they feel dull, sharp or tingling feelings.

When doctors think that a patient has a brain injury, they often order a scan of the brain (CT scan). This scan can find out if there is swelling, bleeding or a blood clot.

When the patient is more stable, doctors may evaluate the patient's level of functioning using the Rancho Los Amigos Scale, often called the Ranchos Scale. The Ranchos Scale has eight levels that describe how well patients can think and how they act. It ranges from level 1 (lowest level of functioning) to Level 8 (highest level of functioning). It also gives better information about the severity of the brain injury.

Treatment

Doctors base treatment for a brain injury on the type and location of the injury. Treatments may include:

- Drugs to lower brain pressure, drugs to lower anxiety and drugs that change the fluid levels in the brain
- Intracranial pressure monitor (ICP), which measures pressure in the brain. There are two types of monitors: a tube placed in the brain that only measures brain pressure, and a tube placed into a small space in the brain that measures brain pressure and also drains fluid from the brain to lower the pressure on the brain.
- Craniotomy, which is an opening in the skull to remove a clot and lower brain pressure. This is done in the operating room.
- Shunt, which is a tube placed to drain excess fluid in the brain. This is done in the operating room.
- Craniectomy, which involves removing a part of the skull bone to give the brain more room to swell. This type of surgery may also be done when a clot is removed. The skull bone is replaced when the patient is better (usually several months later).

CHEST INJURIES

Chest injuries may be life threatening if the lungs are bruised. The goal of early trauma care is to protect breathing and blood flow. Types of chest injuries include:

- **Rib fractures:** the most common type of chest injury; they can be very painful but will usually heal without surgery in three to six weeks.
- **Flail chest:** two or more ribs are broken in more than two places and the chest wall is not working as it should during breathing.
- **Hemothorax:** blood pools in the chest cavity, often due to rib fractures.
- **Pneumothorax:** (commonly known as a collapsed lung) air collects in the chest cavity due to an injured lung.
- **Hemo-pneumothorax:** both air and blood collect in the chest cavity.
- **Pulmonary contusion:** bruising of the lung; if severe, it can be life threatening because bruised lung tissue does not use oxygen well.

Diagnosis and Evaluation

Doctors often use a chest X-ray or CT scan to find out more about the injury. They can tell how the lung is using oxygen by taking some blood from an artery. They may need to open the chest to examine and treat the injury.

Treatment

The goals are to increase oxygen to the lungs, control pain and prevent pneumonia. Doctors and nurses may ask the patient to cough and do deep-breathing exercises, which help the lungs heal. They will also tell the patient to stop smoking. The doctor will order drugs to treat pain and soreness.

It is important that the patient take part in the healing process. It greatly reduces the risk of other problems, such as pneumonia or lung collapse, that may need to be treated with a ventilator (breathing machine).

ABDOMINAL INJURIES

Blunt or penetrating trauma to the abdomen can injure such organs as the liver, spleen, kidney or stomach.

The injuries may be:

- Lacerations (cuts)
- Contusions (bruises)
- Ruptures (severe tearing of the tissue)

Diagnosis and Evaluation

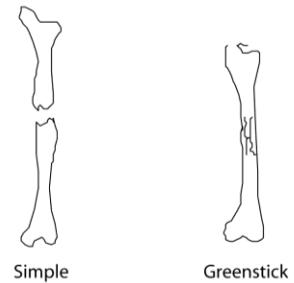
There are many ways to diagnose an abdominal injury, including:

- physical examination
- CT scan
- a blood count to check hemoglobin and hematocrit, two measures of blood loss
- ultrasound

- surgery called a laparotomy in which the surgeon makes an incision in the abdominal area

Treatment

Treatment depends on the organ that is injured and the severity of the injury. It may range from watching the patient closely to surgery. Many injuries to the kidney, spleen or liver can be treated without surgery. Often, however, severe injuries to the abdomen require a number of surgeries.

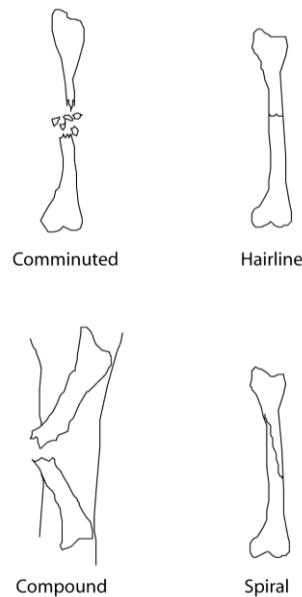


BONE, LIGAMENT AND JOINT INJURIES

Blunt and penetrating trauma can harm bones, ligaments and joints.

Types of fractures or broken bones include:

- Open or compound fracture: a broken bone pushes through the skin; it is serious because the wound and the bone may get infected.
- Closed fracture: the broken bone does not pierce the skin.
- Greenstick fracture: a bone is partly bent and partly broken; occurs most often in children.
- Spiral fracture: a break that follows a line like a corkscrew.
- Transverse fracture: a break that is at right angles to the long axis of the bone.
- Comminuted fracture: a bone that is broken into many pieces.
- Hairline fracture: a break that shows on an X-ray as a very thin line that does not extend entirely through the bone; all parts of the bone still line up perfectly.



Diagnosis

Doctors can usually see whether most bones are broken by using regular X-rays. However, for other bones, doctors may use a CT scan. To find out if there is any damage to joints or ligaments, doctors may do a magnetic resonance imaging scan (MRI).

Treatment

Treatment for a broken bone depends on the type, severity and location and whether the tissue around the bone is damaged. A doctor may choose to treat a fracture in several different ways:

- a cast, sling or splint
- closed reduction: moving the limb or joint to its normal position without open surgery. Pain or sedation drugs are used during the procedure.
- open reduction: Surgery that returns the bone to its normal position. Surgeons may use pins, wires, plates and/or screws to hold the bone together.
- external fixator: the surgeon puts pins in the bone above and below the break and connects the pins to bars outside the skin that hold the bones together to heal. The doctor takes the fixator off after the fracture heals.

SPINAL CORD INJURY

Blunt or penetrating trauma can injure the spinal cord. Two main types of injury can occur:

- Quadriplegia (also called tetraplegia): injury to the spinal cord from the first cervical vertebra (C1) to the first thoracic vertebra (T1) level (see section under Anatomy). This means the patient has paralysis of (cannot move) the arms and legs. Injury at or above the C4 level affects breathing and patients often need a ventilator (a breathing machine).
- Paraplegia: injury to the spinal cord from the second thoracic vertebra (T2) to the 12th thoracic vertebra (T12), causing paralysis of both legs and possibly the chest and abdomen.

Doctors may also say the patient has a complete or an incomplete injury:

- A complete spinal cord injury means that the patient cannot move and has no feeling. It does not always mean that the spinal cord has been cut in two.
- An incomplete spinal cord injury means that the patient has some movement or feeling. Incomplete injuries may be to back, front or central part of the spinal cord. With injury to the back part of the spinal cord, the patient may have movement but be unable to feel that movement. With injury to the front part of the cord, the patient may lose movement but may be able to feel touch and temperature. An incomplete injury may get better in time. It is hard to know when or if full function will return.

Diagnosis and Evaluation

Doctors use physical exams, X-rays, CT scans and Magnetic Resonance Imagry (MRI) scans to diagnose a spinal cord injury. X-rays do not show the spinal cord itself but do show damage to the vertebral column or the bones around the spinal cord. CT scans and MRIs give the best picture of the spinal cord and bones. Sometimes doctors cannot do an MRI because of other injuries the patient has, because of the patient's weight, or because the patient has a pacemaker, monitor or other metal device. In these cases, doctors use other tests to evaluate the patient.

Treatment

In the first 12 hours after a blunt spinal cord injury, doctors often give steroids to the patient to reduce spinal cord swelling and improve recovery from the injury. If the spinal cord was cut in two, no treatment can reduce paralysis.

Patients need special attention to bladder and bowel function and skin care. They may need surgery to give support to the spine. Surgery may not change paralysis but will allow the patient to sit up. Talk with the surgeon about the goals of surgery. In any case, getting out of bed improves healing and the sense of well-being and lowers the risk of pneumonia, pressure sores and blood clots.

Patients with spinal cord injuries receive special attention to prevent pressure sores and a condition called autonomic dysreflexia:

- Pressure sores (also known as pressure ulcers or decubitus) are breakdowns in the skin caused by constant pressure on one area and decreased blood flow from not moving. Pressure sores can occur on the bottom, hips, back, shoulders, elbows and heels. Skin redness is the first sign that a sore may be starting, so it is important to check the skin every day to prevent these sores. If a sore occurs, it can take many months to heal or even need surgery. Moving the patient from side to side and propping up the feet can help prevent pressure sores.

- Autonomic dysreflexia may occur when the spinal cord injury is at or above the T6 level. It means that messages about blood pressure control are not being sent as they should be. As a result, when blood pressure goes up due to pain (for instance), it may not return to normal once the pain is treated. High blood pressure can cause a stroke, so it is very important to know the warning signs and find the cause. Signs of autonomic dysreflexia include headache, seeing spots or blurred vision, sweating, or flushing (redness) of the skin.

8. GLOSSARY OF COMMON MEDICAL TERMS

PROCEDURES

craniotomy: making a surgical incision through the cranium (the part of the skull that encloses the brain); usually done to relieve pressure around the brain.

craniectomy: removing part of the skull bone to give the brain more room to swell. This type of surgery may also be done when a clot is removed. The skull bone is replaced when the patient is better (usually several months later).

gastrostomy: surgery to make an opening into the stomach to place a feeding tube. This surgery is often done at the bedside. The feeding tube is usually temporary. The doctor may remove it when the patient is able to eat food.

jejunostomy: surgery to make an opening in the small intestine to place a feeding tube. The feeding tube is often temporary. The doctor may remove it when the patient is able to eat food.

laparotomy: surgery that opens the abdomen so doctors can examine and treat organs, blood vessels or arteries.

suction: a procedure to remove secretions from the mouth and lungs. Doctors also use suction to remove fluid during surgery.

thoracotomy: surgery to open the chest.

tracheostomy: surgery that makes an incision in the throat area just above the windpipe (trachea) to insert a breathing tube. When it is complete, the breathing tube in the mouth will be taken out. This surgery is often done at the bedside. The tracheostomy tube may be removed when the patient can breathe on his or her own and can cough up secretions.

EQUIPMENT

ambu bag: a device used to help patients breathe.

blood pressure cuff: a wrap that goes around the arm or leg and is attached to the heart monitor. The cuff lightly squeezes the arm or leg to measure blood pressure.

cervical collar (C-collar): a hard plastic collar placed around the neck to keep it from moving. Most patients have a C-collar until the doctor can be sure that there is no spine injury. If there is no injury, the doctor will remove the collar.

continuous passive motion (CPM): a machine that gives constant movement to selected joints. It is often used in the hospital after surgery to reduce problems and help recovery.

ECG/EKG (electrocardiogram): a painless tracing of the electrical activity of the heart. The ECG gives important information about heart rhythms and heart damage.

endotracheal tube: a tube that is put in the patient's mouth and down into the lungs to help with breathing. The patient cannot talk while it is in place because the tube passes through the vocal cords. When it is taken out, the patient can speak but may have a sore throat.

Foley catheter: a tube placed in the bladder to collect urine.

halo: A device used to keep the neck from moving when there is a cervical spine injury. When used, a C-collar is not needed.

intracranial pressure (ICP) monitor: a tube placed in the brain to measure pressure on the brain caused by excess fluid.

IV fluid: fluid put in the vein to give the patient drugs and nutrition (food).

IV pump: a machine that gives a precise rate of fluids and/or drugs into the vein.

nasogastric (NG) tube: a tube put into the patient's nose to give drugs and nutrition (food) directly into the stomach. It can also be used to get rid of excess fluids from the stomach.

orthotic: a device, such as a splint, that keeps a part of the body from moving around.

prosthetic: a device that replaces a missing body part, such as a leg, arm or eye.

pulmonary artery catheter: a line placed into a shoulder or neck vein to measure heart pressure and to tell how well the heart is working.

pulse oximeter: an electronic device placed on the finger, toe or ear lobe to check oxygen levels.

triple lumen catheter: a line placed into a shoulder or neck vein to give IV fluids and drugs.

tube feeding pump: a machine to give fluids and nutrition (food) in the stomach or small intestine using a nasogastric (NG) tube.

ventilator: a breathing machine, sometimes called a respirator, that helps patients breathe and gives oxygen to the lungs.

ANATOMY

Bones, Skeletal

acetabulum: the hip socket.

carpals: the eight bones of the wrist joint.

clavicle (collarbone): a bone curved like the letter F that moves with the breastbone (sternum) and the shoulder blade (scapula).

femur: the thigh bone, which runs from the hip to the knee and is the longest and strongest bone in the skeleton

fibula: the outer and smaller bone of the leg from the ankle to the knee; it is one of the longest and thinnest bones of the body.

humerus: the upper bone of the arm from the shoulder joint to the elbow.

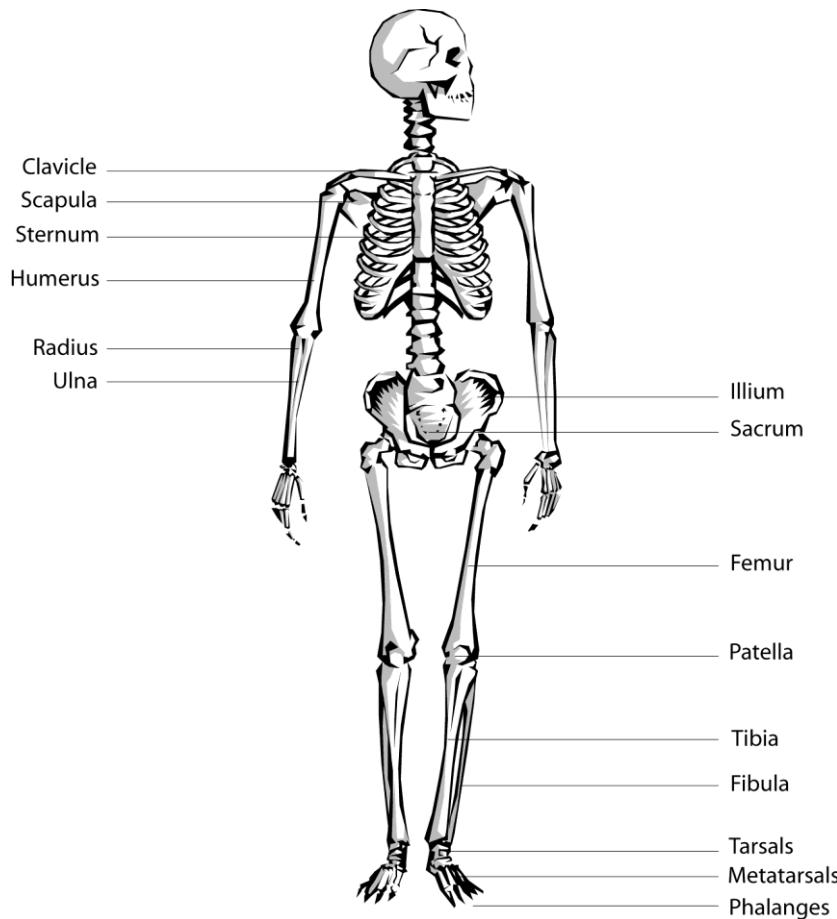
ileum: one of the bones of the pelvis; it is the upper and widest part and supports the flank (outer side of the thigh, hip and buttock).

ischium: the lower and back part of the hip bone.

metacarpals: the bones in the hand that make up the area known as the palm.

metatarsals: the bones in the foot that make up the area known as the arch.

patella: the lens-shaped bone in front of the knee.



pelvis: three bones (ilium, ischium and pubis) that form the girdle of the body and support the vertebral column (spine); the pelvis is connected by ligaments and includes the hip socket (the acetabulum).

phalanges: any one of the bones of the fingers or toes.

pubis: the bone at the front of the pelvis.

radius: the outer and shorter bone in the forearm; it extends from the elbow to the wrist.

sacrum: five joined vertebrae at the base of the vertebral column (spine).

scapula (shoulder blade): the large, flat, triangular bone that forms the back part of the shoulder.

sternum (breastbone): the narrow, flat bone in the middle line of the chest.

tarsals: the seven bones of the ankle, heel and mid-foot.

tibia: the inner and larger bone of the leg between the knee and ankle.

ulna: the inner and larger bone of the forearm, between the wrist and the elbow, on the side opposite the thumb.

Bones, Skull and Face

frontal bone: forehead bone.

mandible: the horseshoe-shaped bone forming the lower jaw.

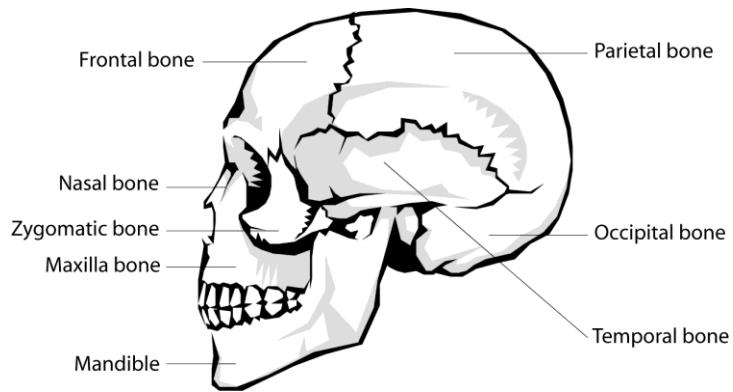
maxilla: the jawbone; it is the base of most of the upper face, roof of the mouth, sides of the nasal cavity and floor of the eye socket.

nasal bone: either of the two small bones that form the arch of the nose.

parietal bone: one of two bones that together form the roof and sides of the skull.

temporal bone: a bone on both sides of the skull at its base.

zygomatic bone: the bone on either side of the face below the eye.



Bones, Spine

atlas: the first cervical vertebra.

axis: the second cervical vertebra.

cervical vertebrae (C1–C7): the first seven bones of the spinal column; injury to the spinal cord at the C1–C7 level may result in paralysis from the neck down (quadriplegia).

coccyx: a small bone at the base of the spinal column, also known as the tailbone.

intervertebral disk: the shock-absorbing spacers between the bones of the spine (vertebrae).

lumbar vertebrae (L1–L5): the five vertebrae in the lower back; injury to the spinal cord at the lumbar level may affect bowel and bladder function and may or may not involve paralysis below the waist (paraplegia).

sacral vertebrae: the vertebrae that form the sacrum.

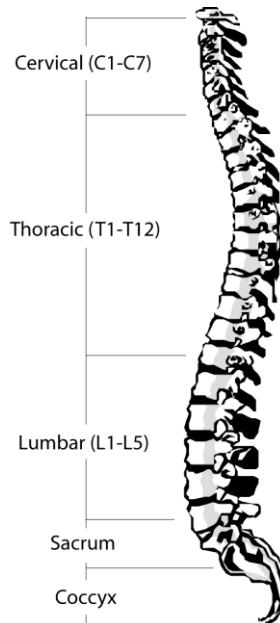
sacrum: five joined vertebrae at the base of the vertebral column (spine).

sciatic nerve: the largest nerve in the body, passing through the pelvis and down the back of the thigh.

spinous process: the small bone that protrudes at the back of each vertebra.

thoracic vertebrae (T1–T12): the 12 vertebrae in the middle of the back that are connected to the ribs; injury to spinal cord at the thoracic level may result in paralysis from the waist down (paraplegia) and may affect other organs such as the liver, stomach and kidneys, and functions such as breathing.

transverse process: the two small bones that protrude from either side of each vertebra.

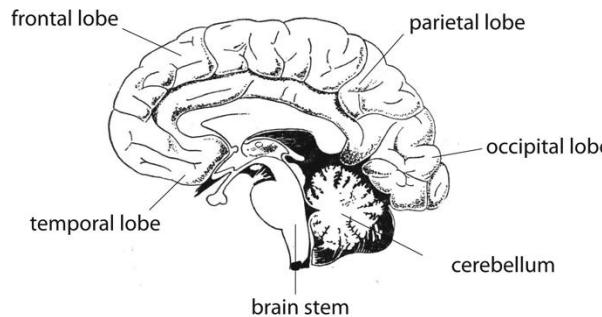


Brain

brain stem: the part of the brain that connects to the spinal cord; it controls blood pressure, breathing and heartbeat.

cerebellum: the second-largest part of the brain; it controls balance, coordination and walking.

cerebrum: the largest part of the brain, with two halves known as hemispheres; the right half controls the body's left side and the left half controls the body's right side. Each hemisphere is divided into four lobes:



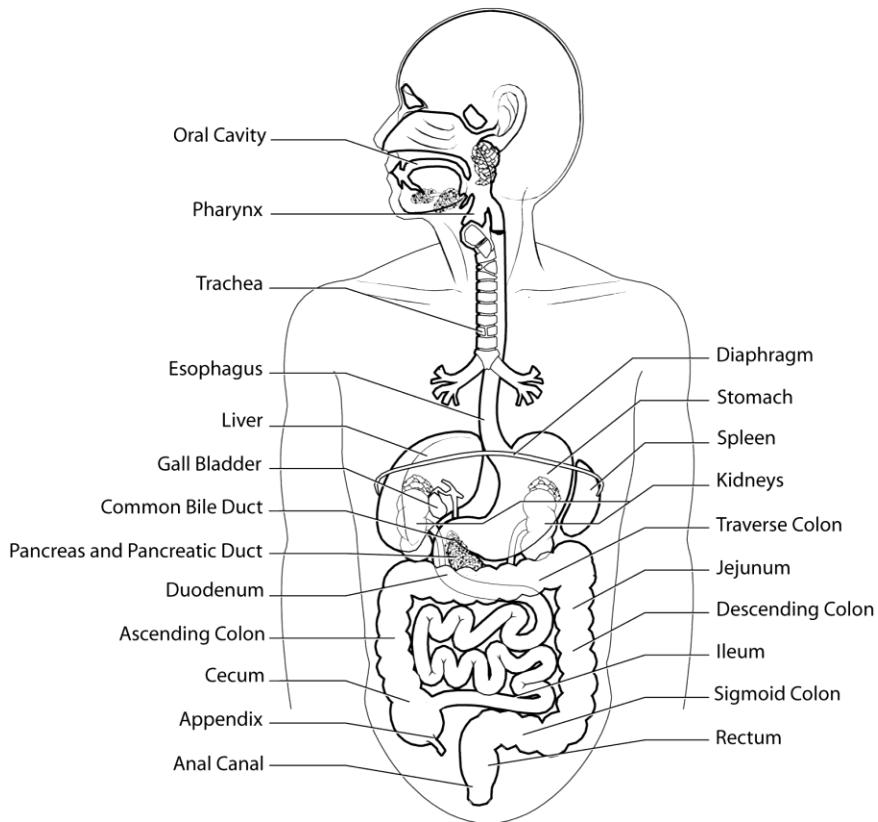
two

- **frontal lobe:** area behind the forehead that helps control body movement, speech, behavior, memory and thinking.
- **occipital lobe:** area at the back of the brain that controls eyesight.
- **parietal lobe:** top and center part of the brain, located above the ear, helps us understand things like pain, touch, pressure, body-part awareness, hearing, reasoning, memory and orientation in space.
- **temporal lobe:** part of the brain near the temples that controls emotion, memory, and the ability to speak and understand language.

Digestive System and Abdomen

colon: the final section of the large intestine; it mixes the intestinal contents and absorbs any remaining nutrients before the body expels them.

duodenum: the first part of the small intestine; it receives secretions from the liver and pancreas through the common bile duct.



esophagus: the muscular tube, just over nine inches long, that carries swallowed foods and liquids from the mouth to the stomach.

gallbladder: a pear-shaped sac on the underside of the liver that stores bile received from the liver.

ileum: the lower three-fifths of the small intestine.

jejunum: the second part of the small intestine extending from the duodenum to the ileum

kidney: one of a pair of organs at the back of the abdominal cavity that filter waste products and excess water from the blood to produce urine.

large intestine: absorbs nutrients and moves stool out of the body.

liver: organ that filters and stores blood, secretes bile to aid digestion and regulates glucose; due to its large size and location in the upper right portion of the abdomen, the liver is the organ most often injured.

pancreas: gland that produces insulin for energy and secretes digestive enzymes.

pharynx (throat): the passageway or tube for air from the nose to the windpipe and for food from the mouth to the esophagus.

rectum: the lower part of the large intestine between the sigmoid colon and the anus.

sigmoid colon: The S-shaped part of the colon between the descending colon and the rectum.

small intestine: the part of the digestive tract that breaks down and moves food into the large intestine and also absorbs nutrients.

spleen: organ in the upper left part of the abdomen that filters waste, stores blood cells and destroys old blood cells; it is not vital to survival but without it there is a higher risk of infections.

stomach: the large organ that digests food and then sends it to the small intestine.

Respiratory System

diaphragm: dome-shaped skeletal muscle between the chest cavity and the abdomen that contracts when we breathe in and relaxes when we breathe out.

epiglottis: a flap of cartilage behind the tongue that covers the windpipe during swallowing to keep food or liquids from getting into the airway.

larynx (voice box): part of the airway and place in the throat where the vocal chords are located.

lung: one of two organs in the chest that delivers oxygen to the body and removes carbon dioxide from it.

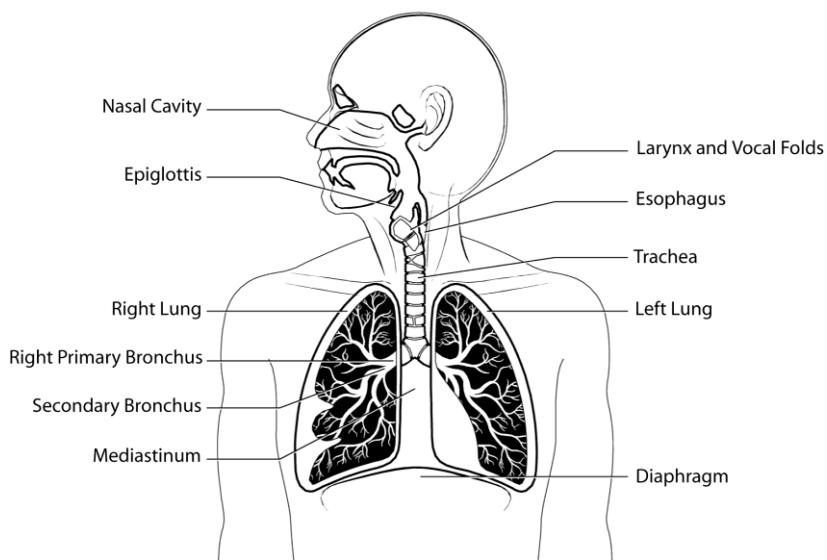
mediastinum: the part of the body between the lungs that contains the heart, windpipe, esophagus, the large air passages that lead to the lungs (bronchi) and lymph nodes.

nasal cavity: a large air-filled space above and behind the nose in the middle of the face where inhaled air is warmed and moistened.

pharynx (throat): the passageway or tube for air from the nose to the windpipe and for food from the mouth to the esophagus.

trachea (windpipe): the main airway that supplies air to both lungs.

vocal cord: either of two thin folds of tissue within the larynx that vibrate air passing between them to produce speech sounds.



9. FOR YOUR COMFORT

Hospital Resources

» INTERPRETER SERVICE

It is essential that you are able to completely understand every part of your care and treatments. If you do not understand or cannot speak English, interpreter services can be provided. For assistance, please call the Office of Patient and Family Experience at 215-955-7777. After 5 p.m. or on weekends, please call the hospital operator at 215-955-6000.

» SERVICES FOR INDIVIDUALS WITH HEARING IMPAIRMENTS

Assistive devices for deaf and hard-of-hearing patients, including a telecommunications device for the deaf (TDD or TTY), are also available. For assistance, please call the Office of Patient and Family Experience at 215-955-7777. After 5 p.m. or on weekends, please call the hospital operator at 215-955-6000.

» NEWSPAPERS

Complimentary newspapers are available in the gift shop for patients.

» CUSTOMER SERVICE

For assistance, please call the Office of Patient and Family Experience at 215-955-7777. After 5 p.m. or on weekends, please call the hospital operator at 215-955-6000.

» MEDITATION ROOM

Meditation room is located on the 9th floor in Gibbon building near the bridge.

» A THOUSAND MILES HEALING GARDEN

One of our Trauma Survivors wanted to find a way to give back to Thomas Jefferson University Hospital, so she created and maintains A Thousand Miles Healing Garden located in the Surgical Reception Area in Room 8210 of the Gibbon Building. Please stop by to write your loved one a healing message during their recovery.

» NOTARY

Notary services are available free of charge. While we try to accommodate your needs, we request 24 hours notice to arrange these services. Call a Patient and Family Experience representative at 215-955-7777.

» BANKING (ATMs)

If you need access to cash, there are several convenient ATM locations within the Hospital, available 24 hours a day. In addition to the ATMs on the Hospital campus, the following Banks are also in walking distance: Bank of America, PNC Bank, TD Bank, Wells Fargo Bank and WaWa.

»**PHARMACY**

To help with the transition home, Thomas Jefferson University Hospital's Pharmacy offers to deliver the patient's medication to the hospital room prior to discharge. If you want to utilize this service, please notify your case manager the day of discharge. Please also note, there are a few pharmacies in walking distance to the Hospital campus:

CVS

1046 Market Street
Philadelphia, PA

Walgreens

1101 Locust Street
Philadelphia, PA

»**Other Necessities**

If your family needs to make some purchases for personal belongings such as toiletries, clothes, contact solution, hairbrush, etc. the following locations are in walking distance to the hospital campus. Please see the complete list in Section 3 on page 10.

Target

1128 Chestnut Street
Philadelphia, PA

CVS

1046 Market Street
Philadelphia, PA

Walgreens

1101 Locust Street
Philadelphia, PA

DISCHARGE

10. AFTER THE HOSPITAL: PLANNING FOR DISCHARGE

Many people need specialized care after they leave the hospital. This can include:

- special equipment
- nursing care
- physical therapy
- occupational therapy
- speech therapy

A case manager or social worker will work with you to make a plan. They may talk with your insurance company to see what it will pay. They can also help you arrange for care. If you do not have health insurance, the social worker or financial counselor can help find out where you can apply for assistance.

LEVELS OF CARE IN THE COMMUNITY

Each person, injury and path to recovery is different. Your trauma team will tell you which level of care is best. Your social worker or case manager will help you find the care you need. They will take into account your insurance and your ability to pay.

Here are the levels of care:

» **Rehabilitation hospital**

People who can do three hours or more of therapy each day may be able to go to an acute rehabilitation hospital. Patients have freedom of choice when deciding upon a rehabilitation hospital.

» **Skilled nursing facility**

People who are not well enough to do three hours of therapy each day but who still need therapy may benefit from a short stay at a skilled nursing facility. Such care is available at many local nursing homes and can be arranged by your case manager.

» **Home care**

Some people can live at home with nurses and therapists coming to them. The case manager will arrange for these types of services. They can also give you the name and phone number of a home health agency.

» **Outpatient care**

People who are able to go out of their home for therapy will be given a prescription when they are discharged. This is a doctor's that you will need in order to make your own appointments. The case manager can give you the names of providers near your home.

» **Home with no home care**

Many people do not need home care from a nurse or therapist. They are discharged to the care of family. The trauma doctor may tell you to come back to see him or her or to see your own doctor after you are discharged. You will need to make your own appointments with the physician's office.

NOTES:

SKILLED NURSING FACILITY PREFERENCES

1. _____
 2. _____
 3. _____
 4. _____
 5. _____

REHABILITATION PREFERENCES

1. _____
 2. _____
 3. _____
 4. _____
 5. _____

11. PERSONAL HEALTH INFORMATION

Use the following pages to list:

- Names of the doctors, nurses and others who are caring for your loved one
- Injuries and procedures
- Questions you may have
- Things you need to do and get

There is also space at the end of this booklet for you to write down anything else you may want to note.

NAMES OF PROVIDERS

Many doctors, nurses and others will be taking care of your loved one. They are all part of the trauma team, led by the trauma surgeon.

Our board-certified trauma surgeons provide 24-hour coverage of the trauma center. They are called the attending trauma surgeons. We also train future surgeons. They are known as surgical residents. Other members of the trauma team and their roles are listed at the beginning of this handbook.

Who are the attending trauma surgeons and residents?

Who are the physician consultants? These are doctors who help with the diagnosis and treatment of specific types of injuries.

Orthopedic Surgery _____

Neurosurgery _____

Spine Surgery _____

Plastic Surgery _____

Rehabilitation _____

Other _____

Other _____

Who are the nurses who are taking care of your loved one? _____

Who is the Trauma Survivor Network (TSN) coordinator? _____

Who else in the hospital is helping in the care of your loved one?

Physical Therapist _____

Occupational Therapist _____

Speech Pathologist _____

Psychologist _____

Psychiatrist _____

Social Worker _____

Financial Counselor _____

Other _____

Other _____

Other _____

INJURIES AND PROCEDURES

List of major injuries:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____

List of major procedures:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____

QUESTIONS TO ASK THE DOCTORS AND NURSES

12. THINGS TO DO AND GET

Remember, ask for help.

13. ADDITIONAL NOTES

RECOVERY

14. ADJUSTING TO YOUR LOVED ONE'S INJURY

Patients may have a delayed reaction to their trauma after discharge from the hospital. In the hospital, they may focus on their physical recovery rather than on their emotions. As they face their recovery, they may have a range of feelings, from relief that better days are ahead to intense anxiety that life has changed dramatically.

Just as our bodies can be traumatized, so can our minds. Trauma can affect your emotions in ways that no one can predict; even to a point where the patient's will to live can be compromised. The effect may be so great that your usual ways of thinking and feeling may change, and the patient's loved ones want the old person back.

Family members also may go through a range of emotions between first hearing the news of the injury and on through the patient's recovery. It is important for the family members to communicate in a manner which focuses on the future and less on the past. Keep the patient active, even if it's talking about new movies, books or upcoming events. Every patient's injuries, circumstances and ability to heal are different. But, above all, do not get frustrated at the progress of healing. Time heals all wounds and the adjustment will take time.

Trauma patients may feel changes in health, income, family routine or dreams for the future. Each person responds to these changes in their own way. Grief is a common response. When it does get better, it can delay recovery and add to family problems. Knowing the early signs of depression and post-traumatic stress syndrome (PTSD), is important.

COPING WITH ADJUSTMENT

The stress that goes with trauma and grief can affect your health. It can also affect your decision making during the first several months after the trauma. It is important for you to try to eat well, sleep and exercise. If you have any long-term health problems, such as heart disease, be sure to stay in contact with your doctor.

Part of recovery involves using the help of others. You can also find a support system. This can be a friend, family member, a member of the clergy, a support group, or another person who has experienced similar situations. Not everyone knows what to say or how to be helpful. Some people avoid those who have experienced a trauma in their family because it makes them uncomfortable. It may take some time to find friends or family who can be good listeners.

WHEN IS IT A GOOD IDEA TO SEEK PROFESSIONAL HELP?

Sometimes grief overwhelms us. This is when professional help is useful. You may need help if:

- The grief is constant after about six months
- If there are symptoms of PTSD or major depression
- If your reaction interferes with daily life

Your doctor can help you identify local services available for support, including the Trauma Survivors Network.

15. IS IT STRESS OR POST-TRAUMATIC STRESS DISORDER?

Going through a traumatic injury can cause a range of strong emotions. For example, it is common for people to feel or experience the following right after the injury:

- Sadness
- Anxiousness
- Crying spells
- Sleep problems
- Anger
- Irritability
- Grief or self-doubt

These emotions are perfectly normal.

For some people, distress resolves over time. For others, it may hold steady or even increase. In about one out of four people, the distress is so severe that it is called post-traumatic stress disorder, or PTSD.

WHAT IS PTSD?

PTSD is a type of anxiety that occurs in response to a traumatic event. It was first described in combat veterans. Now we know that PTSD occur in everyday life. PTSD has defined symptoms that are present for at least four weeks.

After a trauma, people may have some PTSD symptoms, but that does not mean they have PTSD. PTSD means having a certain number of symptoms for a certain length of time.

There are three types of PTSD symptoms:

Type	Symptoms
Hypervigilance	Having a hard time falling asleep or staying asleep Feeling irritable or having outbursts of anger Having a hard time concentrating Having an exaggerated startle response
Re-experiencing	Having recurrent recollections of the event Having recurrent dreams about the event Acting or feeling as if the event were happening again (hallucinations or flashbacks) Feeling distress when exposed to cues that resemble the event
Avoidance	Avoiding thoughts, feelings, conversations, activities, places or people that are reminders of the event Less interest or participation in activities that used to be important Feeling detached; not able to feel

16. THOUGHTS FROM OTHER TRAUMA PATIENTS AND THEIR FAMILIES

- » Dates and times for medical procedures, tests or even discharge from the hospital are not set in stone. There are usually many factors or people involved, and things do not always work out as planned. If you are scheduled for an MRI, for instance, but an emergency case comes in to the unit, they must handle the emergency first. Dates and times are targets, not guarantees.
- » Don't be afraid to ask for pain medicine. But keep in mind that the staff must follow a process, and it may take a while to fill the request. Your nurse must get your doctor's OK before you receive any medications.
- » Get involved in your treatment. You have the right to know about your options and to discuss them with your doctor. If you are told that you need a certain test, feel free to ask for an explanation of the test and what that test will show.
- » Get a person's name at your insurance company and try to always talk to that person. The social worker or case manager at the hospital may be able to help you find this person. It is easier for you and easier for the insurance person too. Having someone who knows your case can be very helpful when the bills start rolling in.
- » Physical therapy can be very important. Muscles weaken very quickly, and any activity that you can handle will help you recover more quickly. Try to arrange for pain medication about 30 minutes or so before you have physical therapy. If you do this, your therapy won't hurt so much and your will be able to do more and make more progress.
- » Plan ahead. Your discharge from the hospital may come more quickly than you expect, even before you feel really ready to go. The best way to be ready is to make plans early. Ask your nurse about what kind of help is available to arrange for rehab, home care, equipment or follow-up appointments. Even if you plan ahead, you may find that you need other equipment or devices after you return home. Don't panic! Your home care provider or doctor's office can help you once you are home.
- » Be patient with yourself. Your recovery may not always follow a "straight line." You may feel fairly good one day, then really tired and cranky the next. It can be frustrating to feel like you're losing ground, but you'll need to be patient and focus on your progress over time.
- » Take notes. Ask a family member or friend to keep a journal of what happens during your hospital stay. These notes may be interesting to you in the future.
- » Ask for help. Being in the hospital disrupts every bit of your life – routines, schedules, relationships and plans. You are probably used to being very independent, but you now rely on other people for help. Your family and friends probably want to help out in any way they can. They only need your invitation.

17. ABOUT THE AMERICAN TRAUMA SOCIETY AND THE TRAUMA SURVIVORS NETWORK

The American Trauma Society (ATS) is a leading group for trauma care and prevention. We have been an advocate for trauma survivors for the past 30 years. Our mission is to save lives through improved trauma care and injury prevention. For details, go to www.amtrauma.org.

The ATS knows that a serious injury is a challenge. To help, the ATS has joined with your trauma center to help you through this difficult time. The goal of the TSN is to help trauma survivors and their families connect and rebuild their lives.

The TSN is committed to:

- Training health care providers to deliver the best support to patients and their families
- Connecting survivors with peer mentors and support groups
- Enhancing survivor skills to manage day-to-day challenges
- Providing practical information and referrals
- Developing online communities of support

The TSN offers its services together with local trauma centers. These services can include:

- A link to Carepages which helps you talk with friends and family about your injured loved one
- An online library where you can learn from about common injuries and treatments
- This Patient & Family Handbook
- An online forum where trauma survivors and their families can share experiences
- Trauma Support Groups for survivors
- Family Class to support family members
- NextSteps Classes. NextSteps is an interactive program to help survivors manage life after a serious injury
- Peer Visitors who provide support to current Trauma Survivors while they are hospitalized

Please take a moment to explore the TSN programs and services by visiting the Website at www.traumasurvivorsnetwork.org. If you think we can help you—or if you want to help support and inspire others—join the TSN today! Joining takes only a minute of your time and is **completely free**.

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