Handbook for Trauma Patients and their Families

Intermountain® Healthcare

trauma survivors network provided by ATS

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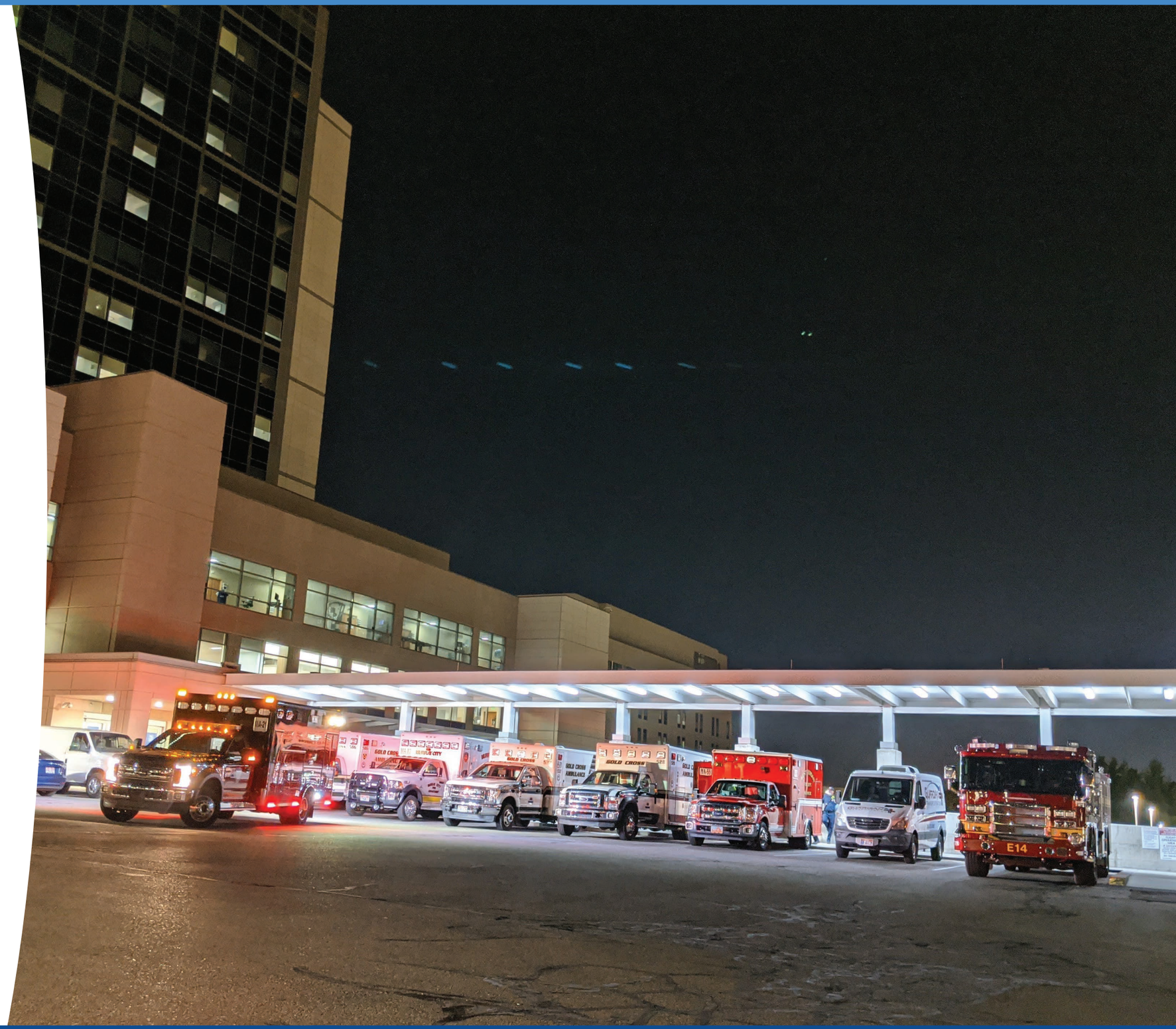


Introduction

This handbook has been developed for you by Intermountain Healthcare 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.

The back of this handbook will provide information on navigating around our campus, resources to make your stay more comfortable and room for you to take notes to write down questions for the hospital staff. You can use this section to make sure you get all of 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 www.caringbridge.com to keep your friends and family informed during your loved one's hospital stay. Each facility has its own TSN Coordinator that can help you navigate their site.

Trauma Survivors Network

Visit the Trauma Survivors Network (TSN) website for more information and to locate the TSN Coordinator at your facility.

Intermountain® Healthcare

Arrival

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 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 cope better 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.

Immediately After the Injury

Arrival at the hospital

Here is what has happened so far:

Most likely you or your loved one was brought to the Emergency Department (ED) 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 direct 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
- Trauma Advanced Practice Providers (APPs)
- Emergency doctors
- Nurse(s)
- Respiratory therapist
- Imaging technicians (CT, X-ray, etc.)
- Care Manager/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:

- Transfer from the admitting area, ED or Operating Room (OR) to a unit in the hospital
- An exam to find life-threatening injuries
- X-rays, ultrasound and perhaps a CT scan 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

How the hospital cares for the family

Initially the patient is evaluated in the ED. Please note that the ED is under Restricted Access. 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 an alias name

Sometimes the hospital does 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 different name, or alias [AY-lee-es]. An example is “ZZZUV, XTEST.”

The alias 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 will change to the real name.

If the patient is a victim of crime, they may keep the alias. This is for safety reasons.

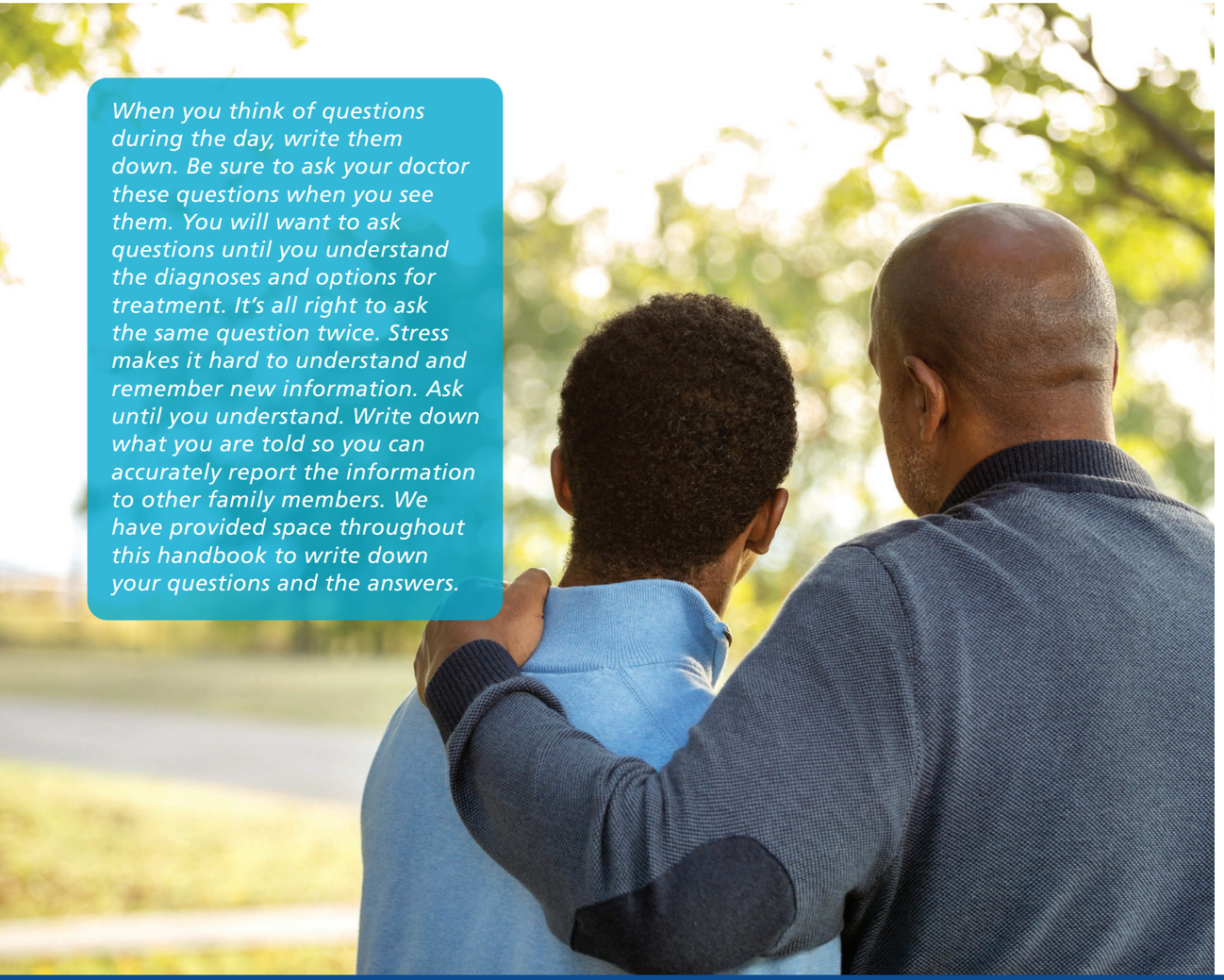
Visitors are Important

Visiting is a time to be with your loved one, ask questions and meet with the care team. 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.

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 to recover. Visiting restrictions may change, please check with your care team for current visiting guidelines.

We are here to help

Feel free to ask for help finding a patient room, department, etc. **All members of our care teams wear ID badges and can help direct you if needed.**



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.

The Health Care Team Needs the Family's Help

The primary job of the trauma team is to treat patients. We need your help in taking care of your loved one and making sure they get the best care possible. Here are things you can do to help us and your loved one:

Take care of yourself

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

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 essential 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.

The representative our family has chosen is _____. Their phone number is _____. Please share this information with your care team and family.

Stay

Where Patients Stay While in the Hospital

After patients are evaluated by the trauma team, 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 (ICU). When they are ready, they may then move to a different department or floor. 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 care team 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 they have gone, please call the hospital operator.

These are some of the hospital units that care for trauma patients:

Intensive Care Unit (ICU)

Patients in the ICU receive care from a comprehensive trauma team. They are highly-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.

A typical day in the ICU

Most patients are attached to equipment that gives the care team vital information. This allows them to make the best decisions. The equipment:

1. Monitors patients
2. Delivers medication
3. Helps patients breathe

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

In the morning, the trauma team "rounds" to each patient's room 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.

Medical and surgical care units

Those who no longer require ICU care may be moved to these units. These units have skilled staff caring for your loved one but the staffing ratio is different than an ICU. The nurses may have 4-5 patients that they are caring for on a shift.

Patients with fewer injuries may be moved to other units in the hospital.

Caring for Children

The facility may care for a child patient. However, some patients require a facility that specializes in children for specific types of injuries.

Helping Children Process Traumatic Injuries

Be direct, simple and honest. Explain what happened in terms that the child can understand. Encourage the child to express feelings openly. Crying is a normal reaction to loss. 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.

Who Takes Care of the Patient

Many types of caregivers may take care of your loved one while they are 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:

Advanced Practice Providers (APPs)

APP's are licensed medical professionals with advanced training - usually nurse practitioners and physician assistants. They work with the trauma team to take care of you and your loved one. APPs perform assessments, order tests, and medications. They communicate any changes in a patient's care management with other team members. APPs will assist with your loved one's care every step of their stay.

Trauma APPs do:

- Physical exams
- Order and interpret tests
- Prescribe medications and other treatments
- Refer patients to other specialists
- Assess patients under their care daily
- Perform invasive procedures

Anesthesia or pain management specialist

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

- Medications
- Implanting pumps or nerve simulator
- Physical therapy or behavioral programs
- Procedures such as central lines and chest tubes

Care Management or Social Worker

All admitted patients have a Care Manager. Care Managers are healthcare professionals who coordinate overall care of an individual patient. Care Managers have experience to help you through your stay in the hospital.

Your Care Manager can:

- Work with your insurance company to ensure appropriate management of your benefits
- Get supplies you will need at home if covered by your insurance provider
- Help you learn how to care for yourself
- Refer you to a home health agency if you need it
- Help you get continued care with a specialist
- Coordinate your transfer to a rehabilitation facility

Chaplain

Chaplains have special skills to help people during times of illness. They meet the spiritual needs of patients and families from many different religions. Chaplains visit all who want spiritual support.

This department provides:

- Pastoral care visits
- Pastoral counseling
- Worship

You can also make a request to see a chaplain through the care team.

Critical Care or Patient Care Technician

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

Dietitian

Dietitians are the food and nutrition experts. They work closely with the trauma team in caring for patients. Dietitians recommend and support the care team in providing proper nutrition to patients.

Geriatrician
Geriatricians are primary care doctors that specialize in treating older adults, especially those over 65 years of age.

Neurosurgeon
Neurosurgeons are doctors who have specialized training in surgery for the brain or spinal cord.

Occupational Therapist
Occupational Therapists help the patients regain strength for daily activities.

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 doctors who have specialized training in repairing broken bones.

Patient Transport
Patient Transporters are members of the 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.

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

Pharmacist
Pharmacists are medication experts. They work closely with nurses and doctors. They provide information and help with choosing medications.

Physiatrist [fizz-EYE-uh-trist] 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.

Psychologist [sie-KAWL-uh-jist]
Psychologists are licensed mental health professionals. A psychologist is not a medical doctor but has advanced training at the masters or doctoral level a Ph.D. or Psy.D.

Psychiatrist [sie-KIE-uh-trist]
Psychiatrists are medical doctors (MDs) who treat extraneous mental and emotional disorders. Psychiatrists can prescribe medication.

Registered Nurse (RN)
The RN is a professional caregiver who assumes responsibility and accountability for assessing, planning, implementing and evaluating care of patients. The RN utilizes the nursing process by use of technology, therapeutic intervention, evidence-based practice and coordination of care with other care team members.

Resident
Residents are licensed doctors 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.

Speech and Language Therapist
Speech Therapists work with patients on language, memory and swallowing problems, often under the direction of a physiatrist. They may also evaluate hearing.

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 RN.

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 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.

Trauma Survivors Network Coordinator
The Trauma Survivors Network (TSN) Coordinator can help provide resources and support during recovery from major injury.

Trauma Survivors Network Peer Visitors
All Peer Visitors have received hospital training as volunteers, and specialized training as peer visitors. Although Peer Visitors are not trained counselors and will not offer medical, legal or personal advice, they understand the concerns of a new trauma patient and provide a "been there, done that" perspective.

Medical Information: What is Kept, Why and Who has Access?

When you come to the hospital, we will ask for information related to your care. We may keep this information as paper records or in a computer file. We keep the following:

- Name
- Address
- Date of birth
- Next of kin
- Information about your medical conditions and treatments

There are very strict laws about who may see this information:

- You can see your own medical records
- Your own medical caregivers can see them
- Some other members of the hospital staff may see the information for other reasons, such as teaching purposes or to monitor care in the hospital
- Your family and friends are not allowed to see your records unless you give permission
- Your legal representative can see the information

Authorization for access to medical records

A patient may give someone else permission to see their medical records. Your Care Manager can assist you in the process of designating an individual to have access to your medical record.

Advanced directives and living will

Advance Care Planning is thinking and talking about future healthcare decisions long before a sudden emergent event, like a car accident, and a patient is unable to make their own decisions. The results of the conversation are then communicated on an Advance Directive.

An Advance Directive is a legal form used by a patient to identify who they would want to make medical decisions for them if they were unable to do so. It also allows a patient to inform healthcare providers of what treatment they want or don't want.

A Living Will is a document in which a patient expresses healthcare preferences under circumstances, including, but not limited to, wishes for life-sustaining treatments and resuscitation. This document is utilized if a patient becomes unable to participate in the healthcare decision-making process.

Both of these documents need to be completed before someone is at a point where they are unable to make these decisions.

Notes:

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 team 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 injury

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 traumatic brain injuries:

- **Cerebral** [suh-REE-bruhl] **concussion** [kon-KUSS-shun]**:** Brief loss of consciousness after a blow to the head. A head (CT) 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** [kon-TOO-zhun]**:** 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** [hee-mah-TOW-mah]**:** 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** [sub-DUR-uhl] **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** [eh-peh-DUR-uhl] **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.

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 monitors 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 sensations.

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:

- Medications to lower brain pressure, lower anxiety, and 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** [hee-mow-THOR-ax]**:** Blood pools in the chest cavity, often due to rib fractures
- **Pneumothorax** [NEW-mow-thor-ax]**:** Air collects in the chest cavity due to an injured lung
- **Hemo-pneumothorax:** Both air and blood collect in the chest cavity
- **Pulmonary** [PULL-muh-nair-ee] **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. The Care Team 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 medications 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 organs such as the liver, spleen, kidney or stomach. The injuries may be:

- Lacerations [las-suh-RAY0shun] (cuts)
- Contusions (bruises)
- Ruptures [RUP-tchur] (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 medications 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 surgeon 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 [kwah-druh-PLEE-zhuh] (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 (cannot move) of the arms and legs. Injury at or above the C4 level affects breathing and patients often need a ventilator (a breathing machine).
- Paraplegia [PAIR-uh-plee-zhuh]: 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 the 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 may 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 or decubitus ulcers) are breakdowns in the skin caused constant pressure on one area and decreased blood flow from not moving. Pressure sores can occur on the buttocks, 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.

Glossary of Common Medical Terms

Procedures

Craniotomy [kray-nee-AH-tuh-mee]**:** 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 [kray-nee-EK-tuh-mee]**:** 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 [ga-STROSS-tuh-mee]**:** 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 [jeh-juh-NAH-stuh-mee]**:** 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 [lap-ah-ROT-uh-mee]**:** 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 [thor-uh-KOT-uh-mee]**:** surgery to open the chest.

Tracheostomy [tray-kee-OSS-tuh-mee]**:** 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 [AM-byoo] **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) [ee-lek-trow-CAR-dee-oh-gram]**:** a painless tracing of the electrical activity of the heart. The ECG gives important information about heart rhythms and heart damage.

Endotracheal [en-doh-TRAY-kee-uhl] **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 [FOE-lee] **catheter:** a tube placed in the bladder to collect urine.

Halo [HAY-low]**:** 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 [in-truh-KRAY-nee-uhl] **pressure (ICP) monitor:** a tube placed in the brain to measure pressure on the brain caused by excess fluid.

IV [eye-vee] **fluid:** fluid put in the vein to give the patient medications and nutrition (food).

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

Nasogastric [nay-zoe-GAS-trik] **(NG) tube:** a tube put into the patient's nose to give medications and nutrition (food) directly into the stomach. It can also be used to get rid of excess fluids from the stomach.

Orthotic [or-THAW-tik]**:** a device, such as a splint, that keeps a part of the body from moving around.

Prosthetic [prah-STHEH-tik]**:** 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 [ox-EH-meh-ter]: an electronic device placed on the finger, toe or ear lobe to check oxygen levels.

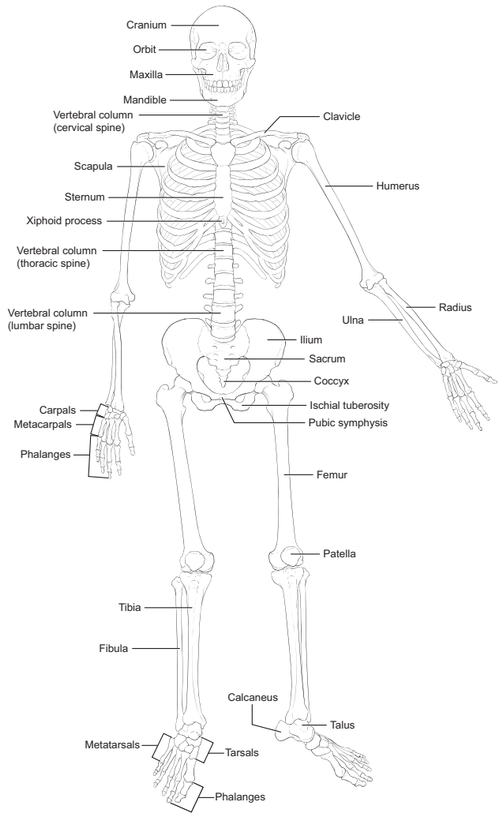
Triple lumen catheter: a line placed into a shoulder or neck vein to give IV fluids and drugs.

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

Ventilator [VEN-teh-lay-ter]**:** a breathing machine, sometimes called a respirator, that helps patients breathe and gives oxygen to the lungs.

Anatomy

Bones, Skeletal



Acetabulum [a-seh-TAB-yoo-luhm]**:** the hip socket.

Carpals [CAR-pul]**:** the eight bones of the wrist joint.

Clavicle [KLAV-eh-kuhl] **(collarbone):** a bone curved like the letter F that moves with the breastbone (sternum) and the shoulder blade (scapula).

Femur [FEE-mur]**:** the thigh bone, which runs from the hip to the knee and is the longest and strongest bone in the skeleton

Fibula [FIB-yoo-luh]**:** 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 [HYOO-mer-us]**:** the upper bone of the arm from the shoulder joint to the elbow.

Ileum [ILL-ee-um]**:** 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 [ISS-kee-um]**:** the lower and back part of the hip bone.

Metacarpals [mef-tah-KAR-pulz]**:** the bones in the hand that make up the area known as the palm.

Metatarsals [meh-tah-TAR-sulz]**:** the bones in the foot that make up the area known as the arch.

Patella [puh-TELL-ah]**:** the lens-shaped bone in front of the knee.

Pelvis [PEL-vis]**:** 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 [fuh-LAN-jeez]**:** any one of the bones of the fingers or toes.

Pubis [PYOO-biss]**:** the bone at the front of the pelvis.

Radius [RAY-dee-us]**:** the outer and shorter bone in the forearm; it extends from the elbow to the wrist.

Sacrum [SAY-crum]**:** five joined vertebrae at the base of the vertebral column (spine).

Scapula [SKAP-yoo-luh] **(shoulder blade):** the large, flat, triangular bone that forms the back part of the shoulder.

Sternum [STUR-num] **(breastbone):** the narrow, flat bone in the middle line of the chest.

Tarsals [TAR-suhlz]**:** the seven bones of the ankle, heel and mid-foot.

Tibia [TIB-ee-yah]**:** the inner and larger bone of the leg between the knee and ankle.

Ulna [UL-nah]**:** 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 [MAN-deh-buhl]**:** the horseshoe-shaped bone forming the lower jaw.

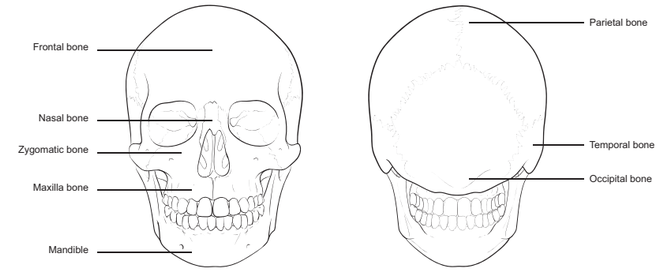
Maxilla [mak-SILL-uh]**:** the jawbone; it is the base of most of the upper face, roof of the mouth, sides of the nasal cavity and floor of the eye socket.

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

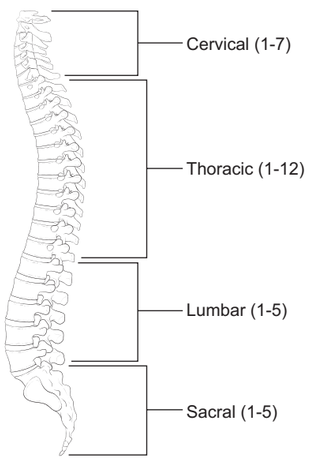
Parietal [puh-RAI-eh-tuhl] **bone:** one of two bones that together form the roof and sides of the skull.

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

Zygomatic [zye-guh-MAT-ik] **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 [VER-tuh-bray] **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 [KOK-siks]**:** a small bone at the base of the spinal column, also known as the tailbone.

Intervertebral [in-ter-VER-the-brahl] **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 [SAY-cruhl] **vertebrae:** the vertebrae that form the sacrum.

Sacrum [SAY-crum]**:** five joined vertebrae at the base of the vertebral column (spine).

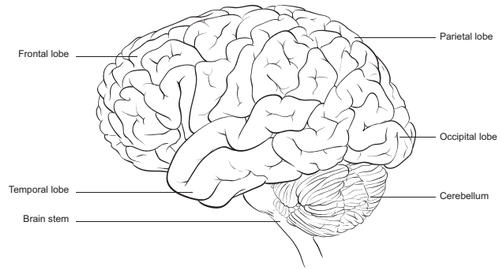
Sciatic [sie-AT-ik] **nerve:** the largest nerve in the body, passing through the pelvis and down the back of the thigh.

Spinous [SPY-nuss] **process:** the small bone that protrudes at the back of each vertebra.

Thoracic [tho-RASS-ik] **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

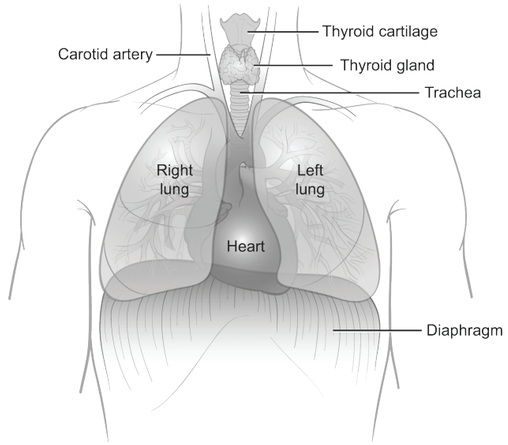


Brain stem: the part of the brain that connects to the spinal cord; it controls blood pressure, breathing and heartbeat.

Cerebellum [sair-uh-BELL-um]**:** the second-largest part of the brain; it controls balance, coordination and walking.

- **Frontal lobe:** area behind the forehead that helps control body movement, speech, behavior, memory and thinking.
- **Occipital** [awk-SIP-eh-tuhl] **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 thing 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.

Respiratory System



Diaphragm [DIE-uh-fram]**:** dome-shaped skeletal muscle between the chest cavity and the abdomen that contracts when we breathe in and relaxes when we breathe out.

Epiglottis [ehp-eh-GLAW-tiss]**:** a flap of cartilage behind the tongue that covers the windpipe during swallowing to keep food or liquids from getting into the airway.

Larynx [LAIR-inks] **(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 [mee-dee-uh-STY-num]**:** 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 [TRAY-kee-uh] **(windpipe):** the main airway that supplies air to both lungs.

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 [doo-owe-DEE-num]**:** the first part of the small intestine; it receives secretions from the liver and pancreas through the common bile duct.

Esophagus [eh-SOF-eh-gus]**:** 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 [ILL-ee-um]**:** the lower three-fifths of the small intestine.

Jejunum [jeh-JOO-num]**:** 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 [PANG-kree-us]**:** gland that produces insulin for energy and secretes digestive enzymes.

Pharynx [FAIR-inks] **(throat):** the passageway or tube for air from the nose to the windpipe and for food from the mouth to the esophagus.

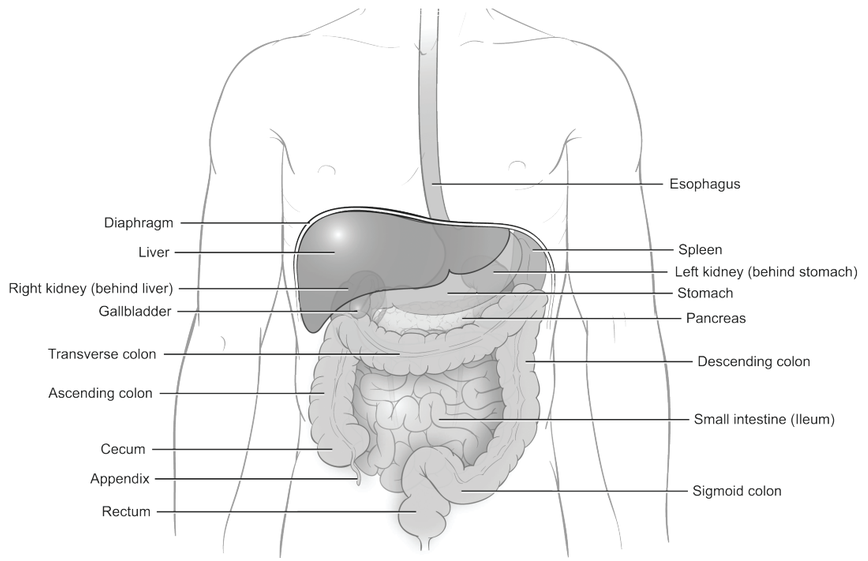
Rectum: the lower part of the large intestine between the sigmoid colon and the anus.

Sigmoid [SIG-moyd] **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.



Insurance and Disability Information

Insurance and disability

Insurance coverage for trauma patients can be very complex. A financial counselor can help with insurance and payment questions. Our Care Managers can assist you in connecting with a financial counselor if you need assistance.

Financial assistance

If you do not have health insurance or are concerned that you may not be able to pay for your care in full, we may be able to help. Our Care Management team can assist you in navigating this process.

Medicaid

To apply for Medicaid, contact the Care Management team. They can help you with the application process.

Disability payment

Payments to help a patient through long-term or short-term disability are different. Patients or family members are responsible for applying for these payments. Your Care Manager can answer basic questions.

Applying for short-term disability

Contact your loved one's employer or your employer for help in understanding what documentation is needed and the timing of getting them completed by your care team. If you are applying for short-term disability, please remember:

- Sign everything on the form that needs to be signed, and identify the fax number at work where the forms should be sent (usually the Human Resources or Personnel Services office).
- Ask the nurse where to leave the forms so the doctor can get them. It is best to submit these forms while is still in the hospital.
- Doctors complete the forms in their offices. The office staff returns the papers to you to submit to the employer, or the doctor may choose to fax the forms directly to the employer.

Social Security

Social Security pays benefits to people who cannot work because they have a medical condition that is expected to last at least one year or result in death. The Social Security website (www.ssa.gov) is easy to use if you apply for Supplemental Security Income (SSI). You can call 800-772-1213 or your local Social Security office. It takes many months to process an application, so it is a good idea to get started quickly.

Letters for employers, school and others

The hospital has letters to send to employers, schools or courts to inform them that you or your loved one are in the hospital. Your nurse can tell you how to get these letters. They are available only while you are in the hospital. After discharge, you will need to contact your doctor's office directly.

2-1-1 Give Help. Get Help.

What Is 211?

- 211 is an easy-to-remember, three-digit number that connects people to the services they need, such as housing and utility assistance, food resources, legal aid and more.
- 211 is:
  - Free, confidential and for everyone.
  - The number to call to give help and get help.
  - An invaluable resource in the aftermath of a disaster.
  - A simple way to find the assistance you need from organizations throughout Utah.

2·1·1 Get Connected. Get Help.™

Scan to visit 211utah.org/

Discharge

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

Your Care Manager 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, they 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 Care 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 facilities and can be arranged by your Care Manager.

Home care

Some people can live at home with nurses and therapists coming to them. The Care 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 Care 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 them or to see your own doctor after you are discharged. You will need to make your own appointments with the doctor's office.

Notes

Skilled Nursing Facility Preferences

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

Rehabilitation Preferences

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

Personal Health Information

Use the following pages to list:

- Names of the doctors, nurses and others who are caring for you or 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 you or your loved one. They are all part of the trauma team, led by the trauma surgeon.

Our board-certified surgeons provide 24-hour coverage of the trauma center. They are called the attending trauma surgeons. We may 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 _____

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 _____

Care Manager/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

_____

_____

_____

_____

_____

_____

_____

_____

Things to do and get

Remember to ask for help

Additional Notes

Recovery

Your Response to your Loved Ones's Injury: Grief and Loss

Just as our bodies can be traumatized, so can our minds. Trauma can affect your emotions and will to live. The effect may be so great that your usual ways of thinking and feeling may change. The ways you used to handle stress may no longer work.

Patients may have a delayed reaction to their trauma. 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 to intense anxiety.

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.

Trauma patients and their families often feel loss on some level. The loss may relate to 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 disorder (PTSD), is important.

Coping with loss

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 loss. 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 a patient dies

Few things in life are as painful as the death of a loved one. We all feel grief when we lose a loved one. Grief is also a very personal response. It can dominate our emotions for many months or years. For most people, the intensity of initial grief changes over time. It may take both time and help to move from suffering to a way of remembering and honoring the loved one.

When is a good time 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 Care Team can help you identify local services available for support, including the Trauma Survivors Network.

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211https://www.donorconnect.life/

Is it Sress 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 occurs in everyday life.

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 at least 4-weeks.

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

Only a mental health professional can diagnose PTSD, but if a friend or family member notices any of the symptoms, it may be a sign that help is needed.

Wisdom 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 Care 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.

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 Trauma Survivors Network (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. Visit www.traumasurvivorsnetwork.org/pages/nextsteps for more information.
- 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.

Notes

This booklet is provided as a public service by the American Trauma Society and Intermountain Healthcare. The booklet is based on a Trauma Handbook developed by the Inova Regional Trauma Center at the Inova Fairfax Hospital and Inova Fairfax Hospital for Children in Falls Church, Virginia.