WellSpan® York Hospital

Trauma Handbook

A handbook for patients and their families

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Introduction

What is a Regional Resource Trauma Center?

WellSpan York Hospital is a Level I Regional Resource Trauma Center. There are 4 levels of trauma centers in Pennsylvania. Level I is the highest level. This means York Hospital provides the highest level of care for people with severe injuries.

Trauma centers must follow the rules and regulations set by the state. A Level I center meets the highest standards. These standards cover everything from the time the ambulance arrives at the emergency department to when the patient is discharged and leaves the hospital.

York Hospital has to send reports to the Pennsylvania Trauma Systems Foundation (PTSF). The PTSF checks how we take care of trauma patients.

As a Level I Trauma Center, we must be ready at any time for any type of injury.

What are the Roles in the Trauma Care Team?

Trauma care is a team approach. The head of the trauma team is a trauma surgeon called the Trauma Attending. The Trauma Attending has several years of highly skilled training and education in trauma care. Unlike other patients in the hospital, a patient in the Trauma Center probably won't have a single "lead" doctor. Instead, they may have a team of surgeons. This team meets every day to share information and make plans.

In addition to the Trauma Attending, there are several other doctors like:

- Orthopedic (bone) doctors
- Thoracic (chest) doctors
- Neurosurgeons (brain) doctors

There are also other team members like:

- Residents (doctors in training)
- Advanced practice providers
- Nurses
- Medical students

All members of the team have received special trauma education (training).

There are also many other healthcare providers that are a very important part of the team:

- Respiratory therapists (work with the lungs)
- Dietitians (help with nutrition and develop diets)
- Laboratory (lab) staff
- Spiritual support staff
- Rehabilitation therapists (help patients gain strength back)
- Case managers (help with insurance)
- Social workers (help find and access needed resources)

The Trauma Attending is in charge of the entire team. Together, this entire team works very hard to make sure our patients receive the best care possible.

Use this QR code or link to learn more about medical specialists and their roles:

healthwise.net/wellspan/Content/StdDocument.aspx?DOCHWID=specl#ps2256

Visit healthwise.net/wellspan to search for more health topics.

Contact Information

WellSpan York Hospital Contact Information

1001 South George St.
P.O. Box 15198
York, PA 17405-7198

WellSpan.org
(717) 851-2345
(800) 839-1657

WellSpan York Hospital Trauma Department Contact Information

The staff of WellSpan York Hospital will be more than happy to assist you with any need. The staff of the Trauma Services Department is also available; please feel free to contact us.

Trauma Program Manager:
Kevin Shovlin, MBA, BSN, RN, NE-BC

Trauma Program Medical Director:
Joshua P. Hazelton, DO, FACS, FACOS

Trauma Office: (717) 851-2610

Trauma Surgical Intensive Care: (717) 851-2634

Surgical Intensive Care: (717) 851-5278

Trauma Services: (717) 851-2610

Emergency Department: (717) 851-2345

Tower 3: (717) 812-3010

6 South: (717) 851-2151

Pediatrics: (717) 851-2383

Care Line (For compliments, concerns, or complaints): (877) 232-5807

Arrival at York Hospital

- First, the trauma team does a "primary survey."
  - The team is looking for injuries and issues that would potentially be very serious.
  - Any life-threatening injuries are treated right away. This may mean going to the operating room.
  - Depending on the type of care needed, the patient will most likely get moved to an inpatient hospital floor.
- The Trauma Attending tries their best to speak to the family as soon as possible.
  - Sometimes, taking care of patients may prevent them from doing so.
  - A team member will give updates to the family regularly.
  - The Trauma Attending will meet with the family as soon as they can.

Bedside Team Rounding

Bedside team rounding is a way to help us deliver care and communicate.

The care team comes to the patient's room at specific times of the day. We will explain the care needs of the patient and explain our plan for the day.

Possible topics we will go over during bedside team rounding are:

- Any care concerns
- Blood pressure, heart rate, temperature
- Diet, movement, pain levels
- Plan for discharge (going home)

Family Information

- Please pick one person to be the spokesperson.
  - This will be the “go to” person.
  - This family spokesperson is the one the trauma team will speak with.
  - This one person can then share the information with others.
  - We suggest the patient and family write questions and answers down so that there is a journal of events.
- Ask questions. If you do not understand something, please have the family spokesperson ask.
  - Let the family spokesperson know all the questions to ask.
  - We know that this event is new for you and probably leaves you wanting more information.
- Please remember that trauma is not planned. Understand that staff may get interrupted.
  - We may need to take care of a new trauma patient or a very sick one.
  - This may mean that we don’t get to answer your questions right away.
  - Please know that we make every effort to get the family as quickly as we can. We must decide which patients need more immediate care and attention at that time.
  - Know that team members are in the hospital 24 hours a day, 7 days a week. There is always someone from the team at the hospital.

The Pathway to Recovery

Where the Injury Took Place

From the injury site, the ambulance team calls the trauma team to let York Hospital know the patient is coming. The patient may be evaluated at another hospital first before coming to our trauma center.

Emergency Department (ED)

Trauma patients are treated in the trauma area in the ED. Life-threatening injuries are identified and treated.

The patient will go to one of these areas, depending on their condition:

- Operating Room
- Intensive Care Unit (ICU)
  Trauma Surgical ICU or Surgical ICU
- Trauma Floor
  (Tower 3 or 6 South)

Once the patient is ready, they will be discharged to:

- Skilled Nursing Facility (SNF)
- Rehabilitation Hospital
- Home (with family or with family and home health)

WellSpan York Hospital's Trauma Team

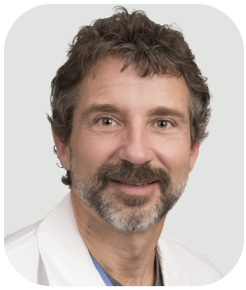
WellSpan York Hospital Trauma Attendings work as a team to provide coverage 24 hours a day, 7 days a week. Patients may get care from more than one doctor. There will also be residents and other healthcare providers involved in a patient's care.

Dr. Joshua Hazelton serves as the Trauma Program Medical Director. He completed 1+ years of Undergraduate Fellow in Neuromusculoskeletal Medicine from Philadelphia College of Osteopathic Medicine. He completed his general surgery residency at Philadelphia College of Osteopathic Medicine, and his surgical critical care fellowship at Cooper University Hospital. He is board certified in surgery and surgical critical care.

Dr. Daniel Carney serves as the director of trauma over the WellSpan system. He received his combined medical and PhD degrees from The Chicago Medical School in Chicago, IL. He completed both a surgical residency and surgical critical care fellowship at Penn State Hershey Medical Center, where he stayed on as faculty, eventually becoming Director of the Surgical ICU. Dr. Carney serves as Clinical Assistant Professor of Surgery at Drexel University College of Medicine. He is board certified in surgery and surgical critical care.

Dr. K. Michael Hughes received his medical degree from the University of North Texas Health Science Center (TCOM). He completed his surgical residency at Pontiac Osteopathic Hospital and Trauma Fellowships at Michigan University, Butterworth Hospital and Grant Medical Center in Columbus, OH. Dr. Hughes serves as Clinical Assistant Professor of Surgery at Drexel University College of Medicine. He is board certified in surgery and surgical critical care. He is also a past president of the American College of Osteopathic Surgeons.

Dr. Ebondo Mpinga received her medical degree from Tufts University in Boston, MA. She completed her surgical residency and critical care fellowship at Howard University and The Washington Hospital Center respectively. Prior to coming to York, Dr. Mpinga founded Grace Surgical Associates in Washington, DC, and served on the faculty at Howard University Hospital. She is a Clinical Assistant Professor of Surgery at Drexel University College of Medicine and the Program Director of the General Surgery residency program at WellSpan York Hospital. She is board certified in surgery and surgical critical care.



Dr. Shawn Terry received his medical degree from Creighton University in Omaha, NE. Dr. Terry completed his surgical residency at Upstate Medical Center, Syracuse, NY and Trauma Fellowship at the Medical College of Pennsylvania/Hahnemann Medical Center, Philadelphia, PA. Dr. Terry serves as Clinical Assistant Professor of Surgery at Drexel University College of Medicine. He is board certified in general surgery and surgical critical care.

Dr. Shabnam Hafiz received her medical degree from the University of California Davis School of Medicine in Sacramento, CA. She completed her surgical residency at MedStar Georgetown –Washington

Hospital Center in Washington, D.C., and her Trauma/Critical Care Fellowship at Ryder Trauma Center – Jackson Memorial Hospital in Miami, FL. She also has a Master of Public Health from Harvard University in Boston, MA. Dr. Hafiz serves as a Clinical Assistant Professor of Surgery at Drexel University College of Medicine. She is board certified in surgery and surgical critical care.

Dr. Ali Jawed received his medical degree from Aga Khan University in Karachi, Pakistan. He completed both his surgical residency and surgical critical care fellowship at Washington Hospital Center, in Washington, DC. He serves as a Clinical Assistant Professor of Surgery at the following institutions: Drexel University College of Medicine, in Philadelphia, PA, and Sidney Kimmel Medical College at Thomas Jefferson University in Philadelphia, PA. He is board certified in surgery and surgical critical care.

Dr. Jennifer Kincaid received her medical degree from Jefferson Medical College, Thomas Jefferson University in Philadelphia, PA. She completed her surgical residency at Thomas Jefferson University Hospital in Philadelphia, PA. She completed her surgical critical care fellowship Penn State Health, Hershey Medical Center in Hershey, PA. She is board certified in surgery and surgical critical care.

Dr. Laura Keeney received her Doctor of Osteopathic Medicine from Philadelphia Collage of Osteopathic Medicine. She received her Master of Public Health from Drexel University School of Public Health. She completed her surgical critical care fellowship and general surgery residency at Penn State Health, Hershey Medical Center in Hershey, PA. She is board certified in surgery and surgical critical care.

Other Team Members

WellSpan Orthopedics

A branch of medicine that tries to prevent and correct problems that affect bones and muscles.
Phone: (717) 812-4090

WellSpan Neurosurgery

Surgery of nervous structures (such as nerves, the brain, or the spinal cord).
Phone: (717) 812-5400

Case Management and Social Services

Case Management plays an important role in caring for patients who have experienced trauma. First, their role at admission is often that of crisis intervention. They also help with counseling, discharge planning, and any problems during the hospital stay.

Credible Messenger

Credible messengers are outreach workers with roots in the York City community and the connections and credibility to effect change. They work with case managers and regional resources to improve life in York City by addressing social needs.

continued on next page

Spiritual Care and Education

Clergy may also provide a source of support to the family during this crisis. Healthcare team members can notify a clergy to contact a hospital chaplain though the Spiritual Care and Education Department at (717) 851-2305.

Physical Medicine and Rehabilitation

A therapy team will be part of the treatment plan. They will work to help the patient improve mobility, self-care, and communication.

Types of Therapists

Occupational Therapists:

This therapy team will help the patient with everyday activities like bathing, brushing teeth, and getting dressed.

Physical Therapists:

Physical Therapists help patients regain their strength and movements.

Speech Language Pathologists:

These specialists will help patients who have trouble speaking and who have memory problems. They also help patients who have trouble swallowing their food.

Therapy Needs

When a patient is in the hospital, think about these things:

- What are the goals for therapy while in the hospital?
- What therapy is needed once the patient leaves the hospital?
- What does the caregiver need to know and learn to care for the patient?
- What equipment might the patient need at home?

Equipment Used During Trauma Care

Alarms – You may hear the monitor make sounds. The sounds are called alarms. They alert the nurse if there is an unusual reading from the monitor. An alarm in monitor means that there is something that the nurse needs to check. Monitors are very sensitive, and they often alarm because of movement or some other case.

Blood Pressure Monitor – The monitor will show the patient's blood pressure. It is measured by a cuff on the arm or by a special line that is placed into an artery at the patient's wrist area. This special line is called an arterial line.

Cervical Collar – This collar may be placed around a patient's neck to keep the proper position of the patient's neck and spine.

Chest Tubes – These tubes are placed into the chest area if a lung has collapsed or has fluid around it. They can be placed on the right side, the left side, or both sides of the body if needed. This tube is connected to a container that allows nurses and doctors to keep track of any fluid that drains from the lung area.

Endotracheal Tube or ETT – These are tubes to help the patient breathe. You may see a larger tube in the patient's mouth. This tube is a breathing tube. It goes through the patient's mouth into the throat and ends close to the lungs. It is connected by plastic tubing to a "breathing machine" or ventilator. These tubes may be removed when no longer necessary.

- If the patient is not going to be able to breathe on their own for a long period of time, the doctors may ask to put a tube into the patient's neck area. This is called a tracheostomy.
- Communicating with a patient who has a breathing tube in place may be difficult because the patient can't use their voice. Staff members can help to read lips and motions as signs for any needs. There are picture boards available as well.

Foley Catheter – This tube is placed into a patient's bladder to remove urine. It is connected to a longer tube and a bag. Staff will measure the amount of fluid (urine) in the bag.

Heart Monitor – This will show a picture of the electrical activity of the patient's heartbeat and the rate at which the heart is beating.

Intracranial Pressure Monitors (ICP) – These are catheters (tubes) to monitor "pressure" inside of the head. These tubes can be seen between the top of the head and the forehead. This device allows doctors and nurses to monitor pressure inside of the patient's head.

Intravenous Tubes (IVs) – These tubes are used to put fluid and medications into the patient's veins. They may be placed centrally (central line in large veins) or peripherally (placed into smaller veins). Machines are used to control these infusions.

Nasogastric or NG Tube – These are tubes used to drain the stomach. You may see a small tube in the patient's nose or mouth. This tube goes from the nose or mouth to the stomach. It allows the stomach to be drained and later may be used to deliver food and medicine.

Monitor – This piece of equipment can measure the patient's heart rate, blood pressure, and oxygen level, among other things. It may be at the patient's bedside or at the nurses' station where it is closely watched.

Oxygen Saturation – This tells staff members how much oxygen is in the blood stream.

Respiratory Rate – This may be displayed on the monitor and shows how many times the patient is breathing each minute.

Restraints – When a person has been severely injured and needs to have many types of equipment in place, it is important that equipment remains in place. In the early stages of recovery, even though the patient is receiving medicines for pain and sedation, it may be necessary to apply an article of restraint to the patient. Usually these restraints are put on the wrists or hands. The team will review the need for restraints frequently. Restraints are used to keep patients safe.

Sequential Compression Device (SCD) – Most patients will have "wraps" on their legs. These wraps inflate and deflate and are used to keep blood moving. Blood that does not circulate properly can clot. If clots develop, they may break off and flow with the blood to the lungs. It is important to keep these on.

Common Types of Trauma Injuries

Abdominal Injury

An abdominal injury is damage to the area between the chest and hips. This can happen from a fall, hit, or accident.

Blunt or penetrating trauma to the abdomen can injure organs such as the liver, spleen, kidney, or stomach. The injuries may be:

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

Use this QR code or link to search for health topic:

healthwise.net/wellspan

Bone, Ligament, and Joint Injury

Blunt and penetrating trauma can harm bones, ligaments, and joints. Types of fractures (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.
- 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.

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Chest Injury

Chest injuries may be life-threatening. The goal of early trauma care is to protect breathing and blood flow.

There are many types of chest injuries. The trauma team will be able to give you more information about the type of chest injury suffered.

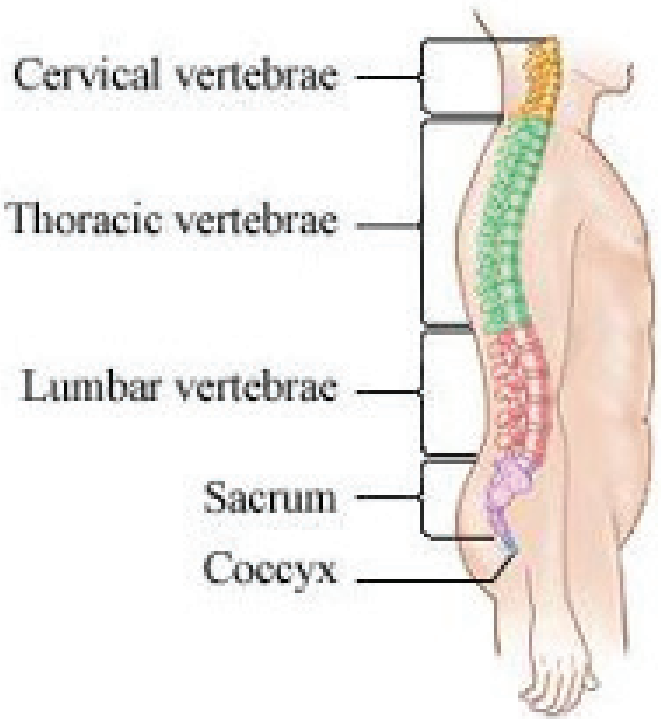
Use this QR code or link to learn more about chest problems:

healthwise.net/wellspan/Content/StdDocument.aspx?DOCHWID=cstpn

Visit healthwise.net/wellspan to search for more health topics.

Spinal Cord Injury (SCI)

A spinal cord injury (SCI) happens when a bone in your spine cuts or presses on the spinal cord. This stops communication between the brain and the rest of the body.



There are 2 main types of spinal cord injuries:

- Quadriplegia (also called tetraplegia)
  - Injury to the spinal cord from the 1st cervical vertebra (C1) to the 1st thoracic vertebra (T1) level.
  - The closer the injury is to the head, the more the body is affected. Serious damage to the spinal cord in the neck can lead to not being able to use the arms and legs (paralysis).
  - Injury at or above the 4th cervical vertebra (C4) level affects breathing and patients often need a ventilator.
- Paraplegia
  - Injury to the spinal cord from the 2nd thoracic vertebra (T2) to the 12th thoracic vertebra (T12), causing loss of use (paralysis) of both legs and possibly the chest and abdomen.

Use this QR code or link to learn more about spinal cord injuries:

healthwise.net/wellspan/Content/StdDocument.aspx?DOCHWID=ug2627

Visit healthwise.net/wellspan to search for more health topics. Use keyword SCI in the search box for many more resources for spinal cord injuries.

Traumatic Brain Injury (TBI)

A traumatic brain injury (TBI) can range from a mild concussion to a severe head injury. It is caused by a blow to the head or body, a wound that breaks through the skull (such as from a gunshot), a fall, or another injury that jars or shakes the brain. This can cause bruising, swelling, or tearing of brain tissue.

There are many types of brain injuries. The trauma team will be able to give you more information about the type of brain injury suffered.

Use this QR code or link to learn more about traumatic brain injuries:

healthwise.net/wellspan/Content/StdDocument.aspx?DOCHWID=abl3000

Visit healthwise.net/wellspan to search for more health topics.

Coping with Trauma

Everyone responds to traumatic events in different ways. But it's common to have some type of reaction. You may react right away or days, weeks, or months later.

Use this QR code or link to learn more about coping after a traumatic event for adults:

healthwise.net/wellspan/Content/StdDocument.aspx?DOCHWID=acm1142

Use this QR code or link to learn more about helping your child recover after a traumatic event:

healthwise.net/wellspan/Content/StdDocument.aspx?DOCHWID=acm1223

Use this QR code or link to learn more about helping your teen recover after a traumatic event:

healthwise.net/wellspan/Content/StdDocument.aspx?DOCHWID=acm1225

Visit **healthwise.net/wellspan** to search for more health topics.

Stress Disorders

Acute Stress Disorder (ASD)

Acute stress disorder (ASD) is a short-term mental health condition that can happen after a traumatic event. This is an event in which someone is threatened or badly injured, like a car crash. People with ASD may have flashbacks or feel like they're reliving the event. ASD lasts less than 1 month.

Use this QR code or link to learn more about acute stress disorder:

healthwise.net/wellspan/Content/StdDocument.aspx?DOCHWID=acm0255

Visit **healthwise.net/wellspan** to search for more health topics.

Post-Traumatic Stress Disorder (PTSD)

Post-traumatic stress disorder, or PTSD, is a strong and lasting emotional reaction to a very disturbing event, such as war, violent crime, or a natural disaster.

It's normal for such events to make you feel scared, confused, or angry for a while. But if these feelings don't go away or if they get worse, you may have PTSD. Symptoms include having nightmares or flashbacks about the event, not being able to feel or express emotions toward loved ones, and being easily angered or "on edge."

PTSD can make it very hard for you to deal with life, your job, or your family and friends. Treatment with counseling and medicines can help.

Use this QR code or link to learn more about post-traumatic stress disorder:

healthwise.net/wellspan/Content/StdDocument.aspx?DOCHWID=ug4391

Visit healthwise.net/wellspan to search for more health topics. Use keyword PTSD in the search box for many more resources for post-traumatic stress disorder.

Helpful Hints from Patients who have Experienced a Trauma

For the Patient

- Don't be afraid to ask questions and take notes. The only silly questions are the ones that are not asked.
- Keep a guest logbook for your visitors to sign in. That way you can tell who has been in to visit when you were not here or asleep.

For the Family

- Write things down – especially questions for the trauma team.
- Don't forget to eat, sleep, and rest. Sometimes you can get so overwhelmed that you forget to take care of yourself.
- It's okay to touch the patient. The trauma team will show you where you can touch them. Even though they may look like they are asleep, you can still hold their hand.

Discharge Planning

Planning for discharge (when the patient will leave the hospital) begins shortly after the patient arrives at the hospital. A social worker will be assigned to help with the discharge plans.

Discharge options can include:

- If the patient is unable to participate in the rehabilitation process, and requires around-the-clock nursing care, they may be discharged to a skilled nursing facility (SNF).
- A rehabilitation hospital may be needed for someone who has a severe head injury, spinal cord injury, or other trauma injuries that require additional physical therapy.
- Discharge directly home with or without additional healthcare services (like home health). The social worker will help you get the necessary services that you may need at home.

Follow-Up with a Trauma Surgeon

You may be asked to follow-up with a trauma surgeon after you leave the hospital.

WellSpan Trauma & Critical Care Surgery
25 Monument Rd.
Suite 100
York, PA 17403
Phone (717) 812-7500

Six-Month Follow-Up Survey

You will get a follow-up letter and survey from the Trauma Services Department about six months after discharge. We look forward to your input and evaluation of our program.

Trauma Resources

Trauma Survivors Network (TSN)

The Trauma Survivors Network (TSN) is a place for trauma patients and their families to connect with others and get information they need to help rebuild their lives. Learn more about your injury and connect with the other trauma survivors. Share your experience with others!

The website is free and easy to use. Just visit the Trauma Survivors Network (TSN) website. The website provides information on injuries and how they are treated. It also connects you with other survivors and families and provides you with information about additional programs and services.

Use this QR code or link to visit the Trauma Survivors Network website:

traumasurvivors network.org

Support Groups

INSPIRE, Brain Injury and Stroke Support Group
Meets 3rd Tuesday of every month
6:00 PM to 7:30 PM
Contact: Haley Smith, (717) 812-6476
or Lauren Ruth, (717) 812-6475
Email: wsrhbraininjuryprogram@wellspan.org

Limb-It-Less, Amputee Support Group
Meets the 1st Thursday of every month
6:00 PM to 7:30 PM
Contact: Jeanette Leiphart, (717) 812-6585
or Rachel Kerr, (717) 812-2681
Email: WSRHAmputeeProgram@wellspan.org

Spinal Tap, Spinal Cord Injury Support Group
Meets the 4th Wednesday of every month
5:30 PM to 7:30 PM
Contact: David Weaver, (717) 812-6478
Email: wsrhsciteam@wellspan.org

A Matter of Balance

Many older adults experience concerns about falling and restrict their activities. A Matter of Balance is an evidenced based program designed to manage falls and increase activity levels. Program is FREE to attend and consists of 8 two-hour classes.

You will learn to:
- View falls as controllable
- Set goals for increasing activity
- Make changes to reduce fall risks at home
- Exercise to increase strength and balance

Who should attend?
- Anyone concerned about falls
- Anyone interested in improving balance, flexibility, and strength
- Anyone who has fallen in the past
- Anyone who has restricted activities because of falling concerns
- 60 years or older, ambulatory, and can problem-solve

For information regarding current class schedules or to register please call:
(717) 851-3500 or (800) 840-5905

You can also use this QR code or link to sign up for this program.

wellspan.org/WellSpan-Spotlight/Events?page=1&keyword=A+Matter+of+Balance

Visit wellspan.org/events/search to search for any WellSpan class or event.

Stop the Bleed

Would you know how to help someone experiencing life-threatening bleeding? A person can bleed to death in less than 5 minutes. Help does not always arrive in time. You can learn what to do to save a life.

Contact, Kaitlin Bechtel, Injury Prevention Coordinator at (717) 851-2599 or kbechtel2@wellspan.org for class information.

Learn more at stopthebleed.org.

Blood Donations

Major traumas can quickly deplete a hospital's blood supply. In trauma situations, where there is not time to check a patient's blood type, O negative red blood cells and type AB plasma will be given because they can be transfused to patients with any blood type. Platelets may also be needed to help with clotting in cases of massive bleeding.

All blood types are needed to ensure a reliable supply for patients. A blood donor card or driver's license or two other forms of identification are required at check in. Individuals who are 17 years of age, weigh at least 110 pounds, and are in generally good health, may be eligible to donate.

If you are interested in setting up an appointment to donate, use the QR code below to schedule an appointment at Apple Hill.

Firearms Safety

WellSpan is committed to the health and safety of our patients and their families. As a trusted partner in our community, we are promoting firearm safety to help prevent firearm-related deaths and injuries.
The safest way to store a firearm in your home is unloaded and securely locked, with the ammunition locked in a separate container.

Unloaded firearms should be kept in a locked cabinet, safe, or firearm vault.

Firearm locking devices, like cable locks or trigger locks, make firearms non-operational and should be used in addition to locked storage.

If you are interested in a free firearm lock, contact Trauma Services at (717) 356-7105.

Trauma Services
WellSpan York Hospital
1001 South George Street
P.O. Box 15198
York, PA 17405-7198

WellSpan.org

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