Northwell[SM]
South Shore University Hospital



trauma survivors network
provided by ATS

survive. connect. rebuild.

Handbook for Trauma Patients and their Families

AMERICAN COLLEGE OF SURGEONS
Verified Trauma Center

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

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

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

About Our Hospital

South Shore University Hospital has become a regional destination for high-quality care on Suffolk County's south shore. We're also an important academic teaching center for the Donald and Barbara Zucker School of Medicine at Hofstra/Northwell, providing residencies and fellowships in obstetrics and gynecology, as well as emergency and family medicine.

We emphasize excellence, safety and innovation in all we do, including:

Heart & Lung: Our cardiac surgery expertise is bolstered by an advanced lung care program that enables us to provide a full spectrum of cardiothoracic care from a single location with new cardiac catheterization and electrophysiology labs in the Entenmann Cardiac Center.

Neurology & neurosurgery: The Linda and John Bohlsen Neurosciences Center offers 24/7 availability for patient consultations, transfers and full neurosurgical and neuroendovascular care. The institute brings together a multidisciplinary regional network of specialists, all of whom are committed to providing outstanding health services for Long Island

Orthopedics: Our cutting-edge diagnostic, surgical and rehabilitation services are based on the latest advances in corrective treatment affecting the bones, muscles, ligaments and tendons. We use a collaborative care approach to provide treatment strategies for the best possible outcomes.

Emergency care: The newly renovated and expanded Bohlsen Family Emergency Department (ED) can care for more than 100,000 patients annually. It is recognized as an American College of Surgeons (ACS) Level I trauma center, equipped with a helipad to handle the most severe cases.

Women's Health: Our Maternity Center is a hospital within a hospital that provides outstanding care by board-certified subspecialists. Patients experience childbirth in a convenient, comfortable and family-oriented setting.

Mission & vision

As a member of Northwell Health, South Shore University Hospital strives to improve the health of the communities it serves and is committed to providing the highest quality clinical care; educating the current and future generations of health care professionals; searching for new advances in medicine through biomedical research; promoting health education; and caring for the entire community regardless of the ability to pay.

South Shore University Hospital
301 East Main Street
Bay Shore, NY 11706
(631) 968-3000

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ARRIVAL

1. INTRODUCTION

WE ARE HERE TO HELP

Trauma is an unexpected occurrence. Hardly anyone thinks, "I'm going to get hurt today." A sudden injury, being in the hospital and going through recovery 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.

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

Magnet Recognition
Designated
American Nurses Credentialing Center

SOUTH SHORE UNIVERSITY HOSPITAL

Mission and Vision of the Trauma Program

At South Shore University Hospital our mission is to deliver the highest quality evidence based on trauma care reflecting current and evolving standards in the field of Trauma and Acute Care Surgery. We are dedicated to the care of injured patients from pre-hospital through rehabilitation by improving injury survival while decreasing disability and restoring health. We believe that by providing comprehensive multidisciplinary services for trauma patients and by elevating all clinical care within the institution, South Shore University Hospital will reach its goal of being a major tertiary care facility in Southern Suffolk County. The trauma center is dedicated to the promotion of community education to decrease the incidence of injury and is involved in injury prevention strategies. We strive to be a regional and national leader in trauma care whose focus is the delivery of quality, evidenced based patient-family centered care.

ACS QVP Quality Verification Program

"One day you will tell your story of how you overcame what you went through and it will be someone else's survival guide."
~ Unknown

2. 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 by an ambulance or helicopter. The trauma staff can tell you which service brought you or your loved one to the hospital.

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

The trauma team typically includes:

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

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

INITIAL ASSESSMENT

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

- An exam to find life-threatening injuries
- 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.
- Transfer from the admitting area, E.D. or O.R. to a unit in the hospital.

HOW THE HOSPITAL CARES FOR THE FAMILY

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

WHY A PATIENT MAY HAVE A FAKE NAME

Sometimes the hospital 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 fake name.

The fake name may have made it hard for you to locate your loved one at first.
When hospital staff can be sure of your loved one's name, they change to the real name.
If the patient is a victim of crime, they may keep this fake name. This is for safety reasons.

3. VISITORS ARE IMPORTANT

Visiting is a time to be with your loved one, ask questions, and meet with staff. 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 for patients in critical care areas (Intensive care units, Emergency Department, etc.) are often limited because they need quiet to recover.

We welcome all visitors. We are glad when our patients receive visitors and want to make these visits as comfortable as possible for both the visitor and the patient. Here are some guidelines that will make visits helpful to family members or friends:

- Visitors are welcome from 7am until 9pm daily.
- Inpatient units: We encourage two support people at a time.
- Emergency department: One support person is permitted at a time.
- Patients can choose who can and cannot visit them while they are in our health care facility without regard to legal relationship, race, color, national origin, religion, sex, sexual orientation, gender identity or disability.
- Limits on visiting must be reasonable and based on the patient's medical condition and will be explained to the patient and you.

Our guidelines are subject to change based on safety concerns for the patients and staff.
Please confirm current guidelines with the patients' health care providers.

Reasons for restricting visitors may include, but are not limited to:

- The patient requests restrictions or limitations.
- There are safety concerns, such as risk of infection.
- Visiting interferes with the care of other patients, including the need for their rest and/or privacy.

Visits From Children
Children are welcome to visit a family member, but those under age 16 should be supervised by a responsible adult during their visit.

WE ARE HERE TO HELP

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

»Family Waiting Rooms

As our hospital continues to grow, family waiting areas move around the hospital. Please ask one of our staff for directions.

4. THE HEALTH CARE TEAM NEEDS A FAMILY'S HELP

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

» Take Care of Yourself

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

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

» Ask for Help from Your Family and Friends

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

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

» Ask Questions and Stay Informed

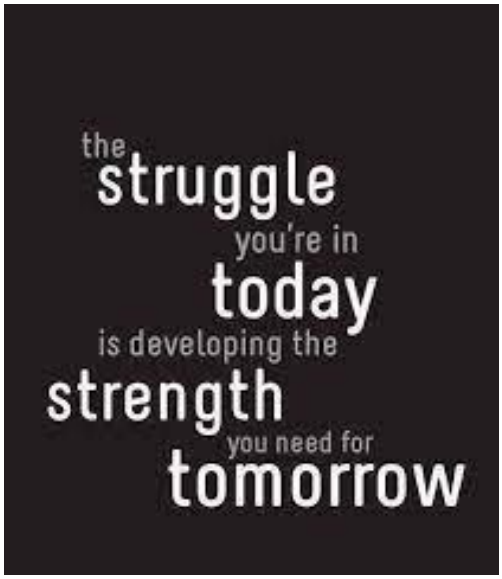
The trauma team knows how important regular updates are to family and friends. The family is an important part of the health care team. It helps if you choose one person from your group to represent the family. This allows staff to focus on caring for the patient instead of repeating the same updates.

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

» Help Maintain a Restful and Healing Place

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

- Observe the visiting hours for the area you are visiting.
- Do not sleep in patient rooms or waiting rooms unless you have permission.
- Respect other patients' right to privacy.
- Leave the patient room or care area when asked by hospital staff.
- Knock or call the patient's name softly before entering if a door or curtain is closed.
- The medical record is a private document.
- Wash your hands before you go into a patient's room and when you come out.
- Do not visit if you are not feeling well or have an illness that could be transferred to our patients.
- Talk with the patient's nurse before bringing any children under the age of 16 into a patient's room.
- For the safety of young children, provide adult supervision in all areas of the hospital.
- Respect the property of other people and of the hospital.
- Do not ask other patients and families about private details of their care.
- Respect the rights of all patients and hospital staff.





HOSPITAL STAY

In this section you will find answers to questions that come up during your hospital stay. This includes where the patients stay in the hospital, who takes care of the patients, information on common traumatic injuries and their treatment, and a glossary of medical terms.

5. WHERE PATIENTS STAY WHILE IN THE HOSPITAL

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

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

The hospital staff does its best to let family and friends know when a patient is moved from one unit to another. If your loved one has been moved and you do not know where he or she has gone, please call the hospital operator at (631) 968 3000.

These are the hospital units that care for trauma patients:

» Trauma Intensive Care Unit (ICU)

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

» Step-Down Unit

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

» Medical and Surgical Care Units

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

A TYPICAL DAY IN THE ICU

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

- Monitors patients
- Delivering medicine
- Helps patients breathe.

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

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

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

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

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

6. WHO TAKES CARE OF THE PATIENT

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

» Anesthesia and Pain Management Specialists

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

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

» Case Manager

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

Your case 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 of yourself
- Establish home care services if applicable
- Help you get continued care with a specialist
- Coordinate your transfer to an acute inpatient rehabilitation facility if appropriate

» 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
- Memorial services
- Support groups

Pastoral Care can be contacted by phone at (631) 968 3000. You can also make a request through the medical team.

» Clinical Technician

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

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

» Geriatrician
Geriatricians are doctors that treat older adults.

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

» Nurse
Nurses manage care and recovery of patients. They talk with the trauma team about the patients' care.

» Nurse Practitioner
Nurse practitioners are nurses who have advanced training and manage patients along with the doctor.
Trauma nurse practitioners do:

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

» Physician Assistant
A physician assistant is a health care provider who has advanced training and manage patients along with the doctor. PAs may diagnose illnesses, prescribe medications, develop and manage treatment plans.

» Occupational Therapist
Occupational therapists help the patients regain strength for daily events.
This includes:

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

They also recommend equipment that can help patients.

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

» Orthopedic Technician
Orthopedic technicians do the following:

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

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

» Physiatrist or Rehabilitation Medicine Physician
Physiatrists are doctors who use several tests and exams to plan a patient's rehabilitation. They prescribe devices including wheelchairs, braces, and artificial limbs. Their goal is to help patients 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
Psychologists are licensed mental health professionals. A psychologist is not a medical doctor but has advanced training at the master's or doctoral level (a Ph.D. or Psy.D.)

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

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

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

» Social Worker
Social Work referrals and consults can be received from staff, patients, family members and community. Social Work may be consulted and referred for assessment and intervention to include but not limited to:

- Complex psychosocial needs
- Patient/family hopelessness or helplessness for suicide assessment
- Caregiver Challenges (social and financial)
- Assistance with emotional adjustments to life changes
- Assistance with Advance Directives (Health Care Proxy & Power of Attorney for Health Care)
- Financial counseling (Public Assistance, SSD/SSI)
- Process of referral for post hospital care (choice of agencies and/or facilities within regulations and limitations)
- Social Determinates of Health (Support Systems and Social Integration Interventions; Neighborhood and Built Environment Interventions; Health and Healthcare Interventions; Education Interventions; Economic Stability Interventions)

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

» Trauma Surgeon

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

»Pediatrician

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

»Patient Transport

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

»Unit Secretaries

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

»Student Nurses

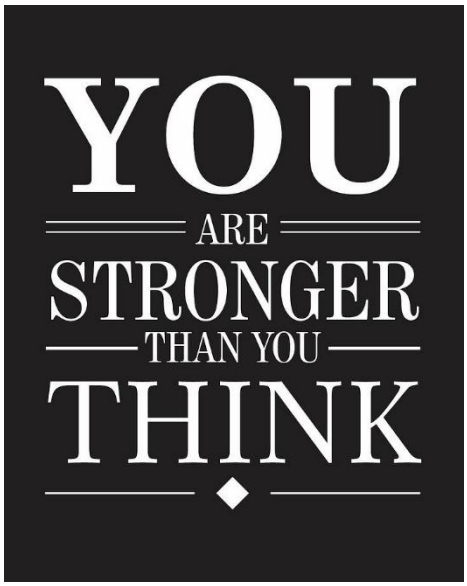
As an affiliated academic institution, Student Nurses are present on the medical floors during the patient's care. They assist with direct patient care under the direction supervision of the Registered Nurse.

»Trauma Survivors Network Coordinator

The Trauma Survivors Network (TSN) Coordinator helps coordinate support through your recovery. The TSN Coordinator is specially trained by the American Trauma Society the Johns Hopkins Bloomberg School of Public Health to provide helpful 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. They are available upon request through the Trauma Survivors Network Coordinator.



7. PATIENT RIGHTS AND RESPONSIBILITIES

PATIENT RIGHTS

While you are a patient at this hospital, your rights as a patient include the right to:

- Access: It is the policy of the Northwell Health System to treat all patients, without regard to race, color, national origin, disability, age, sex, sexual orientation, religion, veteran status, or sources of payment for care. All services are available without distinction to all patients and visitors. All persons and organizations, having occasion either to refer patients for services or to recommend the Northwell Health System are advised to dos so without regard to the potential patient's race, color, national origin, disability, age, sex, veteran status, or religion.
- Respect and Dignity: You have the right to respectful, considerate care with recognition of your personal dignity.
- Privacy: You have the right to security and personal privacy during your treatment and care.
- Confidentiality: You have the right to confidentiality of your information.
- Identity: You have the right to know the names and duties of all persons involved in your care.
- Information: You have the right to complete information about your condition and treatment in terms you understand, and you have the right to participate in decisions regarding your care.
- Decision Making: You have the right to participate in ethical questions that arise during your course of care, including conflict resolution, withholding or withdrawing life-sustaining treatment, and participation in investigational studies. You have the right to designate someone to make your decisions should you not be able to make them yourself and the right to access and protective services.
- Pain Management: You have the right to receive information about pain and pain relief measures from a committed staff of health care providers. Health care providers will respond to your reports of pain and provide pain management therapies.
- Notification: You have the right to have a family member or representative of your choice and your own physician notified promptly of your admission to the hospital.
- Restraints: You have the right to be free from restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience, or retaliation by staff.
- Grievance Process: The Northwell Health System is committed to providing quality care to our patients and ensuring that their rights are supported. As part of this commitment, we encourage you to share your opinions with us regarding our care and services.

PATIENT RESPONSIBILITIES

The care you receive while you are a patient depends partially on you. Your responsibilities include:

- Consideration: You are responsible for being considerate of other patients, visitors, and hospital staff, and for following hospital rules.
- Keeping Appointments: You are responsible for keeping appointments, or for calling the doctor or hospital in advance to make other arrangements.
- Providing Information: You are responsible for giving complete and accurate information about your health and medical history, including information about any unexpected changes, or any perceived risks in your care.
- Pain Management: To help us control your pain, you must tell your doctor, nurse, or caregiver about your pain.
- Following Instructions: You are responsible for following instructions as given. You are responsible for asking questions or telling us if you do not understand the instructions, or if you feel you cannot follow them. If you do not follow instructions, you will be responsible for the consequences.

8. MEDICAL INFORMATION: WHAT IS KEPT, WHY, AND WHO HAS ACCESS?

When you come to the hospital, we will ask for info related to your care. We may keep this info 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.

We also keep any X-rays and test reports on file for a limited period.

<u>There are very strict laws about who may see this information:</u>

- 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 his or her medical records. To do this, a patient completes an *Authorization to Access Medical Record* form. In some cases, you may need an attorney. For instance, you will need an attorney if:

- Your loved one is over 18 years of age
- Is unable to sign and no one has Power of Attorney for him or her.

Your trauma team can help you choose a person for direct communication and updates.

9. IF A PATIENT CANNOT MAKE DECISIONS

Ideally, patients would always be able to make their own health care choices. When they cannot do so, the trauma team will consult the patient's Power of Attorney for Health Care. This is a person chosen by the patient who can make decisions that are in keeping with the patient's wishes. This type of power of attorney only applies to health care. Another option is a court-appointed guardian. This is a person named by the court, not the patient, to make choices about the patient's health care.

When a Power of Attorney for Health Care or a court-appointed guardian is not available, the trauma team will consult a backup decision maker. This is an adult who has shown care and concern for the patient, knows the patient's values and is available. When a patient cannot make his or her own choices due to injury or illness, the medical team will choose one person to make all decisions for the patient. This choice is spelled out by law and is made in the following order:

- Husband or wife
- Adult child
- Parent
- Adult brother or sister
- Any other adult relative of the patient
- Any other adult friend who meets the above criteria

If you have questions about making decisions for the patient, please ask the trauma unit staff.

Notes:

10. 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 because of a motor vehicle crash, a fall or an assault. Penetrating trauma occurs when an object, such as a bullet or knife, pierces the body. Sometimes, patients have both types of injuries.

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

HEAD INJURIES

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

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

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, hard time solving problems, headaches, dizziness, nausea, fatigue, mood swings, anxiety, depression, disorientation and delayed motor response.

Diagnosis and Evaluation

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

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

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

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

Treatment

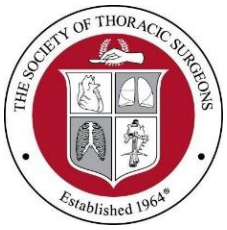
Doctors base treatment for a brain injury on the type and location of the injury. Treatments may include:

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

CHEST INJURIES

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

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



Diagnosis and Evaluation

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

Treatment

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

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

ABDOMINAL INJURIES

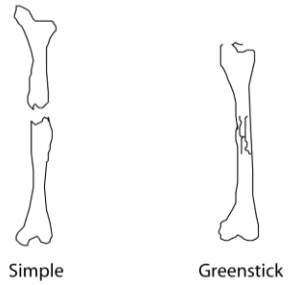
Blunt or penetrating trauma to the abdomen can injure such organs as the liver, spleen, kidney or stomach. The injuries may be:

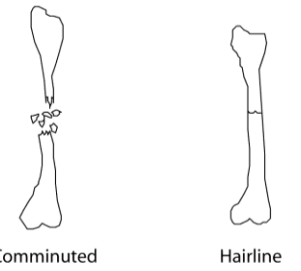
- Lacerations (cuts)
- Contusions (bruises)
- Ruptures (severe tearing of the tissue)

Diagnosis and Evaluation

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

- physical examination
- CT scan
- a blood count to check hemoglobin and hematocrit, two measures of blood loss
- ultrasound
- surgery called a laparotomy in which the surgeon makes an incision in the abdominal area



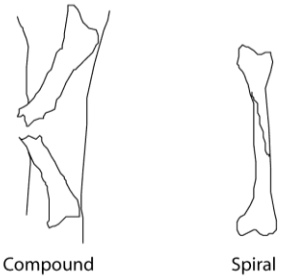


Treatment

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

BONE, LIGAMENT AND JOINT INJURIES

Blunt and penetrating trauma can harm bones, ligaments and joints. Types of fractures or broken bones include:



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

Diagnosis

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

Treatment

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

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

SPINAL CORD INJURY

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

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

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

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

Diagnosis and Evaluation

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

Treatment

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

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

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

- Pressure sores (also known as pressure ulcers or decubitis) are breakdowns in the skin caused by constant pressure on one area and decreased blood flow from not moving. Pressure sores can occur on the bottom, hips, back, shoulders, elbows and heels. Skin redness is the first sign that a sore may be starting, so it is important to check the skin every day to prevent these sores. If a sore occurs, it can take many months to heal or even need surgery. Moving the patient from side to side and propping up the feet can help prevent pressure sores.
- Autonomic dysreflexia may occur when the spinal cord injury is at or above the T6 level. It means that messages about blood pressure control are not being sent as they should be. As a result, when blood pressure goes up due to pain (for instance), it may not return to normal once the pain is treated. High blood pressure can cause a stroke, so it is very important to know the warning signs and find the cause. Signs of autonomic dysreflexia include headache, seeing spots or blurred vision, sweating, or flushing (redness) of the skin.

Notes:

11. FOR YOUR COMFORT

»PAIN MANAGEMENT

Your health care team recognizes pain management as a priority in your care. You have the right to receive information about pain and pain relief measures from your health care providers. They will respond to your reports of pain and provide pain management therapies. An educational brochure, pain management: Comfort with caring, will be given to you by your nurse. The guide will answer many questions you may have regarding pain control.

»LANGUAGE AND COMMUNICATION ACCESS SERVICES (LCAS)

Language and Communication Access Services are available for people with limited English proficiency (LEP) or for people who prefer to have their health information provided in a language other than English. To meet patients' medical needs and service expectations, we provide 24/7 access to more than 200 languages using telephonic interpreters and live video interpreting. Services for the Deaf/ Hard-of-hearing are also available.

»CHAPLAINCY SERVICES

The Chaplaincy Department is designed to help meet the spiritual needs of patients, their family and friends. The Eucharist is available for Roman Catholic patients on Tuesday at 12:30 p.m. Additionally, there is Mass on Friday at 12:00 p.m. and Sunday at 1:30 p.m. Muslim prayers are held at 2:00 p.m. on Friday. All services are in the Meditation Room.
Islamic prayer rugs are provided in the chapel, and a rabbi is available to visit Jewish patients. Provisions are made for members of other faiths, and we are clergy or religious leader if requested.
The chapel is open 24 hours a day and is located on the first floor of the hospital. Contact chaplains by calling the operator at (631) 968-3000 and requesting the chaplain on call.

»MEAL SERVICE

When you come to the hospital, your first meals will be chosen by the Nutrition and Food Services Department. Please understand that your doctor may have ordered a specific diet for you, and your meals will reflect those orders. It is important that you let the nursing staff know if you have any food allergies or special needs. A member of the nutritional staff will visit you to discuss any religious, cultural or ethnic preferences. The hospital will make every effort to accommodate your wishes.

Menus are distributed each morning by the Nutritional Services staff for you to make your selections for lunch, dinner and the next day's breakfast. Please be sure to check every item that you want, including condiments. If you have any questions, Nutrition staff members are available from 6:00 a.m. to 7:00 p.m. and will be happy to discuss appropriate foods with you. Call (631) 968-3594.

»LOST AND FOUND

The Lost and Found is located on the first floor. It is maintained by the Safety and Security Department. You may contact Security at (631) 968-3300

»BANKING (ATMs)

An automated teller machines for various banks are located on the first floor in the hallway near the cafeteria.

»SERVICE EXCELLANCE

Please speak with your nurse or nursing supervisor if you have any questions or concerns about your care. If your issue is still not resolved, then contact the Department of Patient Experience at (631) 675-4220

12. 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.

FINANCIAL ASSISTANCE

About the financial assistance program

Northwell Health provides accessible and affordable care to the individuals, families and communities we serve. Through our financial assistance program, we provide discounted services—based on financial need—to those who are uninsured, underinsured, ineligible for government programs or other third-party coverage, or otherwise unable to pay for emergency or other medically necessary care. Use our online form or, if you prefer, apply by mail.

You are encouraged to apply for financial assistance within 90 days from the first post-discharge date noted on the statement; however, you are permitted a minimum of 240 days to apply and submit a completed application.

For help applying, contact us online or call (800) 995-5727 for additional help or information. We offer the application in several languages.

MEDICAID

To apply for Medicaid, contact the Department of Social Services (DSS) in the city or county where you live. You do not need a face-to-face interview.

South Shore University Hospital Medicaid Unit (631) 968-3051

You Can Apply online at https://nystateofhealth.ny.gov/

If you live in Suffolk County Call:
Riverhead Center - Medicaid East: (631) 852-3570
Smithtown Center - Medicaid West: (631) 853-8408

If you Live in Nassau County: (877) 226-7855

DISABILITY PAYMENTS

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 social worker or case manager can answer basic questions.

APPLYING FOR SHORT-TERM DISABILITY

Your loved one may be entitled to short-term disability through an employer. 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 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 your loved one 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.
- For questions about your forms, contact the Trauma offices as (631) 968 3895 or your physician's office number. Completion of these forms typically takes 7-10 business days.

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 Web site (www.ssa.gov) is easy to use if you apply for Supplemental Security Income (SSI). You can call 800-772-1213 or call 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, SCHOOLS AND OTHERS

The hospital has letters to send to employers, schools or courts to inform them that you and 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.

Notes:



DISCHARGE

In this section you will find information to help you transition out of the hospital. This includes the planning for discharge, practical information and resources, and a place to keep track of doctor's names, procedures completed, and any questions you may have.

13. AFTER THE HOSPITAL: PLANNING FOR DISCHARGE

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

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

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

LEVELS OF CARE IN THE COMMUNITY

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

Here are the levels of care:

» Rehabilitation hospital

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

» Skilled nursing facility

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

» Home care

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

» Outpatient care

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

» Home with no home care

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

NOTES:

SKILLED NURSING FACILITY PREFERENCES

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

REHABILITATION PREFENCES

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



RECOVERY

In this section you will find information on dealing with grief and loss, Post-Traumatic Stress Disorder and/or symptoms, Words of Wisdom from fellow survivors, and resources available during your recovery.

14. YOUR RESPONSE TO YOUR LOVED ONE'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 syndrome (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 one's 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 IT A GOOD IDEA TO SEEK PROFESSIONAL HELP?

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

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

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

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

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

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

These emotions are perfectly normal.

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

WHAT IS PTSD?

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

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

There are three types of PTSD symptoms:

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

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. Please see resources on page 39

16. GETTING HELP IF YOU ARE A VICTIM OF VIOLENCE

Victims of violent crimes may have trouble coping. We can help during your loved one's stay in the Trauma Center.

You may also call the Victim's Assistance Resources in your home county, which you can reach by calling your local District Attorney's office.

The Suffolk County District Attorney's Office Victim Services Unit is there to help you through the criminal justice process with support and services. They want to help you recover physically and emotionally from a difficult and painful experience.
The Unit can be reached Monday through Friday from 9:00 a.m. to 5:00 p.m. at the numbers below:
Central Islip: (631) 853-4138
Riverhead: (631) 852-2595
https://suffolkcountyny.gov/da/Contact-Us/Victim-Services

The Suffolk County Task Force to Prevent Family Violence
https://scafv.suffolkcountyny.gov/Get-Help-Now

Crime Victims Center, Inc.
100 Comac Street, Ronkonkoma NY 11779
Rape Crisis Center 24 Hour Hotline - (631) 332-9234
Violent Crime & Hate Crime 24 Hour Hotline - (631) 626-3156
Office - (631) 689-2672
https://www.parentsformeganslaw.org/

Long Island Against Domestic Violence
320 Carleton Avenue, Central Islip NY 11722
24 Hour Hotline (631) 666-8833
https://liadv.org/

Victims Information Bureau of Suffolk, Inc.
185 Oval Dr., Islandia NY 11749
24 Hour Hotline (631) 360 3606
https://vibesli.org/ourservices

Brighter Tomorrows, Inc.
Domestic violence Services
24 Hour Hotline (631) 385 1800
https://brightertomorrowsinc.org/

New York State Domestic & Sexual Violence Hotline:
1-800-942-6906 (24-hour hotline/multi-language)

17. 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 into the unit, they must handle the emergency first. Dates and times are targets, not guarantees.

- Don't be afraid to ask for pain medicine. But keep in mind that the staff must follow a process, and it may take a while to fill the request. Your nurse must get your doctor's OK before you receive any medications.

- Get involved in your treatment. You have the right to know about your options and to discuss them with your doctor. If you are told that you need a certain test, feel free to ask for an explanation of the test and what that test will show.

- Get a person's name at your insurance company and try to always talk to that person. The social worker or case manager at the hospital may be able to help you find this person. It is easier for you and easier for the insurance person too. Having someone who knows your case can be very helpful when the bills start rolling in.

- Physical therapy can be very important. Muscles weaken very quickly, and any activity that you can handle will help you recover more quickly. Try to arrange for pain medication for about 30 minutes or so before you have physical therapy. If you do this, your therapy won't hurt so much, and you 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 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.

18. THE TRAUMA SURVIVORS NETWORK AND AMERICAN TRAUMA SOCIETY

The American Trauma Society (ATS) is a leading group for trauma care and prevention. ATS has been an advocate for trauma survivors for the past 30 years. Their 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 South Shore University Hospital to help you through this difficult time. The goal of the TSN is to help trauma survivors and their families connect and rebuild their lives.
The TSN is committed to:

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

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

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

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

This booklet is provided as a public service by the American Trauma Society and South Shore University Hospital. 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.

19. SOME PRACTICAL INFORMATION AND RESOURCE

Main Number	(631) 968-3000
Chaplain	(631) 968-3000
Safety and Security	(631) 968-3300
Nutrition and Food Service	(631) 968-3594
Administration	(631) 968-3001
Division of Trauma	(631) 968 3895
Neurosurgery	(631) 591-7470
Spine Center	(631) 206-1034
Cardiology Services	(631) 591-7400
Pain Management	(631) 465-3560
Orthopaedic Institute	(631) 647-3800
Vascular Surgery	(631) 591-7460
Community Relations	(516) 987-3296
Admitting	(631) 968-3276
Billing & Records	(631) 719-8767
Home Care	(866) 651-4200
Case Management Discharge Planning	(631) 968-3114
Medicaid Office	(631) 968-3051
Medical Records	(631) 968-3070
Social Work	(631) 968-3424
Nursing Supervisor (4:00 p.m. – 8:00 a.m.)	***(631) 968-3093***
Patient Experience	(631) 675-4220
TV Rental	(631) 968-3874
Patient Information	(631) 968-3352
Pharmacy	(631) 968-3350
Radiology	(631) 968-3290
STARS Outpatient Physical Therapy	(631) 968-3400
Cashier	(631) 968-3042

HELPFUL LINKS

Trauma Survivors Network (TSN)
www.traumasurvivorsnetwork.com

Care Pages
www.carepages.com

Amputee Coalition of America
www.amputee-coalition.org

24/7 Crisis Hotline for Suffolk County
http://mhaw.org/programs/mental-health-help-line

The Social Brain
https://thesocialbrain.org/

Northwell Health
https://www.northwell.edu/



MENTAL HEALTH SUPPORT & TREATMENT RESOURCES

Center for Traumatic Stress, Resilience & Recovery (CTSRR)
Evidence-based trauma therapy — call 1-833-327-1001.
Most major insurances accepted; telehealth available throughout New York State.
Zucker Hillside Hospital Kaufman Building — 75-59 263rd Street, Glen Oaks, NY 11004
Lenox Hill Hospital Outpatient — 210 East 64th St., 3rd Floor, New York, NY 10065
Mather Hospital Outpatient — 125 Oakland Ave, Suite 303, Port Jefferson, NY 11777
Bay Shore Outpatient — 132 East Main Street, Bay Shore, NY 11706

Family Service League – Behavioral Health Clinics - www.FSL-LI.org
Mental Health Services:
320 Carleton Avenue, Suite 8800, Central Islip, NY — 631-663-4300
316 Accabonac Road, East Hampton, NY — 631-324-3344
55 Horizon Drive, Huntington, NY — 631-396-2300
7555 Main Road, Mattituck, NY — 631-298-8642
Mental Health & Substance Use Services:
Fay J. Lindner Health & Wellness Center, 1448 5th Avenue, Bay Shore, NY — 631-309-6900
1235 Montauk Highway, Mastic, NY — 631-924-3741
400 West Main Street, Riverhead, NY — 631-369-0104
24-hour Hotline (all locations): (631) 952-3333

DASH – Diagnostic, Assessment & Stabilization Hub (Family Service League)
24/7 Crisis Hotline (631) 952-3333 — 90 Adams Avenue, Hauppauge, NY 11788
Jessica Aquino, LCSW-R, DASH Program Director — jaquino@fsl-li.org or 934-223-6501
Patricia Ferrandino, LCSW-R, CASAC,
Director of Clinic Operations — pferrandino@fsl-li.org or 631-998-0019

Suffolk County Crime Victims Center - www.crimevictimscenter.org
(631) 689-2672

Northwell Health SBIRT – Substance Use Screening, Brief Intervention & Referral
(516) 465-5955 - sbirt@northwell.edu

Federally Qualified Health Centers
Family Service League, Open Door Family Medical Center & Foundation, and Sun River Health all offer sliding-scale primary and behavioral health care:
www.fsl-li.org/about-us
opendoormedical.org/services
www.sunriver.org/services

NYS Combat Heroin & Prescription Drug Abuse
www.combatheroin.ny.gov

ADDICTION TREATMENT RESOURCES

County	Facility	Available Programs	Insurance
Suffolk	**South Oaks Hospital** **500 Sunrise Highway** **Amityville, NY 11701** **Inpatient: (631) 608-5885** **Outpatient: (631) 608-5028**	Detox, Inpatient, Outpatient, Intensive Outpatient, Adolescent, Family Support, Healthcare Professional	Private, Medicaid, Medicare
Suffolk	**Mather Chemical Dependency** **100 Highlands Blvd Suite 101** **Port Jefferson, NY 11777** **(631) 331-8200**	Outpatient, Intensive Outpatient, Adolescent (14+), *Saturday Hours*	Private, Medicaid, Medicare, Uninsured: Charity Care Program
Nassau	**Garden City Treatment Center** **711 Stewart Ave Suite 140,** **Garden City, NY 11530** **(516) 742-4015**	Outpatient, Intensive Outpatient, Adolescent, Senior Track, Family Support, *Spanish Speaking*, Medication Assisted Treatment, Buprenorphine Induction Center	Private, Medicaid, Medicare, Uninsured (sliding scale)
Nassau	**Project Outreach** **600 Hempstead Turnpike,** **West Hempstead, NY 11552** **(516) 742-4620**	Outpatient, Healthcare Professionals Program (516) 481-2890, LGBTQ Track, Marijuana Specific Track, program for co-occurring acute psychiatric issues	Private, Medicaid, Medicare, Uninsured (sliding scale)
Queens	**Zucker Addiction Recovery Services** **75-59 263rd Street Littauer 1st Floor** **Glen Oaks, NY 11004** **Methadone: (718) 470-8950** **DAEHRS: (718) 470-8940**	Outpatient, Medication Assisted Treatment, Methadone, Young Adult Track	Private, Medicaid, Medicare, Uninsured (sliding scale)
Queens	**Far Rockaway Treatment Center** **1600 Central Ave** **Far Rockaway, NY 11691** **(718) 868-1400**	Outpatient, Adolescent (13+), Medication Assisted Treatment, *Spanish Speaking*	Private, Medicaid, Medicare, Uninsured (sliding scale)
Staten Island	**Staten Island University Hospital** **392 Seguine Ave** **Staten Island, NY 10305** **(718) 226-2800**	Detox, Inpatient, Outpatient, Medication Assisted Treatment, Methadone	Private, Medicaid, Medicare, Uninsured (sliding scale)
Westchester	**Phelps Hospital** **Inpatient: 701 N Broadway,** **Sleepy Hollow, NY 10591** **(914) 366-3027** **Outpatient: 22 Rockledge Ave,** **Ossining, NY 10562** **(914) 944-5220**	Inpatient (no detox, age 19+), Outpatient (age 16+), Medication Assisted Treatment, *Spanish Speaking*	Private, Medicaid, Medicare

20. GLOSSARY OF COMMON MEDICAL TERMS

PROCEDURES

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

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

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

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

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

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

thoracotomy: surgery to open the chest.

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

EQUIPMENT

ambu bag: a device used to help patients breathe.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Notes:

21. PERSONAL HEALTH INFORMATION

Use the following pages to list:

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

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

NAMES OF PROVIDERS

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

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

Who are the attending trauma surgeons and residents?

_____

_____

_____

_____

_____

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

Orthopedic Surgery _____

Neurosurgery _____

Spine Surgery _____

Plastic Surgery _____

Rehabilitation _____

Other _____

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

_____

_____

_____

_____

_____

_____

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

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

Physical Therapist _____

Occupational Therapist _____

Speech Pathologist _____

Psychologist _____

Psychiatrist _____

Social Worker _____

Financial Counselor _____

Other _____

Other _____

Other _____

INJURIES AND PROCEDURES

List of major injuries:

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

List of major procedures:

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

QUESTIONS TO ASK THE DOCTORS AND NURSES

22. THINGS TO DO AND GET

Remember, ask for help.

23. ADDITIONAL NOTES