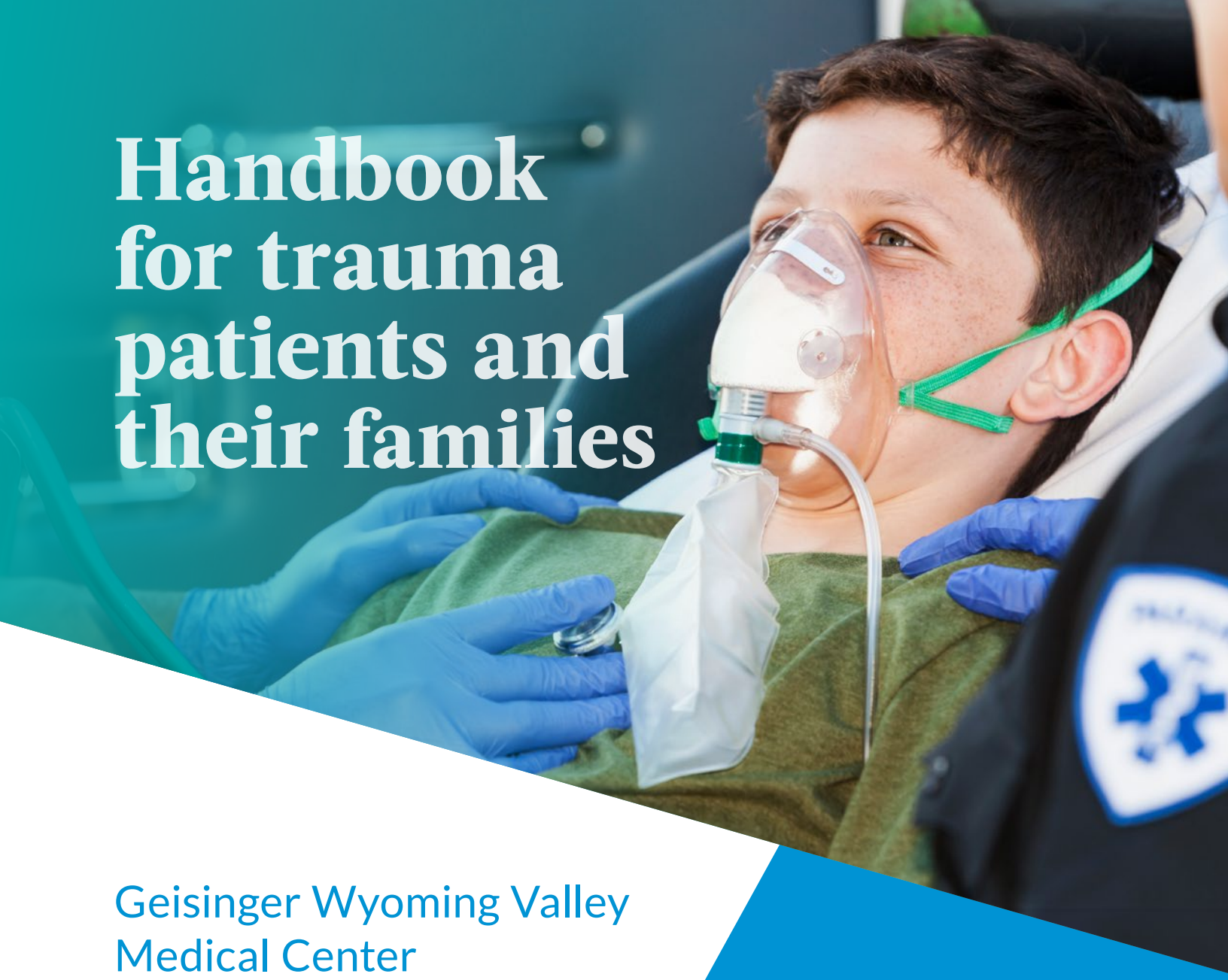
Handbook for trauma patients and their families



Geisinger Wyoming Valley Medical Center

Geisinger

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Welcome

This handbook has been developed for you by Geisinger Wyoming Valley Medical Center in collaboration with the Trauma Survivors Network (TSN) of the American Trauma Society (ATS). We hope this information will help you and your loved ones during the hospital stay.

Blank pages are available at the back of the handbook for notes and questions for the hospital staff. Use this space to make sure all your questions are answered.

We also encourage you to visit the TSN website at **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.

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Introduction

We're here to help

Trauma is almost always unexpected. A sudden injury, hospitalization and the recovery process can cause anxiety, confusion and frustration. If the world of advanced medical care is new to you, you may not understand some things you hear and see.

We hope this booklet will help you better cope during this difficult time. It explains the patient care process and hospital services and policies.

The booklet also includes space to take notes and jot down questions for the doctors and staff. Make sure you ask any questions you might have. Every member of the hospital staff is here to help you.

FAQ

What is trauma? This term refers to a serious or critical bodily injury. Falls, motor vehicle accidents burns and interpersonal violence are common causes of traumatic injury.

What is a trauma center? Trauma centers provide specialized medical services and resources to patients suffering from traumatic injuries. Appropriate treatment has been shown to reduce the likelihood of death or permanent disability to injured patients. Accredited trauma centers must be continuously prepared to treat the most serious life-threatening and disabling injuries. Even though trauma centers are within hospitals, they are not intended to replace the traditional hospital and its emergency department for minor injuries.

How do trauma centers differ from regular hospitals? Trauma centers must have teams of specially trained healthcare providers with expertise in the care of severely injured patients available 24 hours a day. These providers may include trauma surgeons, neurosurgeons, orthopaedic surgeons, cardiac surgeons, radiologists and nurses. Specialty resources also include 24-hour availability of a trauma resuscitation area in the emergency department, an operating room, a surgical intensive care unit, laboratory testing, diagnostic testing, a blood bank and pharmacy. Hospitals with trauma center accreditation must comply with rigorous standards to assure trauma care is delivered properly.

Who accredits trauma centers in Pennsylvania? Trauma centers are accredited by the Pennsylvania Trauma Systems Foundation (PTSF), a nonprofit corporation recognized by the Emergency Medical Services Act (Act 1985-45). The PTSF has been accrediting applicant hospitals since May 1986. The PTSF also plays a vital role in trauma system development and integration.

What is a trauma system? A trauma system goes beyond a trauma center to integrate many additional services including emergency medical services, rehabilitation facilities and trauma prevention organizations. Research shows that in states where there is a trauma system in place, the death rate is drastically reduced.

Your community's trauma center

Geisinger Wyoming Valley is an Adult Level I Trauma Center. It is part of Geisinger, which includes one pediatric and two other adult trauma centers. Geisinger also operates Life Flight® helicopters.

If you or a loved one are involved in a trauma incident, you can rest assured that Geisinger Wyoming Valley has an entire team dedicated to trauma care.

You or your loved one may also see trauma-trained specialists from departments such as orthopaedics, neurosurgery and facial and plastic surgery.

Our team also includes doctors who are continuing their medical education and training as part of Geisinger Wyoming Valley residency programs. These medical school graduates are always under supervision. Feel free to ask these providers any questions you may have.

Immediately after injury

Arrival at the hospital

Trauma patients are usually transported to the emergency department (ED) by ambulance or helicopter. During transport, the rescue crew stays in radio contact with the hospital, sharing information, so the hospital-based trauma team is ready to provide treatment as quickly as possible.

The trauma team typically includes:

- Trauma surgeons
- Emergency doctors
- Advanced practitioners (physician assistants and nurse practitioners)
- Nurses, including emergency department trauma nurses, trauma case managers and ICU critical care nurses
- Emergency department technicians and paramedic staff
- Respiratory therapists
- X-ray staff
- Social workers or care managers
- Phlebotomists
- Chaplains

Board-certified specialty doctors are also on call to help with care whenever needed, and the team is ready 24 hours a day, 7 days a week.

Initial assessment

Trauma care at the hospital begins in the emergency department. Care includes:

- An exam to find life-threatening injuries
- X-rays, ultrasound and perhaps a CT scan so doctors can better understand the extent of the injuries
- Blood and other lab work
- Transfer to the operating room (OR) for surgery if needed
- Transfer from the admitting area, ED or OR to a unit in the hospital

How the hospital cares for the family

Patients are first evaluated in the ED, which is under restricted access, meaning family can't be present. A member of the medical team will keep family and friends informed. Every attempt will be made to update the family as soon as possible.

Why a patient may have a temporary name

If a patient is brought in without identification, the hospital may assign them a temporary name, such as "Alert 7." This may make it difficult for family members to locate a loved one, but it's necessary to ensure that test and lab results are correctly matched to each patient. As soon as a positive identification is made, the patient's real name is used — unless the patient is a crime victim whose identification could compromise their safety.

Visitors are important

Patient visits boost morale and provide an opportunity to ask questions and meet with staff. Research shows that comforting visits from friends and family help most patients heal. Because family and close friends know the patient's history, visitors can sometimes make a difference in treatment, too. And visiting is also 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 a patient, especially those with life-threatening injuries or serious critical illness.

Feel free to ask for help finding rooms in the hospital. All our employees, doctors and volunteers wear ID badges.

Visiting rules and hours may change. See geisinger.org for the latest policies.

The healthcare team needs the family's help

The trauma team's primary job 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:

Take care of yourself

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

Be sure to continue taking any medications 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 clearly, keep up your strength and prevent illness so you can be there for your loved one when 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 of assistance and getting involved in the patient's care.

Visit the Trauma Survivors Network website at traumasurvivorsnetwork.org to create a CarePage that will make it easier to connect with friends and family.

Ask questions and stay informed

The trauma team knows how important regular updates are to family and friends, who are part of the healthcare team. It's best to choose one person from your group to represent the family. This allows staff to focus on caring for the patient instead of repeating updates.

When you think of questions, write them down and be sure to ask the doctor when she or he visits. 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 difficult to understand and remember new information. 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 us maintain a restful, healing atmosphere

When you are visiting, speak softly. Patients need quiet and families deserve your courtesy. In addition, you should:

- Observe all visiting hours
- 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
- Remember that the medical record is a private document
- Wash your hands before you enter a patient's room and when you exit
- Refrain from visiting if you aren't feeling well or have an illness that could be transferred to patients
- Talk with the patient's nurse before bringing any children under age 16 into a patient's room
- Provide adult supervision for children in all areas of the hospital, for everyone's safety
- Respect the hospital and others' personal property
- Do not ask other patients and families about private care details
- Respect the rights of all patients and hospital staff

Scan to meet our trauma team.

Your healthcare team

Trauma physicians

Geisinger Wyoming Valley Medical Center is a Level I trauma center in Luzerne County accredited by the Pennsylvania Trauma Systems Foundation. Our team of trauma physicians is immediately available 24/7 to care for patients who have been seriously injured. They are trained to handle all types of emergencies and are actively involved in education and research here at Geisinger Wyoming Valley. All trauma physicians are dual board certified or board eligible in general surgery and surgical critical care.

Advanced practitioners

Advanced practitioners include physician assistants and certified registered nurse practitioners who practice medicine under a licensed supervising physician. They attend daily rounds, perform minor procedures, write prescriptions, coordinate consults and follow-up care and help discharge you. They are the primary providers in the outpatient trauma clinic, and will see you for any post-discharge care. They work with the entire trauma team and help communicate with you and your family, so feel free to ask your advanced practitioner any questions you have about your care.

Trauma case managers

Trauma case managers focus on coordinating the care experience during your hospital stay, from admission to discharge. They monitor and improve quality of care to make sure you reach optimal physical, psychological and functional outcomes. Trauma case managers integrate and coordinate the activities of all medical disciplines to meet your needs.

Trauma social worker

Trauma social workers help coordinate your needs for discharge planning. They ask you screening questions, as we screen all our injured patients for the risk of post-traumatic stress disorder (PTSD). Trauma social workers may also ask you about your drug and alcohol use and provide brief interventions as needed.

Where trauma patients stay in the hospital

After patients are evaluated, they are moved to other units, depending on the nature of their injuries. Patients are only moved 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. If your loved one has been moved and you don't know the destination, call the hospital operator at 570-808-7300.

Trauma patients often visit these units:

Intensive Care Unit (ICU)

4th floor, Critical Care Building

Patients in the ICU receive care from a team of doctors and nurses who are trained to care for seriously injured patients. The first step is to make sure the patient is medically stable, meaning all body systems are working. During treatment, the team collaborates with the patient and family members to plan for the patient's return to normal life as quickly and safely as possible.

Progressive Care Unit (PCU)

5th floor, Critical Care Building

As patients in the SICU improve, they are often moved to a progressive care unit. Patients may also go directly from the admitting area to this unit if intensive care isn't necessary.

Medical and Surgical Care Units

Trauma 5 and 6 West

Patients with less severe injuries or who no longer require intensive or progressive care may be moved to these units.

Geisinger Janet Weis Pediatric Unit

4th floor

Patients 18 years old or younger are often admitted to this secure unit, where they may be cared for by pediatricians and specialty trained nurses, as well as the trauma team.

Trauma Acute Care Unit (TACU)

5th floor, Part of Trauma 5

As patients in the STICU or PCU improve, they are often moved to medical/surgical floors. Certain patients may still require an additional level of focused care which the nursing staff on this unit have received specialized trauma training to meet these needs. Some patients may be directly admitted to this unit if their injuries require specialized care.

Surgical Trauma Intensive Care Unit (STICU)

5th floor, Critical Care Building

Patients in the STICU are often the most critically sick or injured and receive their care from a team of critical care trained doctors, advanced practice providers and nurses who provide specialized care for seriously injured patients. The first step is to make sure the patient is medically stable, meaning that interventions are being performed with the goal of improving body system functionality. During treatment, the primary care team collaborates with other specialists and ancillary healthcare staff to provide for the best possible care. In addition, the healthcare team collaborates closely with the patient and family members to plan for the patient's return to normal life as quickly and safely as possible.

A typical day in the Intensive Care Unit

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

- Monitors patients
- Delivers medicine
- Helps patients breathe

Don't worry if you hear alarms. Some don't need immediate attention. The staff knows when a response is needed.

In the morning, the trauma team "rounds" to each patient's bed to conduct exams, check progress and plan the patient's care. This time is valuable for everyone involved in the patient's care, including family members, who are welcome to stay in the room.

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.

Things to know

Pain

Pain and discomfort are unfortunate and often lingering aspects of most traumatic injuries, in spite of pain medications. We are focused on ensuring your loved one is as comfortable as possible. If you feel that their pain needs more attention, let the trauma team and nurses know.

Coughing and deep breathing

Coughing and deep breathing are essential to your loved one's recovery. You may find a breathing device called an incentive spirometer at the bedside. Encourage your loved one to take slow, deep breaths into this device about 10 times an hour or as directed. If you have any questions, ask a nurse.

Sequential compression devices/thromboembolic deterrents (SCDS/TEDs)

These devices are used to help prevent blood clots (DVTs) from forming in the legs and moving to the lungs. SCDs and TEDs should be worn whenever the patient is in bed. TEDs should also be worn at other times. Depending on the extent of the patient's injuries, the clinical care team may also order twice daily injections of the drugs heparin or enoxaparin to prevent this potentially serious complication.

Mobility

Moving around lowers the risk of developing many complications and often improves recovery. Encourage your loved one to get up and move about as soon as the nurse says it's safe.

Medications

Patients may be prescribed medications they don't normally take, including pain medication. These prescriptions, combined with lowered mobility, can cause constipation. Therefore, a stool softener may also be prescribed. Medications to help reduce stomach acids are also prescribed, since patients are often not eating at all or eating less than usual.

Length of stay

To prevent complications, patients must be medically stable before discharge. How long that takes depends on the patient and the extent of his or her injuries. The care team should provide daily updates on further care plans and anticipated discharge needs.

Planning for discharge

Our care managers (nurses and social workers) work to ensure that each patient is discharged to a setting that provides appropriate clinical care, is as close to home as possible and is approved by the insurance provider.

Levels of care in the community

At discharge, each patient receives detailed instructions, which may include follow-up appointments with members of the trauma team and other health professionals. These instructions will be reviewed verbally to ensure that the directions are understood. Ask any remaining questions at this time.

Facility type	Activity	Considerations
Inpatient rehab hospital/ facility	3 to 4 hours of aggressive therapy	Specialized facilities for traumatic brain injury or spinal cord injuries may be further from home.
Skilled nursing facility	1 to 2 hours a day of assisted therapy	
Home with home care	Must be cleared by therapy and have a support person in the home; referral placed with an area home health agency that has capacity to accept your loved one	Durable medical equipment (DME) may be provided to you, as recommended by our therapists, upon discharge. Note that all DME is covered by insurance; some can be rented from a supplier and/or purchased on your own.

Notes: _____

_____

_____

_____

_____

Skilled nursing facility preferences

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

Rehabilitation preferences

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

Practical information and resources

Phone numbers

Main hospital 570-808-7300
Trauma surgery outpatient clinic 570-808-2340
Orthopaedic outpatient clinic 570-808-1093
Neurosurgery outpatient clinic 570-808-3290
Plastic surgery clinic 570-808-6400
Trauma administration 570-808-6777
Billing questions 570-214-8628
Case management 570-808-7398

After-hours trauma surgery contact information

Call 570-808-7300 and ask the operator to page the *on-call chief trauma surgery resident* who will answer questions and provide guidance. The resident may need to return your call if busy with patient care.

For any emergency, call 911 or go to the nearest emergency department.

Additional resources

Victims Resource Center . . . . . vrcnepa.org

24-hour hotlines:

Luzerne 570-823-0765
Wyoming 570-836-5544
Carbon 610-379-0151

PA Department of Aging . . . . . .800-252-1512 or 570-822-1158

Luzerne/Wyoming County Elder Abuse Task Force . . . . . 1-800-252-1512 or 570-822-1158

Luzerne County Sexual Assault Response Team . . . . . .1-800-424-5600 or 570-823-7312

Luzerne County Human Trafficking Task Force . . . . . 1-888-373-7888 (or local police)

PennDOT (Mature drivers) . . . . . dmv.pa.gov/Driver-Services/Mature-Drivers

Personal health information

Use the following pages to list:

- Names of the doctors, nurses and others on the patient care team
- Injuries and procedures
- Questions you may have
- Things you need to do and get

Additional space for notes is provided at the end of this booklet.

Care team members

Attending surgeon on admission:_____

Advanced practitioner on admission: _____

Resident physicians on trauma service: _____

Consultants/specialists:_____

_____

Attending surgeon at discharge:_____

Advanced practitioner at discharge: _____

Trauma case manager: _____

Trauma social worker:_____

Injuries and procedures

List of major injuries:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

List of major procedures:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Questions to ask the doctors and nurses:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Notes:

Your response to your loved one's injury: grief and loss

Anyone involved in a traumatic event may experience stress lasting for days, weeks or longer. This is a normal reaction.

Trauma can affect your emotions and will to live. Your usual ways of thinking and feeling may change, and your former strategies for handling 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 recovery, they may experience feelings ranging from relief to intense anxiety.

Family members may also experience a variety of emotions between first learning of the injury and through the patient's recovery.

Trauma patients and their families often suffer a feeling of loss related 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. In serious cases, emotional distress can delay recovery and add to existing family problems. Knowing the early signs of depression and post-traumatic stress disorder (PTSD) is important. *(See below.)*

Coping with loss

The stress related to trauma and grief can affect personal health and impact decision-making. It is important 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.

Recovery also requires help from others. Patients and their families are encouraged to build a support network, which can include friends, family members, 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 trauma 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. While everyone grieves, it may take different forms for different people and can last for many months or even years. For most people, the intensity of initial grief changes over time. Some people may need professional help to move from suffering to a way of remembering and honoring a loved one.

When is seeking professional help a good idea?

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

- Grief is constant after about six months
- You suffer symptoms of PTSD or major depression
- Grief interferes with daily life

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

Is it stress or post-traumatic stress disorder?

It's perfectly normal to experience the following right after the injury:

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

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's classified as 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 can occur in everyday life. PTSD has defined symptoms that are present for at least four weeks.

There are three types of PTSD symptoms:

Type	Symptoms
Hypervigilance	• Having a hard time falling asleep or staying asleep • Feeling irritable or having outbursts of anger • Having a hard time concentrating • Having an exaggerated startle response
Re-experiencing	• Having recurrent recollections of the event • Having recurrent dreams about the event • Acting or feeling as if the event is 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 or unable to feel emotions

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

Recovery is an individualized process that may take a long time. If your symptoms get worse, last longer than a month or are severe enough to impact your daily life, work or relationships, reach out to your doctor or a mental health professional for help.

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 happen 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 dispensing 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.

Establish a contact 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's easier for you and the insurer, too. Having someone who knows your case can be very helpful when bills come due.

Physical therapy can be very important.

Muscles weaken quickly and any activity will help speed recovery. Try to arrange for pain medication about 30 minutes before physical therapy to reduce pain and make better progress.

Plan ahead.

Your discharge from the hospital may come more quickly than you expect, or even before you feel ready to go. Make plans early so you're ready. Ask your nurse what kind of help is available to arrange for rehabilitation, 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 after discharge.

Be patient with yourself.

Recovery may not always follow a straight line. You may feel fairly good one day, then tired and irritable the next. It can be frustrating to feel like you're losing ground, but try to 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 helpful in the future.

Ask for help.

Being in the hospital disrupts every bit of your life — routines, schedules, relationships and plans. You may be used to being very independent, but you now rely on other people for help. Your family and friends probably want to help in any way they can. They only need your invitation.

About the American Trauma Society and the Trauma Survivors Network

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

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

TSN is committed to:

- Training healthcare 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

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

- A link to CarePages that help you talk with friends and family about your injured loved one
- An online library with information about common injuries and treatments
- An online forum where trauma survivors and their families can share experiences
- Trauma support groups for survivors
- Family classes to support family members
- NextSteps, 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

Learn more by visiting traumasurvivorsnetwork.org. If you think we can help you — or if you want to help support and inspire others — join TSN for free today.

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

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trauma survivors network provided by ATS

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