

DENVER HEALTH TRAUMA™
LEVEL ONE ADULT & LEVEL TWO PEDIATRIC
ERNEST E. MOORE SHOCK TRAUMA CENTER

trauma survivors network
provided by ATS

HANDBOOK FOR
Trauma Patients & their Families

This handbook has been developed for you by Denver Health Ernest E. Moore Shock Trauma Center 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 US

ERNEST E. MOORE SHOCK TRAUMA CENTER

Denver Health's Level 1 Trauma Center and Pediatric level 2 is one of the world's leading trauma centers and has one of the highest survival rates in the country. Our skilled and specialized trauma surgeons are internationally recognized leaders in the field and quite literally wrote the book on the care of the injured patient. Patient survival, academic excellence and leadership, and comprehensive care from injury through recovery make Denver Health the leading trauma center in Colorado and the region. Known as one of the best trauma centers in the US, we manage trauma cases in Colorado and six neighboring states and care for patients with any type of traumatic injury.

Denver Health has a long history of providing the most advanced trauma care available. Since its opening in 1860 (our first trauma patient arrived by horse after a gunshot wound from a duel), the trauma center has remained a pioneer in trauma care. As the first trauma center in Colorado, Denver Health was just re-verified and designated as a Level 1 Trauma Center by the American College of Surgeons and the State of Colorado, continuing a long legacy of providing care for the most severely injured.

The Ernest E. Moore Shock Trauma Center treats more than 18,000 patients yearly, admitting more than 2,700 trauma patients annually and receiving transfers from more than 60 regional hospitals. We have a 97.8 percent survival rate for blunt injuries, 98.2 percent survival rate for penetrating injuries, and a 97.4 percent overall average survival rate.

OUR SERVICES

Denver Health's Level 1 Trauma Center (also known as the Rocky Mountain Regional Trauma Center) is a 24-hour, comprehensive, trauma institute led by trauma surgeons and acute care surgeons, and consisting of leading expert physicians:

- **Trauma surgeons** – Responsible for the initial evaluation, resuscitation and overall care and management of the acutely injured patient. Trauma surgeons identify and manage all life and limb-threatening injuries in conjunction with other sub-specialties. They operate on all injuries to internal organs of the chest and abdomen.
- **Oral and maxillofacial surgeons** – Evaluate and manage acute injuries to facial and jaw bones.
- **Neurosurgeons** – Evaluate and manage acute traumatic brain, spine and spinal cord injuries from life-threatening bleeding and fractures to minor concussions, in addition to elective specialty practice including disorders of the neck and back, and brain tumors.
- **Ophthalmic surgeons** – Evaluate manage trauma to the eye, including globe rupture, retinal detachment and penetrating injury.
- **Orthopedic trauma surgeons** – Acute bony fractures are expertly managed by an internationally renowned team of orthopedic surgeons. The team includes surgeons with additional fellowship training in orthopedic trauma and sports medicine.
- **Plastic and reconstructive surgeons** – Treat facial, ear and hand injuries, head and neck reconstruction, oculoplastic surgery and hand replantation.
- **Hand and limb microvascular replantation surgeons** – Treat patients with the most severe hand injuries, including replantation of traumatic amputations, soft tissue reconstructions and vascular repair.
- **Vascular surgeons** – Treat major vascular injuries and assist in the care of the actively hemorrhaging patient. Vascular surgeons can frequently manage these patients with minimally invasive methods by applying endovascular techniques.
- **Urologic surgery** – Treat all areas of urologic trauma, including kidney, bladder and genital injury.

TABLE OF CONTENTS

ARRIVAL

1. Introduction 3
2. Immediately After the Injury 4
3. Visitors Are Important 5
4. The Health Care Team Needs a Family's Help 6

STAY

5. Where Patients Stay While in the Hospital 8
6. Who Takes Care of the Patient 11
7. Patient Rights and Responsibilities 14
8. Medical Information: What is Kept, Why, and Who Has Access? 16
9. If a Patient Cannot Make Decisions 17
10. Common Traumatic Injuries and Their Treatment 18
11. Glossary of Common Medical Terms 22
12. Insurance and Disability Information 27

FOR YOUR COMFORT

13. Local Lodging, Dining and Additional Resources 29

DISCHARGE

14. After the Hospital: Planning for Discharge 34
15. Personal Health Information 36
    - Names of Providers
    - Injuries and Procedures
    - Questions to Ask
16. Things to Do and Get 41

RECOVERY

17. Your Response to Your Loved Ones' Injury: Grief and Loss 44
18. Is It Stress or Post-Traumatic Stress Disorder (PTSD)? 45
19. Wisdom from Other Trauma Patients and their Families 46
20. About the American Trauma Society and the Trauma Survivor Network 48
21. Additional Notes 49



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 better cope during this difficult time. It includes basic facts about the most common types of injuries and their treatments, the patient care process, and hospital services and policies.

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

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 one's injuries. This allows the team at the trauma center to be ready to provide treatment as quickly as possible.



THE TRAUMA TEAM TYPICALLY INCLUDES;

- Trauma surgeons
- Emergency doctors
- Registered Nurse
- Respiratory therapist
- X-ray staff
- Social worker/care manager
- Physical and Occupational therapists
- Trauma Nurse Coordinator

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, ED or OR to a unit in the hospital.

HOW THE HOSPITAL CARES FOR THE FAMILY

Initially the patient is evaluated in the ED. Please note that the ED is under Restricted Access. While the patient is being assessed, family can't be present in the room. A member of the medical team will keep the family and friends informed. Every attempt will be made to update the family as soon as possible. For larger families please designate a family spokesperson to keep the rest of the family updated. This will help streamline the care of your loved one.

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. These names may be "Delta Delta" or "Tango Tango."

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

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



Research shows that comforting visits from friends and family help most patients to heal.

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 are often limited for patients with brain injuries because they need quiet to recover. General visiting hours are from 10 a.m. to 8 p.m. Visiting hours and rules may differ from unit to unit; please check with the nurse about specific hours and rules.

FAMILY WAITING ROOMS

- The emergency department waiting room is located on in PAV A on the first floor
- The Surgical Trauma Intensive Care Unit (SICU) waiting room is located in PAV A, second floor across from the elevators.
- The Operating Room waiting room is located in PAV A second floor.
- Pediatrics has one waiting room which is located in the Pediatric Intensive Care Unit (PICU) Room 257. There are two sleep rooms available upon request for family of PICU patients.

ADDITIONAL GATHERING AREAS

- The Chapel is located in PAV B, second floor, down the hall from the OR waiting room
- Volunteer offices is located in PAV C, first floor

OTHER AMENITIES

- The hospital gift shop is located in PAV C across the hall from the entrance
- The Thunder Zone
  - The Thunder Zone is a resource center with two computers and a printer. The center is open Monday – Friday, 9 a.m. – 4 p.m., and is located in the glass atrium on the first floor of Pavilion C, in between the gift shop and security desk.
- The Child life Zone
  - The space serves children ages 0-19 years and their families. As the primary therapeutic playroom at Denver Health, The Child Life Zone offers opportunities for play, relaxation and self-expression, as patients and families explore technology, music, art, and more!
  - Child Life Specialists work alongside hospitalized children and their families, youth in the community, and community partners to provide a safe space for healing and recreation.
  - The Child Life Zone is available to patients and families who are working directly with a Child Life Specialist.

We are here to help

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

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. Please visit the Denver Health website, as well as the Denver Health Trauma website for more information.

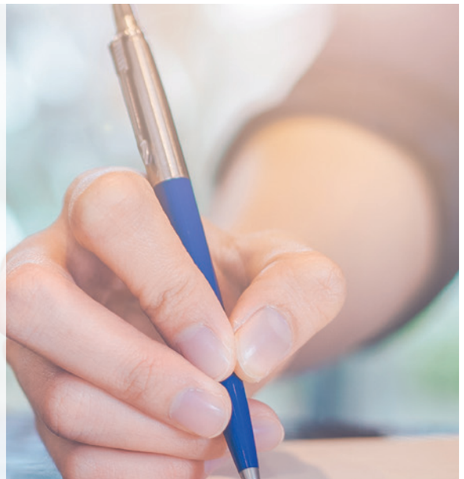
The Trauma Survivors Network is a community of patients and survivors looking to connect with one another and rebuild their lives after a serious injury. The Trauma Survivors Network website includes helpful resources and programs for victims of trauma including "Care Pages" that make it easy for you to connect with friends and family. Visit Denver Health's Trauma Survivors Network homepage to connect with our Trauma Survivor Network Coordinators and local resources at **www.traumasurvivorsnetwork.org/trauma_centers/132**. You can also connect with our coordinators with any questions or concerns via email at **denverhealthTSN@dhha.org**.

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.

- SICU rounds happen every morning between 08:00-11:00AM
- Rounding on the floor by the trauma team starts typically around 09:00 am, but can change with emergencies that arise.
- Orthopedic rounds typically occur very early in the morning between 05:00 and 07:00.
- Neurosurgery rounds typically occur every day in the morning. Time varies.

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 RESOURCES

INTERPRETER SERVICE

- Denver Health provides interpreter services for more than 200 languages free of charge
- Offered in-person, video conferencing, telephone and with an iPhone app
- Ask your care team for more information

SERVICES FOR INDIVIDUALS WITH HEARING IMPAIRMENTS

Denver Health offers the following services free of charge for the hearing impaired:

- Qualified sign language interpreters for persons who are deaf or hard of hearing.
- A twenty-four hour (24) telecommunication device (TTY/TDD) which can connect the caller to all extensions and portable (TTY/TDD) units.
- Flash Cards, alphabet boards, and other communication boards.
- Readers and taped material for the blind and large print materials for the visually impaired.
- Assistive devices for persons with impaired manual skills.

Please ask your care team for more information

VOLUNTEER SERVICES

- The Volunteer Zone is run by the Patient Experience department. It is a bright, welcoming space where patients and visitors can sit and relax, or wait for loved ones. The Zone has shelves full of books for both kids and adults, magazines and toys.
- Volunteer Services works under the department of Patient Experience, the goal of the department is to create the best experience possible for our patients. Volunteer Services can provide books and magazines to those who want to read. They have coloring pages, crayons, colored pencils for patients who might want to get a creative while they are at Denver Health. The department can also provide activity books, Sudoku puzzles, crosswords, word searches, playing cards and stress balls upon request. Music therapy is available on Mondays by request. Volunteer Services also takes requests for stuffed animals and blankets and will distribute them when available. The department has reading glasses, ear plugs, headphones and hygiene items that can be provided to patients as well.

One of the most requested volunteer services is Denver Health's beloved Pet Therapy program, patients can have their nurses put in a request for pet therapy dogs to come by for a special visit upon availability!



STAY

5. WHERE PATIENTS STAY WHILE IN THE HOSPITAL

After patients are initially evaluated by their team of providers in the emergency department, they can be admitted to several different units in the hospital depending on their injuries and/or acuity of illness

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 303-436-6000. Make sure to leave your contact information with the nursing staff so they have a working contact number.

These are the hospital units that care for trauma patients:

TRAUMA INTENSIVE CARE UNIT (ICU)

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

STEP-DOWN UNIT

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

MEDICAL AND SURGICAL CARE UNITS

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

PEDIATRIC INTENSIVE CARE UNIT/ PEDIATRIC FLOOR

Children require special attention and care during times of sickness and or trauma, which is why we pride ourselves on providing the most comprehensive care for children at Denver Health. Our pediatric doctors provide an array of services for children and have all of the specialties in place to care for every child in need.

Our team of pediatric doctors, nurses, specialists, surgeons and support staff provide the best care for children and work together to ensure that every child has a good experience at Denver Health. We are dedicated to providing high-quality care for children and support for their families at every step of the healing process. We encourage the entire family to be with their child from start to finish and actively participate in every step of the healing and recovery process.



A TYPICAL DAY IN THE ICU

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

- **Monitors patients**
- **Delivers medicine**
- **Helps patients breathe.**

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

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

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

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

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



HELPING CHILDREN

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

CHILD LIFE AND EDUCATION

Child life specialists are trained professionals who help children and families adjust and cope with the stress and uncertainty of illness, injury, disability, and hospitalization. Armed with an educational emphasis on human growth and development, these specialists provide psychosocial interventions, play opportunities and emotional support to assist children and their families during medical visits and procedures to help ease children's fears and encourage mastery and understanding of challenging life experiences.

Child life services:

- Prepare children for medical procedures or treatment using language that children understand
- Teach children, youth, and families about what to expect, what the medical team will ask of them and prepare them for a hospital stay to help ease fears about the hospital and the surgery routine
- Introduce coping strategies to help reduce anxiety and enhance cooperation with the health care team
- Provide support and distraction during medical procedures
- Assist parents in helping their child during medical procedures to make each procedure as positive as possible for patients and families
- Offer opportunities for play and expressive activities, to encourage normal development and a sense of FUN in spite of challenging circumstances
- Engage children in normative and therapeutic play activities that help meet their treatment goals and promote self-expression
- Promote family-centered care by providing information, advocacy and support
- Provide support to siblings and young family members of pediatric patients to promote participation in their sibling's hospitalization
- Help parents and family members communicate with their child's healthcare team to promote a family-centered experience
- Provide education and support to children and youth whose family members are in the adult ICU to teach them about the diagnosis and/or injury, help facilitate visits to the ICU and provide ongoing emotional support





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.

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 303-602-4500. You can also make a request through the medical team.

CLINICAL NURSE SPECIALIST

Clinical nurse specialists are registered nurses who have a master's degree. They also have expertise in trauma care. They monitor the patient's plan of care. They also act as a link between the patient and the patient's various caregivers.

CLINICAL TECHNICIAN (CNA)

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

DIETITIAN

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

GERIATRICIAN

Geriatricians are doctors that to 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

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

PHYSICAL THERAPIST

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

PROCEDURE NURSE

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

PSYCHOLOGIST

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

PSYCHIATRIST

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

RESIDENT

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

RESPIRATORY THERAPIST

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

SOCIAL WORKER/ CARE MANAGEMENT

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

- Assist with and coordinate discharge planning
- Assist with transportation from the hospital
- Provide/connect patients with community resources (i.e. TBI resources, Homeless/ DV Shelters, Mental Health Services/ Community organizations, Domestic/Interpersonal violence organizations, crisis support services, substance use programs, food pantries, children and family support services, government-funded programs, legal aid services, asylee resources, etc.)
- Coordinate care with outpatient social workers/ case managers, community organizations and health care providers
- Assess for psychosocial barriers and assist/ support patient's in addressing certain barriers
- Arrange home health services for RN, CMA, Therapy needed following inpatient hospitalization
- Provide information regarding next level of care placements, send referrals and coordinate discharge planning to a facility (Long-Term Acute Care Hospitals, Acute Rehab, SubAcute Rehab, Skilled Nursing Home, Assisted-Living Facility, etc.)
- Make appointments for follow-up care (PCP, Outpatient SW or any appropriate/recommended outpatient follow-up)
- Assist with Long-Tern Care and LTC Medicaid application for Skilled Nursing Facility or Home and Community-Based Services

SPEECH AND LANGUAGE THERAPIST

Speech therapists work with patient on language, memory and swallowing problems, often under the direction of a physiatrist. They diagnose, treat and assist patients in recovering from cognitive, communication, voice, speech, language, and swallowing difficulties.

- For patients with a traumatic brain injury the goal of therapy is achieve the highest level of independent function for participation in daily living tasks.

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 NURSE COORDINATOR

Trauma Nurse Coordinators (TNCs) are registered nurses with experience in emergency medicine, critical care, and/or trauma. The TNCs ensure all trauma patients receive care that is standardized by the American College of Surgeons and monitors the quality of care that patients receive during hospitalization.

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.

"My deep commitment to the Trauma Survivors Network is a way for me to make sure that trauma survivors everywhere finally receive the resources that few, if any of us, had before"

– STEVE,
Trauma Survivor



7. PATIENT RIGHTS AND RESPONSIBILITIES

This hospital provides medical treatment without regard to race, creed, sex, nationality, gender or source of payment. As our patient, you are entitled to safe, considerate, respectful and dignified care at all times.

PATIENT RIGHTS

DHHA respects, protects, and promotes patient rights. The basic rights of human beings and a concern for personal dignity and human relationships shall be a primary consideration when caring for patients at DHHA.

All DHHA patients have the right to:

1. Receive a copy of their rights as a patient and have it explained in a language and manner the patient understands when receiving care or by request.
2. Receive care and treatment that is respectful, recognizes the patient's dignity, cultural and personal values, and religious beliefs, promotes a positive self-image, and provides for the personal privacy of the patient to the extent possible during the course of treatment.
3. Receive care and access to DHHA programs free from restrictions based on age, race or ethnicity, color, national origin, religion, culture, socio-economic status, sex, sexual orientation, gender identity or expression, genetic information, or mental or physical disability.
4. Get information about medical conditions and care in a manner the patient understands—regardless of language spoken, impairment, or disability—including receiving auxiliary communication aids or translation services through a qualified medical interpreter as needed.
5. Be told the status and outcomes of medical care, including any unanticipated outcomes of care.
6. Understand and participate in the creation and implementation of treatment, pain management, and hospital discharge plans.
7. Make informed decisions about treatments and procedures the patient may receive as a part of care, including getting information about the potential benefits, risks, and side effects. The patient's right to make informed decisions about his or her care also includes the right to request treatment, drugs, tests, or procedures the patient believes are necessary, to change his or her mind about having a procedure done, and to refuse treatment.
8. Choose whether or not to participate in research or clinical trials and have DHHA respect all participants' rights during the research.
9. Know the name, professional status, and experience of physicians or other health care providers who provide care, treatment, and services.
10. Know that DHHA is a teaching facility and some care may be provided by health care providers in training.
11. Get care that is right for the patient and his or her family's emotional, spiritual, and developmental needs.
12. Have DHHA notify the patient's personal physician and/or a person of the patient's choice when the patient is admitted to the hospital or when his or her illness worsens.
13. Allow a family member, friend, or other individual to be present for emotional support during the course of the patient stay unless it infringes on others' rights, safety, or is medically or therapeutically contraindicated.
14. Have a personal representative (as allowed under state law) remain informed and make direct care decisions when the patient is not able to make decisions about his or her care because of a mental or physical condition. This person may also exercise the patient's rights to access his or her health information.
    a. Personal representatives may include:
        i. Medical Durable Power of Attorney;
        ii. Legal guardian;
        iii. Parent(s) of a minor child;
        iv. Executor, administrator, or conservator of a decedent's estate;
        v. Proxy decision-maker.
15. Expect that DHHA will follow the law and its policies and procedures on medical record confidentiality and access, including the following:
    a. Provide a Notice of Privacy Practices that explains how DHHA protects patient health information and patients' rights to their health information.
    b. Allow patients to access, request changes to, and obtain information on disclosures of their personal health information, as described in the Notice of Privacy Practices.
    c. Allow patients access to information contained in their medical records within a reasonable time frame.
    d. Allow patients to give or withhold consent for DHHA to make or use pictures, recordings, or other images for purposes other than patient care.
16. Receive billing information upon request, including:
    a. Estimated charges for non-emergent services prior to receiving the care or treatment. The estimated charges may be based on an average patient with a similar diagnosis.
    b. Help applying for insurance or financial aid programs.
    c. Help with understanding the patient share of the cost of medical services, such as insurance deductibles and copays.
    d. A copy of DHHA's general billing procedures.
    e. An itemized bill.
    f. Answers to questions about a bill for services.
17. Request access to and have help in getting guardianship and advocacy services, conservatorship, and/or child or adult protective services.
18. Get care in a safe setting that is free from neglect, exploitation, and verbal, mental, or physical abuse.
19. Except for persons in custody, be free from the use of seclusion and restraints of any form that are not medically necessary or which are used as a means of coercion, discipline, convenience, or retaliation.
20. Have personal wishes followed for life support and organ gifts.
21. Create advance directives. An advance directive is a legal document that allows a patient to give directions about future medical care or to direct another person to make medical decisions for the patient if the patient cannot make decisions him/herself. Advance directives include Living Wills, CPR Directives, and Medical Durable Powers of Attorney, and Medical Orders for Scope of Treatment (MOST) forms.
22. Have persons providing care comply with advance directives when they are valid, apparent, and available. The patient must be informed when an advance directive cannot be followed. For patients undergoing anesthesia or invasive procedures who have CPR Directives, a decision should be reached with the patient prior to the procedure as to whether the CPR status will be temporarily suspended during the procedure. If no clear decision as to CPR status is reached prior to the procedure, the CPR Directive will be suspended during anesthesia/the procedure and during immediate recovery, but typically not longer than 24 hours following the procedure.
23. Voice complaints and give feedback freely without fear that it will result in coercion, discrimination, retaliation, or an unreasonable interruption in care.
24. Receive information about DHHA's complaint resolution process and file a concern with:
    a. Denver Health Patient Advocates. Call 303-602-2915 or write to 777 Bannock Street, MC 0255, Denver, CO 80204. The patient has a right to have the concern reviewed and to receive a response that explains the outcome or resolution of the review, the steps that were taken to investigate the complaint, and the name of the person who investigated on the patient's behalf.
    b. Colorado Department of Public Health and Environment. Call 303-692-2800 or write to 4300 Cherry Creek Drive South, Building A, 2nd Floor, Denver, CO 80206.
    c. KEPRO (for Medicare beneficiaries with concerns about quality of care or coverage decisions or to challenge a discharge). Call 888-317-0891, fax to 833-868-4062, or visit https://www.keproqio.com/.
    d. The Joint Commission. Call 800-994-6610 or write to the Quality Monitoring Office, One Renaissance Boulevard, Oakbrook Terrace, IL 60181.
    e. The U.S. Department of Health and Human Services, Office for Civil Rights (for privacy-related or discrimination related complaints). Call 303-844-2024 (TDD 303-844-3439) or write to 999 18th Street, Suite 417, Denver, CO 80202.
    f. Colorado Department of Regulatory Agencies (DORA). Call 303-894-7855 or toll-free at 800-886-7675, write to 1560 Broadway, Suite 110, Denver, CO 80202, or visit https://www.colorado.gov/dora.

PATIENT RESPONSIBILITIES

The care you receive while you are a patient depends partially on you.

All patients of DHHA have the responsibility to:

1. Treat all DHHA staff, patients, and visitors with courtesy, dignity, and respect.
2. Follow DHHA rules, including the visitor policy and posted signs. Patients or visitors who violate DHHA rules and policies may be asked to leave DHHA property.
3. Keep appointments and be on time. If patients can't keep their appointments, they must call the Appointment Center (303-436-4949) as soon as possible to reschedule.
4. Give correct and complete information about:
    a. Present symptoms;
    b. Past illnesses;
    c. Other hospitalizations;
    d. Current medications;
5. Take part in care decisions and follow the treatment plan agreed upon with the care team.
6. Be aware of what will happen when refusing treatment or not following instructions and take responsibility for those actions.
7. Give DHHA copies of any advance directives.
8. Contribute to a safe environment for all patients, visitors, and staff by not making threats or being abusive or violent to others. This includes never bringing unauthorized weapons onto DHHA property or encouraging others to engage in hostile behavior.
9. Not smoke (including e-cigarettes) or use tobacco anywhere on DHHA property, including in public spaces outside the buildings and in the parking areas.
10. Not use illegal drugs, marijuana, or alcohol on DHHA property.
11. Be thoughtful of other patients and staff by helping to control noise or other potential disturbances.
12. Never take pictures or record videos of staff, equipment, or any non-family members on DHHA property except with prior permission.
13. Tell the care team if the patient wants to leave his or her care area when getting care in the hospital, including if the patient wants to refuse treatment and leave or if the patient wants to walk around. The patient must stay with the staff escort if the patient and his or her medical team agree that is safe for the patient to walk around outside his or her care area while getting care in the hospital.
14. Tell care providers or Patient Advocates about any safety or care concerns.
15. Upon request, give DHHA copies of records needed for registration, financial screening, and billing purposes.
16. For parents, guardians, and legally authorized representatives, provide records to DHHA upon request that show authority to consent to care for the child or the patient represented.
17. Pay the amount owed for medical care and services on time.
18. Ask questions.

8. 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.

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

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

AUTHORIZATION FOR ACCESS TO MEDICAL RECORDS

A patient may give someone else permission to see 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.

Notes:



9. IF A PATIENT CANNOT MAKE DECISIONS

Ideally, patients would always be able to make their own health care choices. When they are not able to 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:

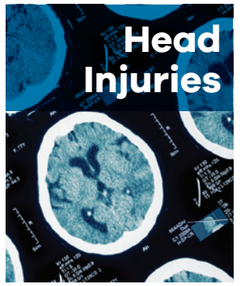
- Husband or wife
- Adult child
- Parent
- Adult brother or sister
- Any other adult relative of the patient
- Any other adult friend who meets the above criteria

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

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

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



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

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

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

DIAGNOSIS AND EVALUATION

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

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

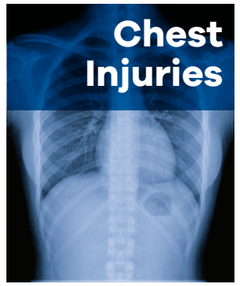
When doctors think that a patient has a brain injury, they often order a scan of the brain (CT scan). This scan can find out if there is swelling, bleeding or a blood clot.

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

TREATMENT

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

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



Chest injuries 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.

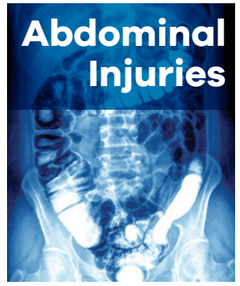
DIAGNOSIS AND EVALUATION

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, that may need to be treated with a ventilator (breathing machine).



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

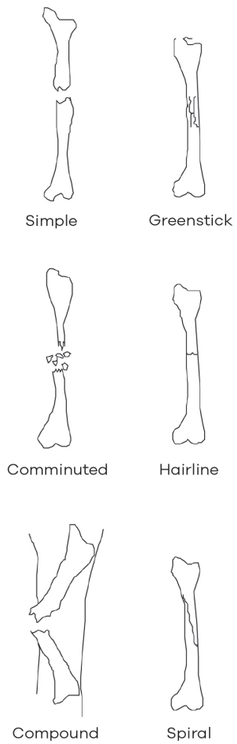
TREATMENT

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.



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.



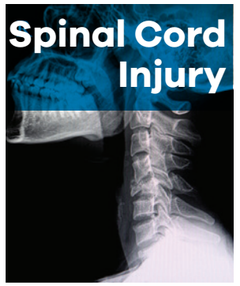
DIAGNOSIS

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.



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 Imagery (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.

11. 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 trache-ostomy tube may be removed when the patient can breathe on his or her own and can cough up secretions.

EQUIPMENT

ambu bag: a device used to help patients breathe.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

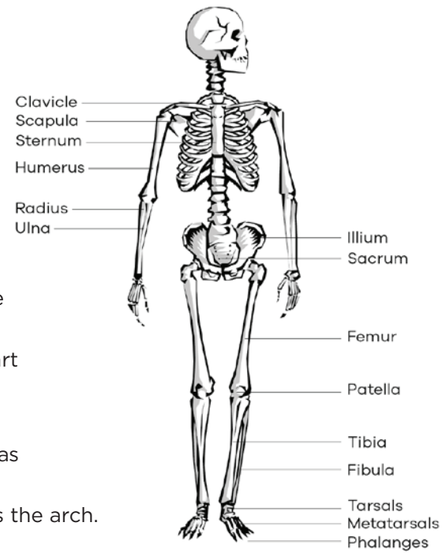
triple lumen catheter: a line placed into a shoulder or neck vein to give IV fluids and drugs.

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

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

ANATOMY

BONES, SKELETAL



acetabulum: the hip socket.

carpals: the eight bones of the wrist joint.

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

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

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

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

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

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

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

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

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

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

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

pubis: the bone at the front of the pelvis.

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

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

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

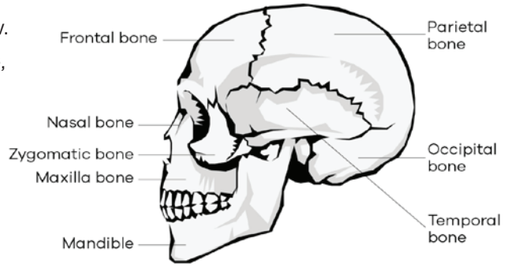
sternum (breastbone): the narrow, flat bone in the middle line of the chest.

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

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

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

BONES, SKULL AND FACE



frontal bone: forehead bone.

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

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

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

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

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

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

BONES, SPINE

atlas: the first cervical vertebra.

axis: the second cervical vertebra.

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

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

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

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

sacral vertebrae: the vertebrae that form the sacrum.

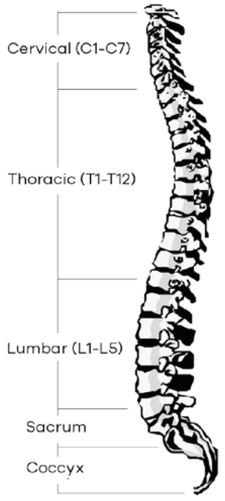
sacrum: five joined vertebrae at the base of the vertebral column (spine).

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

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

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

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

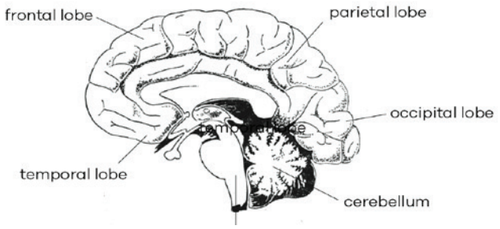


BRAIN

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

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

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



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

DIGESTIVE SYSTEM AND ABDOMEN

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

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

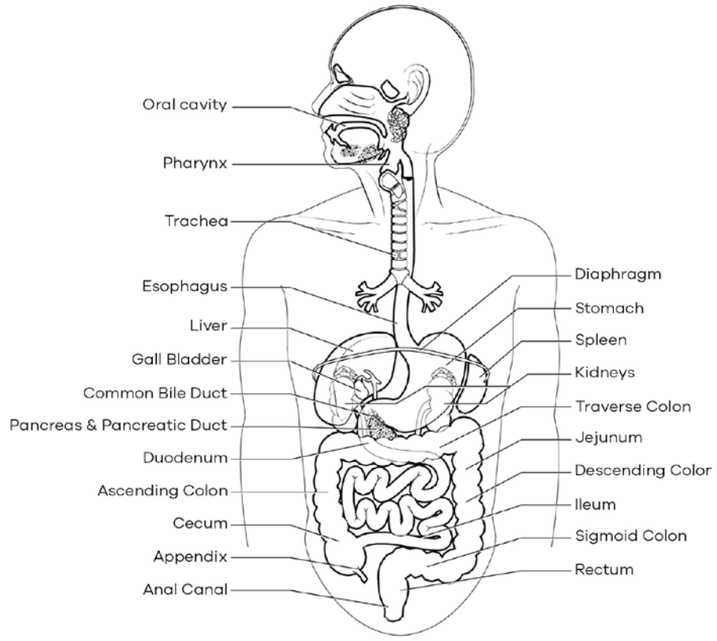
esophagus: the muscular tube, just over nine inches long, that carries swallowed foods and liquids from the mouth to the stomach.

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

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

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

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



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

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

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

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

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

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

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

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

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

RESPIRATORY SYSTEM

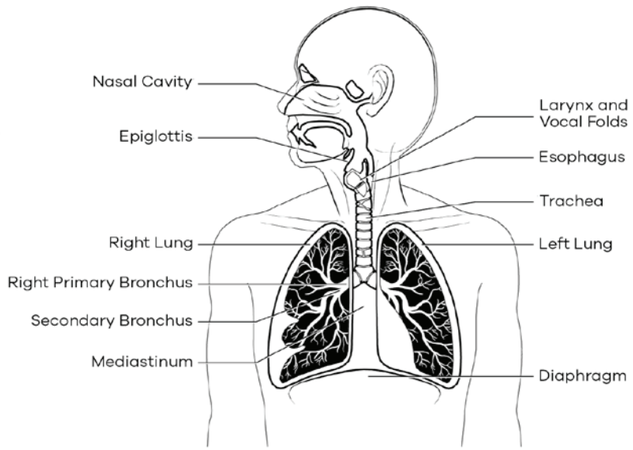
diaphragm: dome-shaped skeletal muscle between the chest cavity and the abdomen that contracts when we breathe in and relaxes when we breathe out.

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

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

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

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



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

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

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

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

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

If you do not have health insurance or are concerned that you may not be able to pay for your care in full, we may be able to help.

The Denver Health Financial Assistance Program (DFAP) is a Denver Health program that helps pay for health services provided by Denver Health providers. Patients who do not qualify for Medicaid, CICP or the CHP+ plan may qualify for DFAP. Eligibility is based on family size and income. **DFAP is not health insurance.** It cannot be used with any other health insurance program, including Medicaid and Medicare.

DFAP Medical Care

DFAP is a discount program that helps lower the cost of health care services received at Denver Health. You must reside in Denver County to be eligible (with some exceptions).

You will only have to pay a flat fee/co-payment for ALL care. The charge is based on the type of medical care or service being provided. These fees will be your only cost. This new payment structure will likely lower the cost of care in many cases. Except in emergency situations, you will be asked to make payment at the time you get care.

The new fees charged under DFAP can be found on the Denver Health website. The “ratings” at the top of the chart match with your family size and income. https://www.denverhealth.org/patients-visitors/billing-insurance/financial-assistance/denver-health-financial-assistance-program

DFAP Dental Care

DFAP also helps pay for Dental Services for some Denver County residents if they do not have an insurance plan or medical assistance program to cover these services. Eligibility is based on family size, income and resources.

DFAP Dental helps pay for a portion of some dental services so patients do not have to pay the full amount. With DFAP Dental, patients pay a percentage of the charges for the services provided. The percentage that the patient pays is based on family size, income and resources. Except in emergency situations, patients are required to pay a deposit before receiving services. The deposit is based on family size, income and resources.

Rate	Dental Percentage	Deposit
Rate Z, N, A, B	20%	$15
Rate C, D	30%	$20
Rate E, F	40%	$25
Rate G, H	50%	$30
Rate I, S, T	100%	$200

MEDICAID

To apply for Medicaid, contact the Department of Social Services (DSS) in the city or county where you live. You can find the phone number in the blue pages of your phone book. You do not need a face-to-face interview.

Health First Colorado (Colorado's Medicaid Program) is free or low-cost public health insurance for Coloradans who qualify.

Health First Colorado, administered by Denver Health Medicaid Choice (DHMC), is for individuals who live in Denver, Jefferson, Arapahoe, or Adams counties. As a DHMC member, you can get care at Denver Health downtown campus as well as any of Denver Health's nine family health centers throughout metro Denver. In addition, Medicaid Choice members pay no copays for covered visits and medicines and have expanded benefits including eyewear and no cost transportation to provider visits. Learn more about the added benefits you will receive with Denver Health Medicaid Choice at https://www.denverhealthmedicalplan.org/denver-health-medicaid-choice.

For more information call 303-602-2116 (toll free 1-800-8140). TTY users please call 711.

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:

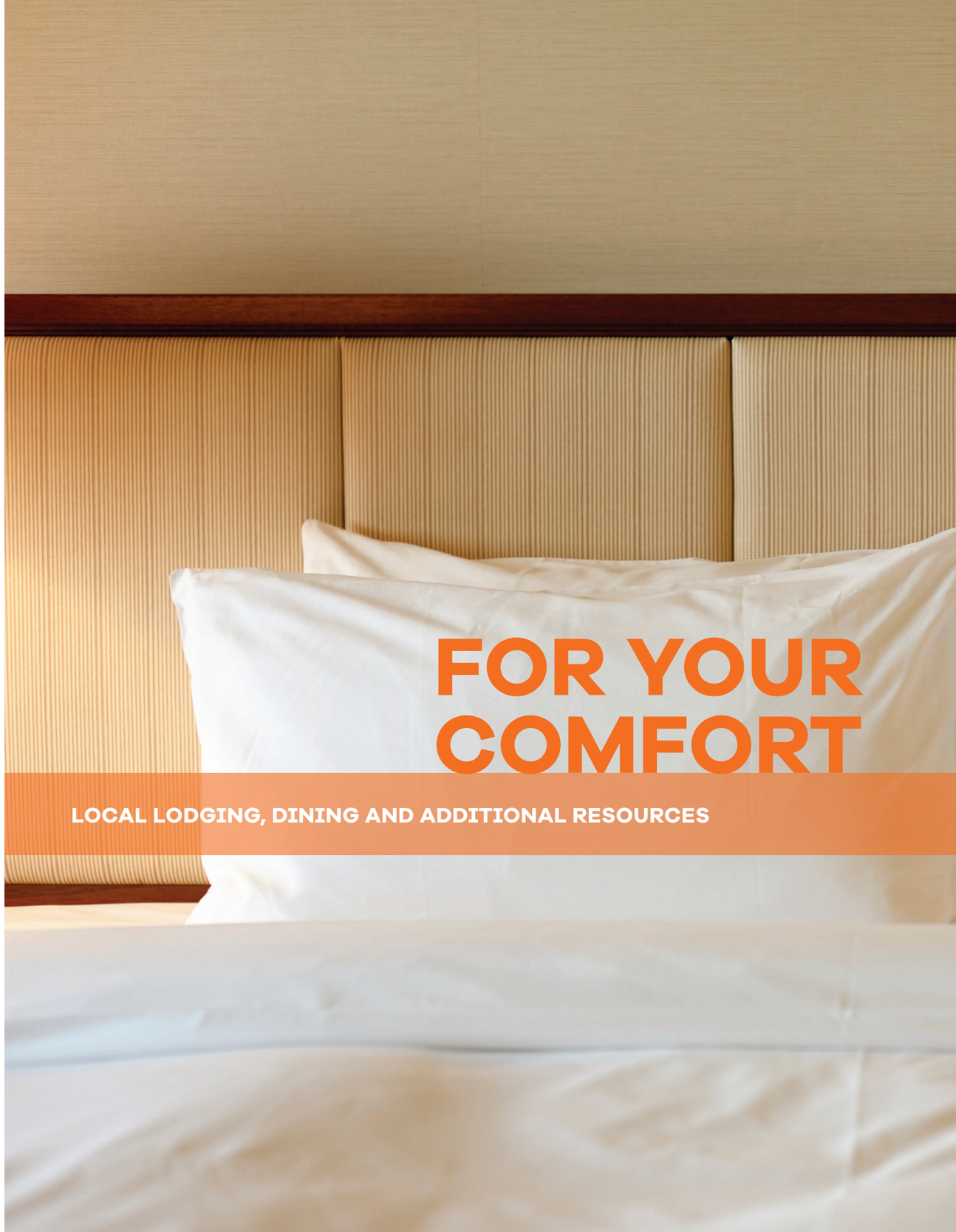
- Sign everything on the form that needs to be signed, and identify the fax number at work where the forms should be sent (usually the Human or Personnel Services office).
- Ask the nurse where to leave the forms so the doctor can get them. It is best to submit these forms while your loved one is still 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 216-778-4979 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.



FOR YOUR COMFORT

LOCAL LODGING, DINING AND ADDITIONAL RESOURCES

DRIVING DIRECTIONS & PARKING

Driving Directions from I-25 to the Denver Health Main Campus

1. Exit 209 for US-6 East/6th Avenue (209A southbound/209B northbound)
2. Merge onto 6th Avenue
3. Turn left onto Delaware Street
4. Follow parking and drop-off signs

If you are using a GPS device for directions, please enter 785 Delaware Street, Denver, CO 80204 as your final destination. This will direct you to the patient drop off area and you will see the parking garage just off Delaware Street and 6th Avenue.



SELF-SERVICE PARKING

Denver Health offers free self-service parking on the Denver Health main campus in the Delaware Street garage, located near the corner of 6th Avenue and Delaware Street, and in our Pavilion "G" Wellington E. Webb building surface lot and Pavilion "H" Public Health Department building surface lot.

VALET SERVICE | Call 303-602-2358 for assistance.

Denver Health offers valet parking services to patients and visitors. Valet services are available at the entrance of Pavilion B and cost $5 per car. Valet services are available Monday through Friday during the following hours:
Car Drop Off | 8 a.m. – 4 p.m.
Car Pick Up | 8 a.m. – 9 p.m. Security will have keys after 9 p.m.

PUBLIC TRANSPORTATION

The Regional Transportation District (RTD) offers various routes that service the Denver Health and Family Health Centers throughout the Metro Area. Visit rtd-denver.com to find specific RTD route information for your visit.

LOCAL INFORMATION

HOTELS

Denver Health has contracted rates with six local hotels. These discounted rates are offered to our patients, patients' families, contractors, guests to Denver Health, employees, and the family of employees. Rates are subject to change and availability.

The Inn at Cherry Creek
From $199/night
233 Clayton St.
Denver, CO 80206
303-377-8577

JW Marriott Denver – Cherry Creek
Saturday- Sunday: $229/night
Monday- Friday: $269/night
150 Clayton Lane
Denver, CO 80206
303-316-2700

TownPlace Suites Marriott
From $59/night*
(within walking distance to Denver Health)
685 Speer Blvd.
Denver, CO 80204
303-722-2322

Candlewood Suites
From $89-$164/night
895 Tabor St.
Golden, CO 80401
303-232-7171

Hilton Garden Inn – Denver Downtown
From $199/night
1400 Welton St.
Denver, CO 80202
303-603-8000

Hyatt Place Denver – Cherry Creek
From $219/night
4150 E. Mississippi Ave.
Glendale, CO 80246
303-782-9300

*rates vary depending on length of stay

In addition to the contracted hotels, there are hotels that offer courtesy discounts for Denver Health patients and visitors. While we do not have a contract in place with them, a Denver Health discounted rate may be available. If you prefer to stay at a specific hotel or chain, you can call and ask if a Denver Health discount is available. **Call hotel for specific rates. These rates are not negotiated by Denver Health and are subject to change without notice.**

Courtyard Marriott Denver – Downtown
934 16th St.
Denver, CO 80202
303-571-1114
1-800-321-2211

Embassy Suites Denver – Downtown
1420 Stout St.
Denver, CO 80202
303-592-1000

Holiday Inn Denver – East
3333 Quebec St.
Denver, CO 80207
303-321-3500
1-800-315-2621

Hyatt Denver Tech Center
7800 E. Tufts Ave.
Denver, CO 80237
303-779-1234

Residence Inn City Center
1725 Champa St.
Denver, CO 80202
303-296-3444

Staybridge Suites Denver – Cherry Creek
4220 E. Virginia Ave.
Glendale, CO 80246
303-321-5757
1-800-225-1237

The Curtis Denver – A DoubleTree by Hilton
1405 Curtis St.
Denver, CO 80202
303-571-0300

The Oxford
1600 17th St.
Denver, CO 80202
303-628-5400
1-800-228-5838

Hyatt Place Denver – Downtown
440 14th St.
Denver, CO 80202
303-839-3100

LOCAL INFORMATION

DINING OPTIONS NEAR BY

Denver Health Dining Options:

Good Day Café
Pavilion A. Lower Level

Main Street Café
Pavilion A. Lower Level

Subway
Pavilion B, First Floor

Local Dining Options:

Little India
303 E. 6th Ave.
Denver, CO 80203
303-871-9777
Littleindaofdenver.com
0.5 mile by car
0.6 mile by foot

Chipotle Mexican Grill
550 Broadway
Denver, CO 80203
303-866-0725
0.3 miles by car
0.4 miles by foot

Illegal Burger Capitol Hill
609 Grant St.
Denver, CO 80203
303-831-1300
1 miles by car
0.6 miles by foot

El Noa Noa Mexican Restaurant
722 Santa Fe Dr.
Denver, CO 80204
303-623-9968
denvermexicanrestaurants.net

Safeway Grocery
560 Corona Street
Denver, CO 80218
1.7 miles by car
1.2 miles by foot

Einstein Bros. Bagels
555 Broadway, Ste. 11
Denver, CO 80203
720-214-7210
0.3 miles by car
0.4 mile by foot

Jersey Mike's
555 Broadway, Unit 9
Denver, CO 80203
303-825-1744
0.3 miles by car
0.4 miles by foot

Noodles and Company
550 Broadway, Unit B
Denver, CO 80203
303-832-6000
0.3 miles by car
0.4 miles by foot

Pizzeria Locale
550 Broadway
Denver, CO 80203
720-508-8828
https://www.pizzerialocale.com
0.4 miles by car
0.5 miles by foot

Zaika Indian Express
575 Lincoln St., B
Denver, CO 80203
303-830-1000
https://www.zaikaexpress-denver.com/
0.4 miles by car
0.5 miles by foot

Mt. Fuji Hibachi and Sushi Bar
601 Grant St.
Denver, CO 80203
303-860-8088
https://mtfujidenver.com/
0.5 miles by car
0.6 miles by foot

Thump Coffee
601 N. Broadway
Denver, CO 80203
720.572.5523
Thumpcoffee.com
0.3 miles by car
0.4 miles by foot

Lamar's Donuts and Coffee
990 W. 6th Ave
Denver, CO 80204
720.904.5792
http://www.lamars.com/
0.9 miles by car
0.6 miles by foot

King Soopers
1155 E 9th ave
Denver, CO 80218
1.4 miles by car
1.2 miles by foot

Qdoba Mexican Grill
550 Grant St., Ste. B
Denver, CO 80203
303-765-5878
0.8 miles by car
0.7 miles by foot

Racine's Restaurant
650 Sherman Street
Denver, CO 80203
303-595-0418
http://www.racinesrestaurant.com/
0.5 miles by car
0.6 miles by foot

Red Ginger
550 Broadway
Denver, CO 80203
http://www.redgingerdenver.com
0.3 miles by car
0.4 miles by foot

Starbucks
575 Lincoln St., A
Denver, CO 80203
303-831-4996
0.4 miles by car
0.5 miles by foot

Wendy's
201 E. 6th Ave.
Denver, CO 80203
303-863-9930
0.4 miles by car
0.6 miles by foot

Moe's Original BBQ
530 N. Broadway
Denver, CO 80203
303-630-1980
0.4 miles by car
0.5 miles by foot

Drip Denver
955 Lincoln Street, Suite G
Denver, CO 80203
http://www.dripdenver.com/
0.7 miles by car
0.6 miles by foot

The Hornet
76 Broadway Street
Denver, CO 80203
https://hornetrestaurant.com/
0.8 miles by car
0.9 miles by foot

Natural Grocers
368 S Broadway Street
Denver, CO 80209
1.4 miles by car
1.5 miles by foot

City O City (Vegetarian/ Vegan restaurant)
206 E 13th Ave
Denver, CO 80203
303.831.6443
http://cityocitydenver.com/
0.9 miles by car
1.1 miles by foot

Broadway Market
950 Broadway
Denver, CO 80203
720.390.7132
https://www.broadwaymarketdenver.com/
0.5 miles by car
0.5 miles by foot

Counter Culture Brewery and Grille
205 E 7th Ave
Denver CO, 80203
720.638.8786
https://www.counterculture-brewery.com/
0.5 miles by car
0.5 miles by foot

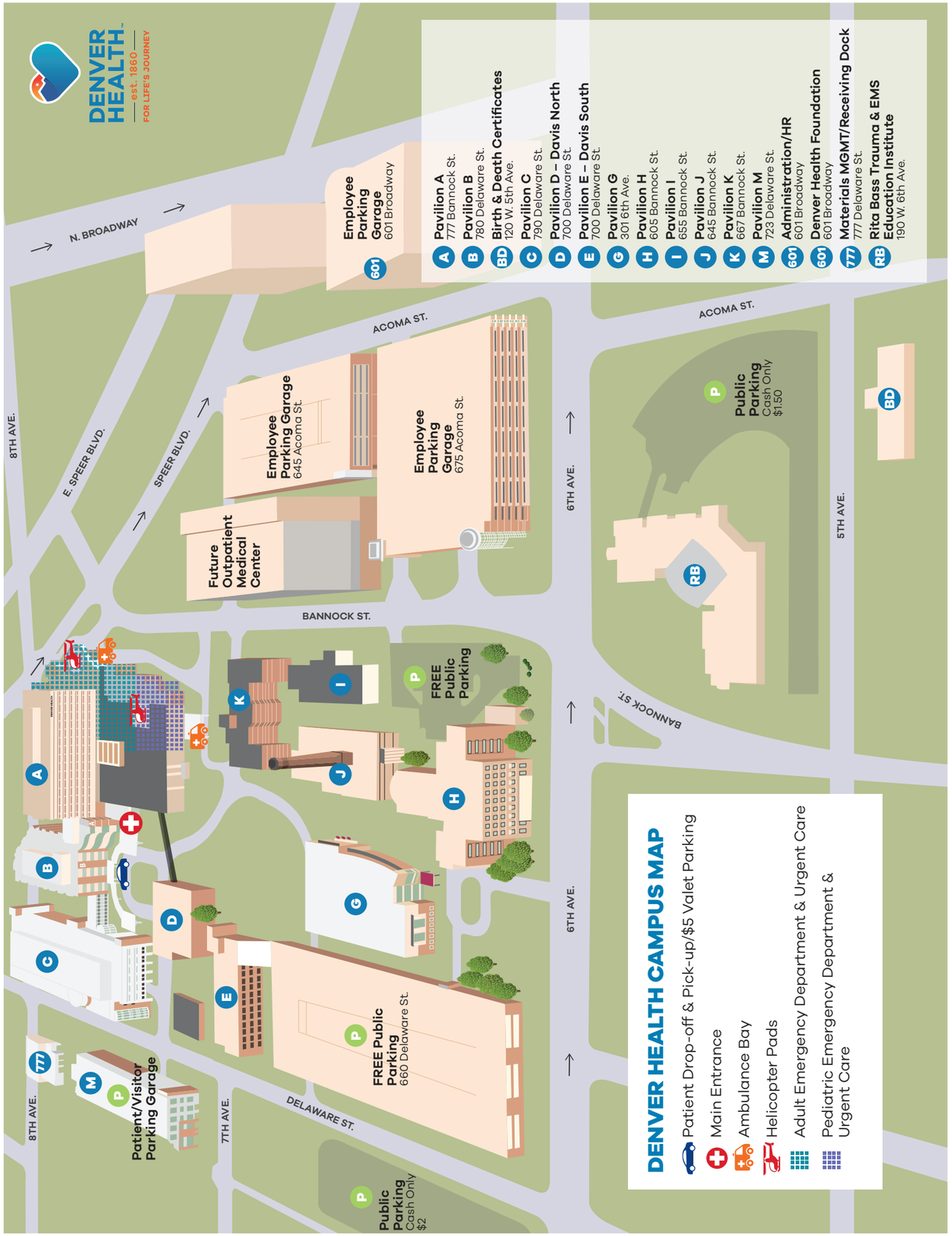
Max's Wine Dive
696 Sherman St
Denver, CO 80203
303.593.2554
https://maxswinedive.com/locations/denver/
0.5 miles by car
0.5 miles by foot

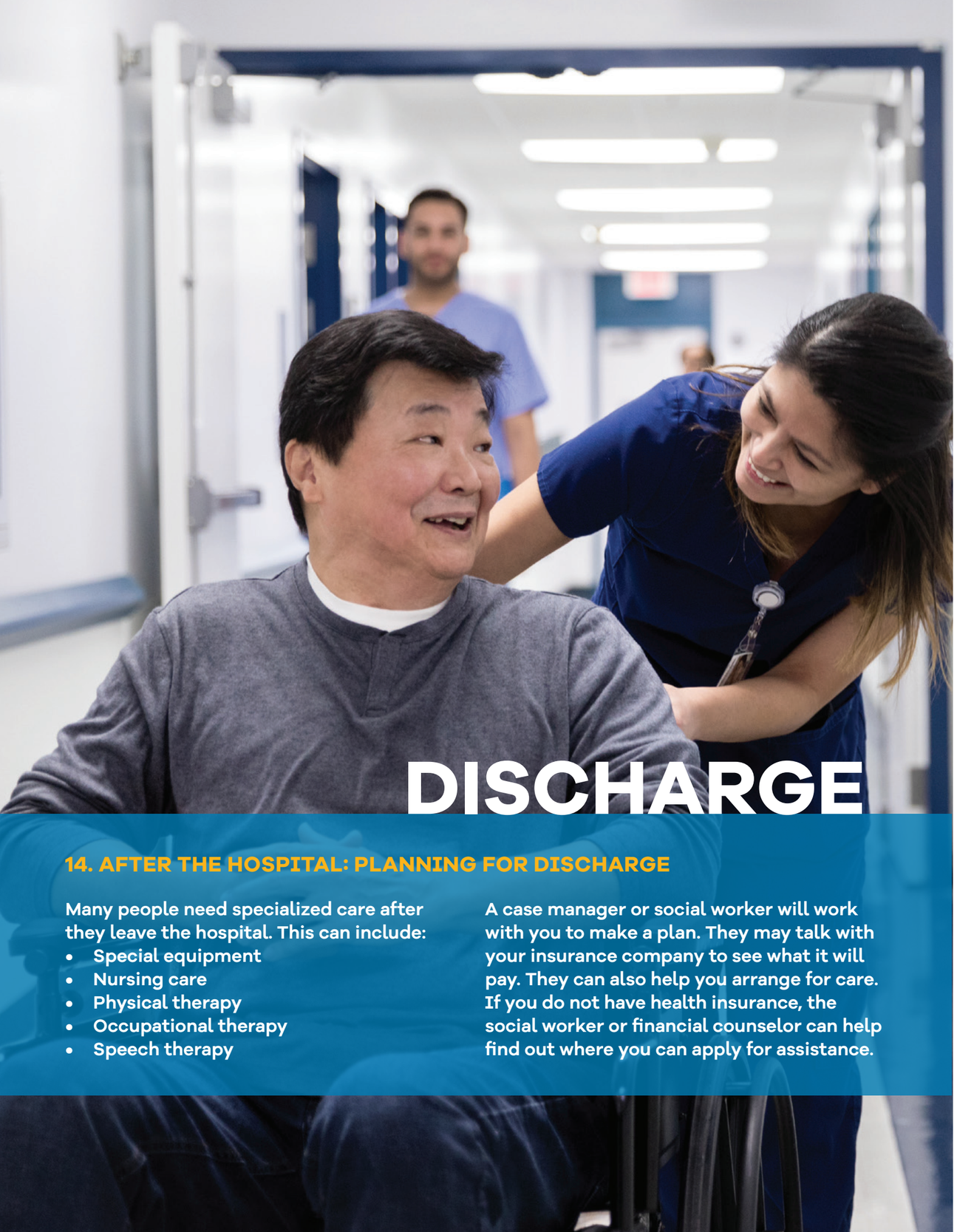
Trader Joe's
661 Logan Street
Denver, CO 80203
303.318.7112
0.6 miles by car
0.7 miles by foot

Nooch Vegan Market
10 E Ellsworth
Denver, CO 80209
720.328.5324
0.9 miles by car
1.0 miles by foot

Whole Foods Market
2375 E 1st street
Denver, CO 80206
2.1 miles by car
2.2 miles by foot

Denver Health provides made-to-order meals for all of our patients.
The cafeteria at Denver Health is also open to patient's families and visitors.





DISCHARGE

14. AFTER THE HOSPITAL: PLANNING FOR DISCHARGE

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

- **Special equipment**
- **Nursing care**
- **Physical therapy**
- **Occupational therapy**
- **Speech therapy**

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

LEVELS OF CARE IN THE COMMUNITY

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

Here are the levels of care:

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

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

Home care

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

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

Home with no home care
Many people do not need home care from a nurse or therapist. They are discharged to the care of family. The trauma doctor may tell you to come back to see him or her or to see your own doctor after you are discharged. You will need to make your own appointments with the physician's office.

NOTES:

SKILLED NURSING FACILITY PREFERENCES

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

REHABILITATION PREFENCES

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

15. PERSONAL HEALTH INFORMATION

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

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

NAMES OF PROVIDERS

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

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

Who are the attending trauma surgeons and residents?

_____

_____

_____

_____

_____

_____

_____

_____

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

Orthopedic Surgery _____

Neurosurgery _____

Spine Surgery _____

Plastic Surgery _____

Rehabilitation _____

Other _____

Other _____

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..

List of major procedures:

.

2.

3.

4.

5.

6.

7.

8.

9.

10.

11.

12.

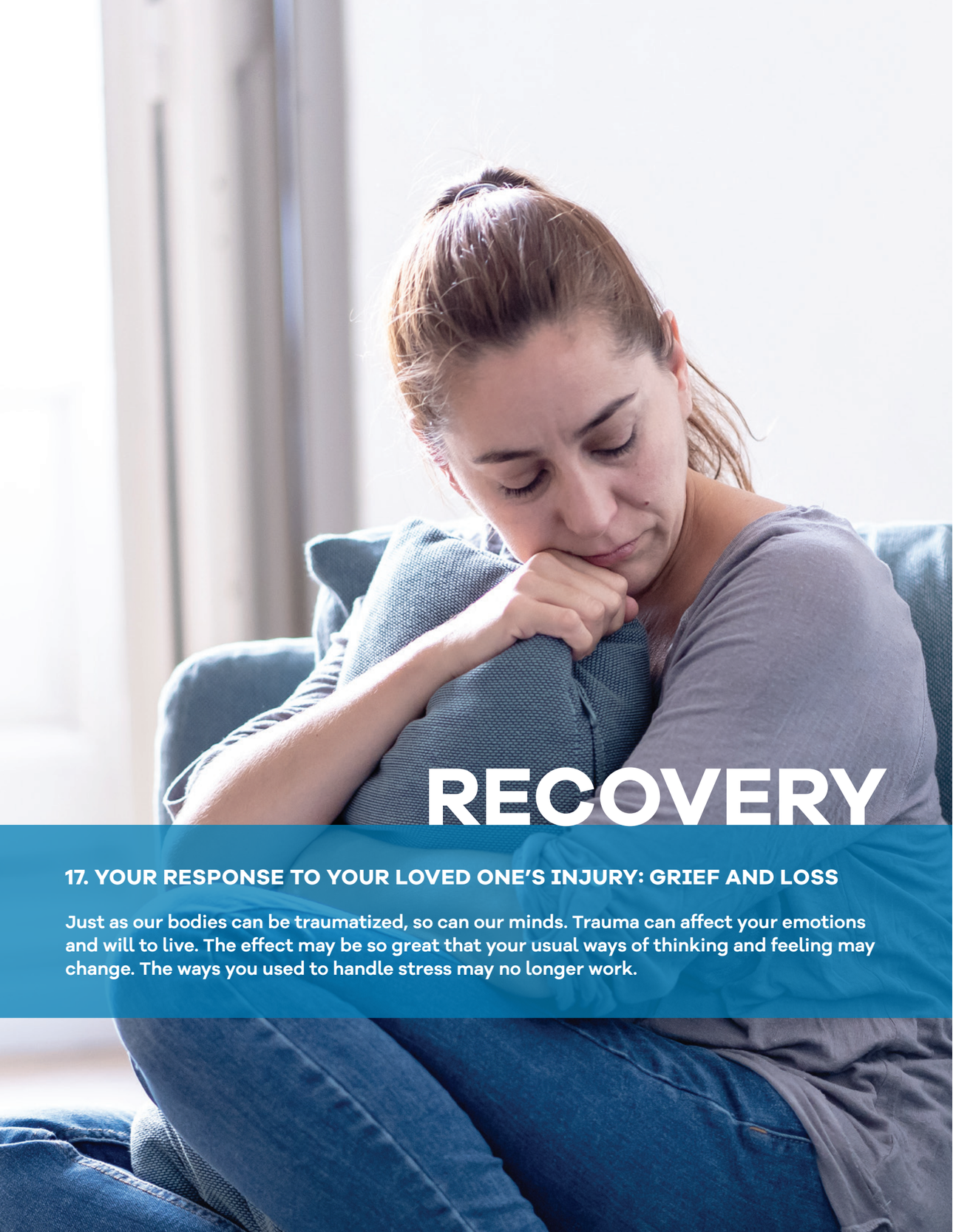
13.

14.

QUESTIONS TO ASK THE DOCTORS AND NURSES

16. THINGS TO DO AND GET

Remember, ask for help.



RECOVERY

17. 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.

18. 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.

19. WISDOM FROM OTHER TRAUMA PATIENTS AND THEIR FAMILIES

Dates and times for medical procedures, tests or even discharge from the hospital are not set in stone. There are usually many factors or people involved, and things do not always work out as planned. If you are scheduled for an MRI, for instance, but an emergency case comes in to the unit, they must handle the emergency first. Dates and times are targets, not guarantees.

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

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



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

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

Plan ahead. Your discharge from the hospital may come more quickly than you expect, even before you feel really ready to go. The best way to be ready is to make plans early. Ask your nurse about what kind of help is available to arrange for rehab, home care, equipment or follow-up appointments. Even if you plan ahead, you may find that you need other equipment or devices after you return home. Don't panic! Your home care provider or doctor's office can help you once you are home.

Be patient with yourself. Your recovery may not always follow a "straight line." You may feel fairly good one day, then really tired and cranky the next. It can be frustrating to feel like you're losing ground, but you'll need to be patient and focus on your progress over time.

Take notes. Ask a family member or friend to keep a journal of what happens during your hospital stay. These notes may be interesting to you in the future.

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

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

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

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

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

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

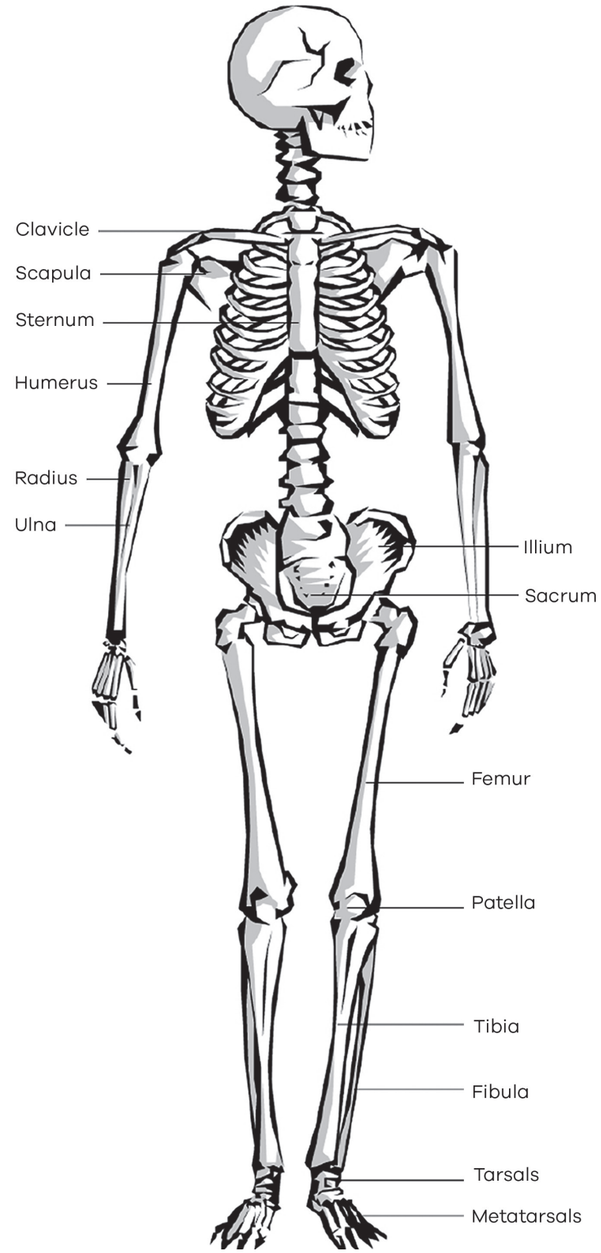
- A link to Carepages which helps you talk with friends and family about your injured loved one
- An online library where you can learn from about common injuries and treatments
- This Patient & Family Handbook
- An online forum where trauma survivors and their families can share experiences
- Trauma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

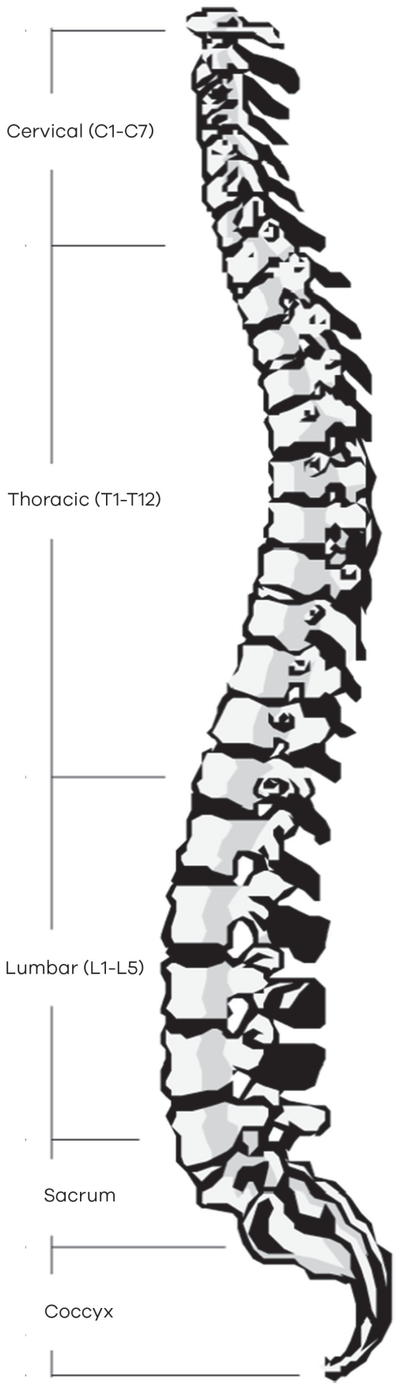
Please take a moment to explore the TSN programs and services by visiting the Website at www.traumasurvivorsnetwork.org. If you think we can help you—or if you want to help support and inspire others—join the TSN today! Joining takes only a minute of your time and is completely free.

www.traumasurvivorsnetwork.org



21. ADDITIONAL NOTES

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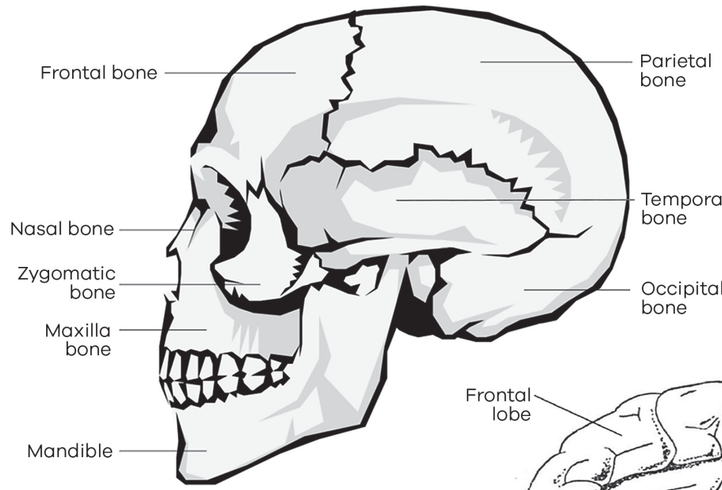
Thoracic (T1-T12)
Lumbar (L1-L5)
Sacrum
Coccyx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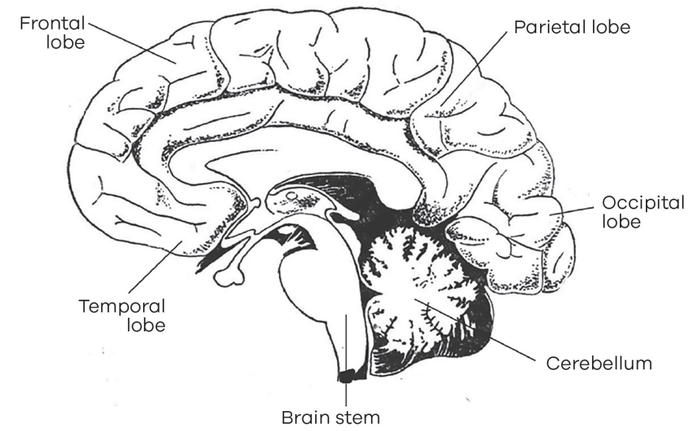
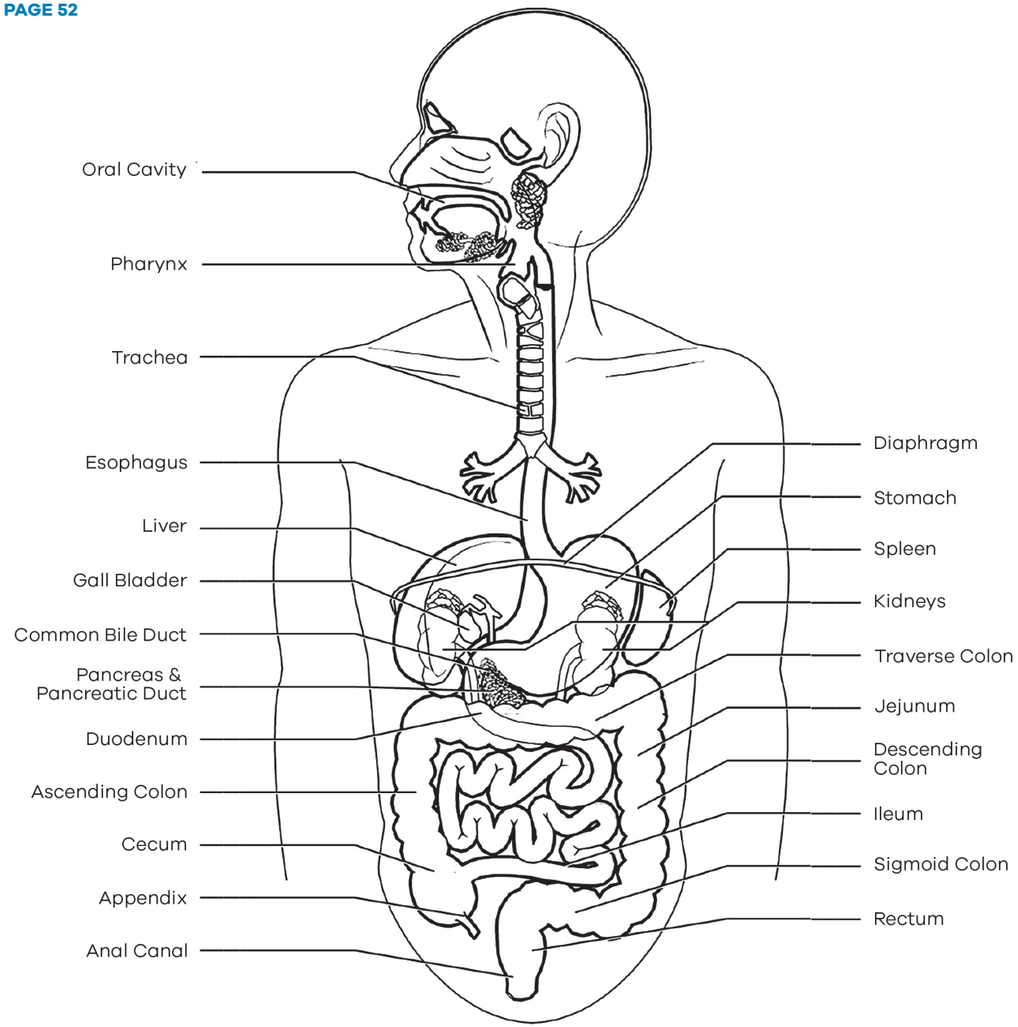
Parietal bone
Nasal bone
Temporal bone
Zygomatic bone
Occipital bone
Maxilla bone
Mandible


Frontal lobe
Parietal lobe
Occipital lobe
Temporal lobe
Cerebellum
Brain stem


Oral Cavity
Pharynx
Trachea
Esophagus
Liver
Gall Bladder
Common Bile Duct
Pancreas &
Pancreatic Duct
Duodenum
Ascending Colon
Cecum
Appendix
Anal Canal
Diaphragm
Stomach
Spleen
Kidneys
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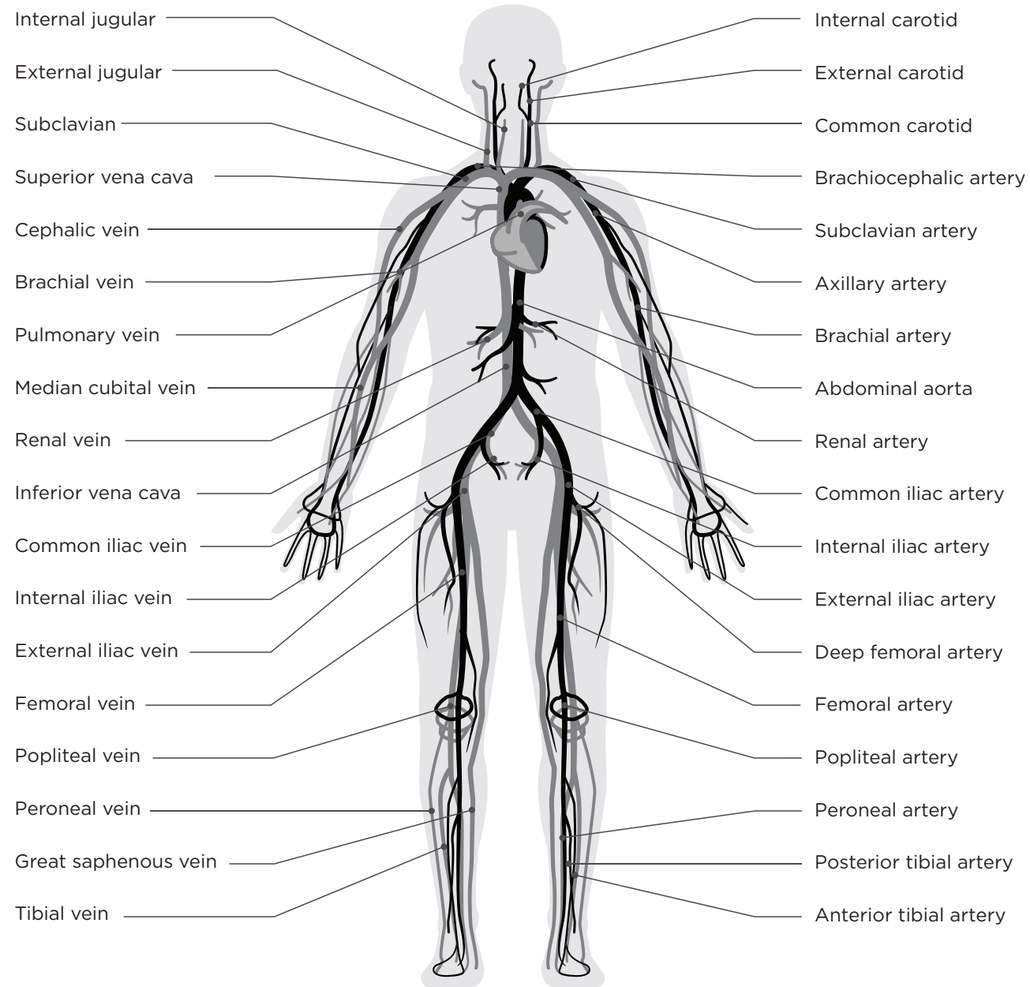
Jejunum
Descending
Colon
Ileum
Sigmoid Colon
Rectum


Internal jugular
External jugular
Subclavian
Superior vena cava
Cephalic vein
Brachial vein
Pulmonary vein
Median cubital vein
Renal vein
Inferior vena cava
Common iliac vein
Internal iliac vein
External iliac vein
Femoral vein
Popliteal vein
Peroneal vein
Great saphenous vein
Tibial vein
Internal carotid
External carotid
Common carotid
Brachiocephalic artery
Subclavian artery
Axillary artery
Brachial artery
Abdominal aorta
Renal artery
Common iliac artery
Internal iliac artery
External iliac artery
Deep femoral artery
Femoral artery
Popliteal artery
Peroneal artery
Posterior tibial artery
Anterior tibial artery



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