

Handbook for Trauma Patients and Their Families

 **WVU** Critical Care &
Trauma Institute

JON MICHAEL MOORE TRAUMA CENTER

trauma survivors

network
provided by **ATS**

survive. connect. rebuild.

This handbook has been developed for you by WVU Medicine in collaboration with the Trauma Survivors 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. We want to ensure you get all your questions answered.

We also encourage you to visit the TSN website – [TraumaSurvivorsNetwork.org](https://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

The Jon Michael Moore Trauma Center, located at WVU Medicine J.W. Ruby Memorial Hospital in Morgantown, West Virginia, **is the region’s only American College of Surgeons nationally verified Level 1 trauma center.**

Level 1 trauma center designation means that the facility serves as a comprehensive regional resource and includes total care for every aspect of injury, from prevention through rehabilitation. Such centers are staffed 24 hours a day by a full range of surgeons and medical specialists and participate in injury prevention, public education, research, and continuing education for physicians and other healthcare professionals.

We care for more than 3,000 trauma patients annually, from all parts of West Virginia and from Ohio, Pennsylvania, and Maryland. While some patients arrive directly from the scene of the injury, others are treated initially at another healthcare facility and then transferred to the Trauma Center for specialized care.

We offer the full range of trauma services, from pre-hospital teaching and guidance of emergency medical technicians, paramedics, and flight teams, to collaboration with surgical subspecialists and co-management of cases with the surgical intensive care unit.

This process, from emergency care of the injured to rehabilitation, is called the inclusive trauma system, and the Trauma Center is at the center of the system. In addition to caring for the injured, we work to promote wellness and injury prevention through education and legislation at the local, state, and federal levels.

Our Trauma Center was created in the 1980s with the assistance and support of U.S. Senator Robert C. Byrd, and is named for his grandson, Jon Michael Moore, who died as the result of an automobile crash.

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ARRIVAL

IMMEDIATELY AFTER THE INJURY

Arrival at the hospital

When you or your loved one is brought to our Emergency Department (ED) by an ambulance or helicopter, the trauma team is awaiting your arrival. During the transport, the rescue crew is in radio contact with the hospital. They give information about you or your loved one's injuries. This allows our trauma team to deliver fast and effective care.

The trauma team includes the following members who are available 24/7:

- Trauma Surgeon
- Emergency Doctors
- Advanced Practice Providers (Nurse Practitioners and Physician Assistants)
- Residents
- Nurse
- Respiratory Therapist
- X-ray Staff
- Social Workers

Initial assessment

Trauma care at the hospital begins in the ED and includes:

- An exam to find life-threatening injuries
- X-rays, ultrasound, and a CT scan so that doctors can better understand the extent of the injuries
- Transfer to the operating room (OR) for surgery, if needed (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, the family cannot be present in the room. A member of the medical team will keep the family and friends informed. Every attempt will be made to update the family as soon as possible.

Why a patient may have a fake name

Sometimes the hospital does not know the name of the patient. To make sure that doctors can match the right lab and other reports with that patient, the hospital may give the person a fake name. Examples of these names may be "Magenta Delta" or "Cerulean Tango."

The fake name may have made it hard for you to locate your loved one at first. Once hospital staff can confirm the patient's identity, the patient's real name will be used.

VISITORS ARE IMPORTANT

Visitation policy

The visitation policy at J.W. Ruby Memorial Hospital allows for two visitors in the patient room during designated times for all inpatients. Visitors can switch out throughout the day in the waiting room or lobby.

If a patient is critically ill, you may have to wait to visit them while the team provides the proper care. Our goal is to keep everyone informed. We will make every effort to communicate with visitors and get them into the patient's room as soon as possible. Visits are often limited for patients with brain injuries because they need quiet to recover.

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.

Rosenbaum Family House

We recognize that many of our patients and their families must travel long distances. Those who live 50 miles or more from J.W. Ruby Memorial Hospital can request a room at Rosenbaum Family House. The facility includes fully-equipped kitchen spaces, laundry facilities, step-in showers, Wi-Fi, shuttles to/from the hospital, and more. Ask the unit clerk to help complete your request for a room.

Patient Information Guide

Please refer to the booklet given to you upon admission for more information about your hospital stay.

THE HEALTHCARE TEAM NEEDS A FAMILY'S HELP

We are here to help

Feel free to ask for help finding a patient room, department, or other location. All employees and volunteers wear ID badges.

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. We want to help however we can.

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 family members and friends

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

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

Ask questions and stay informed

The trauma team knows how important regular updates are to family and friends. The family is an important part of the healthcare team. It helps if you choose one person from your group to represent the family. This allows staff to focus on caring for the patient instead of repeating the same updates. When you think of questions during the day, write them down. Be sure to ask your doctor these questions when you see them. You will want to ask questions until you understand the diagnoses and options for treatment. Write down what you are told so you can accurately report the information to other family members. Space for notes is included on page 14 and in the Patient Information Guide.

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:

- 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.
- 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.

STAY

WHERE PATIENTS STAY WHILE IN THE HOSPITAL

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

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

The hospital staff does its best to let family and friends know when a patient is moved from one unit to another. If your loved one has been moved and you do not know where they have gone, please call the hospital operator at 304-598-4000.

These are the hospital units that care for trauma patients:

Intensive Care Unit (ICU)

When patients are unstable or require close monitoring, they are sent to one of our ICUs. Patients in the ICU receive care from teams of doctors and nurses. As the patient is being treated, the team begins to plan with them and their family. This plan will help the patient return to as normal a life as possible, as quickly and safely as possible.

A Typical Day in the ICU

Patients in the ICU are attached to many monitors and equipment that provide important information for the doctors and nurses to be able to make the best decisions. Some of what you will see include:

- Monitors to measure and record vital signs
- Pumps for administering medications
- Ventilator to assist with breathing

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

In the morning, the trauma team rounds on each patient to conduct exams and assess their progress and care plan. This time is valuable for everyone involved in the patient's care, including family members, whom we encourage to actively participate.

Physical therapists, occupational therapists, and nurses work together to help patients begin to regain strength and function. They may help to turn and reposition the patient every two hours and perform range of motion exercises. We encourage our patients to sit in a chair and walk if medically cleared.

We may move patients to other areas of the hospital for tests or admit new patients to the unit during this time, so the ICU can get quite busy. Sometimes, the team may ask visitors to go to the waiting room while the patient is not in the room.

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/Surgical Care Floor Units

Less injured patients may be moved to another unit in the hospital. Those who no longer require the care found in ICU or step-down may also be moved to these units.

WVU Medicine Golisano Children's Hospital

The WVU Medicine Golisano Children's Hospital Level 2 pediatric trauma center provides advanced, lifesaving care for babies, children, and teens with traumatic injuries. As the only pediatric trauma center in West Virginia verified by the American College of Surgeons, we provide comprehensive trauma care to children of all ages – from birth through adolescence. We're also here to provide the emotional support your family needs during your child's treatment and recovery.

Helping Children

Be direct and honest – and use simple language. 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 they 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 Specialists 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. Some of their services include:

- Providing education and support to children and youth whose family members are in the adult ICU to teach them about the injury, help facilitate visits to the ICU, and provide ongoing emotional support
- Teach children, youth, and families about what to expect and prepare them for a hospital stay to help ease fears
- Provide family-centered care by providing information, advocacy, and support

WHO TAKES CARE OF THE PATIENT

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

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.

Trauma Advanced Practice Providers (APPs)

Nurse practitioners (NPs) and physician assistants (PAs) have advanced training and manage patients with the doctor. Trauma APPs:

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

Intensivist

Also known as critical care doctors, intensive care specialists treat patients with serious illnesses, usually in the ICU. Intensivists can specialize in trauma, surgery, pulmonary (lungs), or pediatrics.

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.

Neurosurgeon

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

Orthopaedic Surgeon

Orthopaedic surgeons are physicians who have specialized training in repairing broken bones.

Physical Medicine and Rehabilitation 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.

Anesthesia and Pain Management Specialist

These specialists are trained to work with patients who are in pain. They create a plan to ease pain and improve quality of life. Treatments may include medications and/or implanting pumps or nerve stimulators.

Geriatrician

Geriatricians are doctors who treat older adults.

Palliative Care Specialist

These professionals specialize in caring for people with serious injuries or illnesses. They work closely with patients and families to create a plan to improve their quality of life, support them through changes, and help them make informed choices about their care.

Nurse

Nurses manage the patient's care and recovery. They talk with the trauma team about the patient's care. Each patient is assigned a primary nurse for each shift. A specialized nurse, such as a forensic nurse, IV therapy nurse, or wound/ostomy, may also be involved in your care.

Clinical Associate

Clinical associates (CAs) 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. CAs work under the direction of a nurse or a doctor.

Respiratory Therapist

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

Pharmacist

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

Dietitian

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

Nurse Care Coordinator

Care coordinators are registered nurses who 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. They also can help coordinate support during your recovery through the Trauma Survivors Network.

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.

Occupational Therapist

Occupational therapists help 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.

Speech and Language Therapist

Speech therapists work with patients on language, memory, and swallowing problems, often under the direction of a psychiatrist. They may also evaluate hearing.

Case Manager/Social Worker

All admitted patients have a case manager/social worker. They have experience helping you through your stay in the hospital by:

- Working with your insurance company to ensure appropriate management of your benefits
- Getting supplies you will need at home if covered by your insurance provider
- Referring you to a home health agency (if needed)
- Coordinating your transfer to a rehabilitation facility if needed

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. They provide:

- Pastoral care visits
- Pastoral counseling
- Worship

Patient Transporter

Patient transporters 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.

Phlebotomist

Phlebotomists are healthcare professionals who are trained to perform blood draws.

Radiology Technician

Radiology technicians perform x-rays and CT scans on patients. They are responsible for patient positioning, operation of the equipment, and protecting others from unnecessary radiation.

Student Nurse

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 direct supervision of the registered nurse.

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. Please refer to the Patient Information Guide given to you upon admission.

IF A PATIENT CANNOT MAKE DECISIONS

Ideally, patients would always be able to make their own healthcare 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 healthcare.

Another option is a healthcare surrogate when the Power of Attorney for Health Care is not completed. 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 their 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:

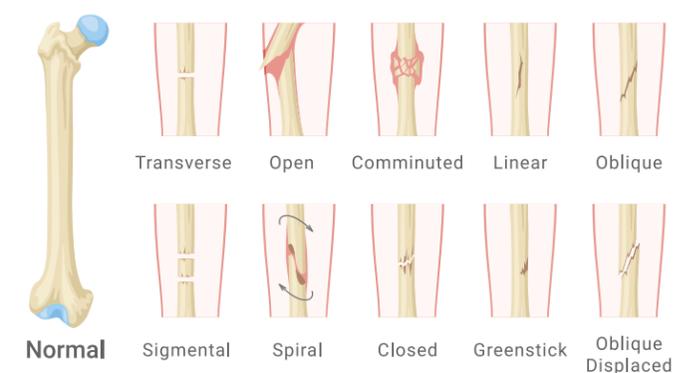
- Spouse
- Adult child
- Parent
- Adult sibling
- Other adult relative of the patient
- Other adult friend who meets the above criteria

If you have questions about making decisions for the patient, please ask the unit staff to contact the case manager.

LIST OF INJURIES AND INFORMATION

LIST OF MAJOR INJURIES	LIST OF MAJOR PROCEDURES

Types of bone fractures



Spinal Cord Injury

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

- **Quadriplegia (also called tetraplegia):** This occurs when there is an 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. Injuries at or above the C4 level often affect breathing, and patients may need a ventilator (a breathing machine).
- **Paraplegia:** This occurs when there is an injury to the spinal cord from the second thoracic vertebra (T2) to the 12th thoracic vertebra (T12), causing paralysis of both legs and possibly the chest and abdomen.

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

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

Diagnosis and Evaluation

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

Treatment

In the first 12 hours after a blunt spinal cord injury, doctors may have discussions about surgery to give support to the spine. Surgery may not change paralysis but will allow the patient to sit up. Talk to the surgeon about the goals of surgery. 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. 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.

Support

Our team at the Jon Michael Moore Trauma Center developed a multidisciplinary meeting to include spinal cord injury patients and their families. This meeting usually takes place within one week of injury. The goal of this meeting is to explain all the aspects of the patient's care and what future care might be required. Topics that are explained include pharmaceutical and nutrition management, respiratory care, nursing care, bowel and bladder training, physical and occupational therapy, and future planning. We understand that this meeting can be overwhelming for patients and their families, and we have resources available that can be found at this website: TraumaSurvivorsNetwork.org/Trauma-Centers-119.

Traumatic Brain Injuries

A traumatic brain injury (TBI) is damage to the brain caused by an external physical force, such as whiplash from a car accident, falls, or assault. These can cause bruising to the brain or bleeding in or around the brain. Symptoms of TBI can be mild, moderate, or severe depending on the extent of damage to the brain.

Diagnosis and Evaluation

Doctors use physical exams, CT scans, and/or magnetic resonance imaging (MRI) to diagnose TBI. CT scans and MRIs give the best picture of the brain. 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.

Diffuse axonal injury is damage to the white matter (axons) of the brain. When they are damaged, messages from the brain or spinal cord to the rest of the body are slowed or lost. Swelling of the brain tissue may also occur, worsening the damage. The brain is not able to repair damaged axons, and there is no medical treatment that can restore their function. Therefore, treatment concentrates on limiting the damage by reducing swelling.

Treatment

Moderate and severe TBI patients will be admitted to the ICU for frequent neurologic monitoring. Patients may also receive medications to reduce brain swelling and invasive monitors to measure brain pressure. It is important during this time to provide a quiet, non-stimulating environment for the patient to heal.

Support

A patient's behavior may change after a TBI in ways that may cause difficulty for them and those caring for the patient. Behavioral problems after TBI can interfere with recovery, so it is important to reduce or eliminate these behaviors so that the patient can get the most out of rehabilitation. These behaviors may include impulsivity, agitation, misperception, perseveration, and repetition. Further resources can be found at this website: TBI.CEDWVU.org/TBI-Resources.

DISCHARGE

AFTER THE HOSPITAL: PLANNING FOR DISCHARGE

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

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

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. Your trauma team will tell you which level of care is best based on your recovery. Your case manager or social worker will help you find the care you need.

Long-Term Acute Care Hospital

These hospitals provide specialized and intensive care treatment for patients who need long-term care.

Rehabilitation Hospital

Patients 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

Patients 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 Health

Some patients 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

Patients who can go out of their home for therapy will be given a prescription when they are discharged. You will need to make your own appointments. The case manager can give you the names of providers near your home.

Home With No Home Care

Many patients 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 for a follow-up visit 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 PREFERENCES:

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

IS IT STRESS OR POST-TRAUMATIC STRESS DISORDER (PTSD)?

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

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

These emotions are perfectly normal.

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

WHAT IS PTSD?

PTSD is a type of anxiety that occurs in response to a traumatic event. It was first described in combat veterans. Now we know that PTSD occurs in everyday life. 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.

WISDOM FROM OTHER TRAUMA PATIENTS AND THEIR FAMILIES

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

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

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 you'll 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 team 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 in any way they can. They only need your invitation.

ABOUT THE AMERICAN TRAUMA SOCIETY AND THE TRAUMA SURVIVORS NETWORK

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

The ATS knows that a serious injury is a challenge. To help, the ATS has joined with the Jon Michael Moore Trauma Center to help you through this difficult time. The goal of the ATS's Trauma Survivors Network (TSN) is to help trauma survivors and their families connect and rebuild their lives.

The TSN is committed to:

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

The TSN, in collaboration with local trauma centers, offers these services:

- A link to CarePages, which helps you talk with friends and family about your injured loved one
- An online library where you can learn about common injuries and treatments
- Content for this handbook for trauma patients and their families
- 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, 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 TraumaSurvivorsNetwork.org. If you think we can help you – or if you want to help support and inspire others – join the TSN today! Joining takes only a minute of your time and is completely free.

This booklet is provided by the WVU Critical Care and Trauma Institute, WVU Medicine Jon Michael Moore Trauma Center, and American Trauma Society. The booklet is based on a trauma handbook developed by the Inova Regional Trauma Center at the Inova Fairfax Hospital and Inova Fairfax Hospital for Children in Falls Church, Virginia.

