Our Vision
MetroHealth will be the most admired public health system in the nation, renowned for our innovation, outcomes, service and financial strength.

Vision

Mission

Our Mission
Leading the way to a healthier you and a healthier community through service, teaching, discovery and teamwork.

MetroHealth
Handbook for Trauma Patients and their Families

“This Trauma Survivors Network is a place you should make yourself a part of. It helps others and it helps you.”

~James, Trauma Survivor

This handbook has been developed for you by the MetroHealth System 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.
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Meet Our Volunteers:

Pete and Jen are two of the many peer visitors that volunteer with MetroHealth’s Trauma Survivors Network. Both Pete and Jen have experienced traumatic accidents and willingly come to MetroHealth hospital weekly to listen or talk with others about their stories. After Pete was hit by a truck back in 2010, he was life flighted to MetroHealth where he spent two weeks in MetroHealth’s intensive care unit, another 10 weeks as an inpatient and two years coming out for rehab – three times a week.

He underwent a dozen surgeries to help repair injuries including a torn rotator cuff, dislocated shoulder, ruptured bicep, bruised spleen, crushed pelvis, broken leg, nerve damage, punctured bladder, and the vision he lost in his right eye.

In 2011, Jen was ejected through the back window of a car after it hit a telephone pole. Rescuers found her in the middle of the road 65 feet from the accident. She was also life flighted to MetroHealth where she was treated for two broken arms, a nose, a leg, six ribs, and a toe. She also suffered a minor concussion. She was at MetroHealth for one month and then completed two months of rehab.

Jen and Pete are back at Metro weekly as a part of the Trauma Survivors Network’s Peer Visitor program. They come to help patients recovering from injuries similar to their own. “I got a second chance at life and if I can help someone, it would be a sin for me not to do it,” the now-retired officer says. “It just wouldn’t be right.” Jen says, “I’ve seen how the stories we tell change lives. They have questions about such simple things as ‘What comes next?’ and we can answer them because we were there.”

Jen and Pete are living testimonies that show what hard work and hope can do as you begin to recover from your injuries.

To volunteer with the Trauma Survivors Network, contact Sarah Hendrickson at shendrickson@metrohealth.org or call 216-778-3602
ARRIVAL

In this section you will find useful information for navigating The MetroHealth System, an explanation of what happens upon arrival at the hospital, and information on visitation and the important role of the family or loved-ones during a patient’s stay.
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.

METROHEALTH MEDICAL CENTER

The MetroHealth System is one of the largest, most comprehensive health care providers in Northeast Ohio, serving the medical needs of the Greater Cleveland community since 1837.

We are committed to responding to community needs, improving the health status of our region, and controlling health care costs. As a public healthcare system, we hold as a core value the provision of services to any resident of Cuyahoga County, regardless of ability to pay.

17 Locations throughout Cuyahoga County
From its flagship campus, MetroHealth Medical Center, to its community health centers from Westlake to Strongsville to Pepper Pike, MetroHealth is committed to the health of all Cuyahoga County residents. You can view all of the MetroHealth locations on our website at www.metrohealth.org.

By the Numbers
More than 400 primary care and specialty care physicians practice within The MetroHealth System. Every year, MetroHealth Medical Center provides care to more than 28,000 inpatients and delivers about 2,900 newborns. Nearly 900,000 visits are recorded each year in the medical center's outpatient centers, and patient visits to the emergency department exceed 104,000. We transport, via Metro Life Flight, nearly 1,700 patients a year and perform close to 20,000 surgeries. You can view more MetroHealth statistics on our website under “About Us”.

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Leading Research and Medical Education

Affiliated with Case Western Reserve University School of Medicine since 1914, MetroHealth is a center for medical research and education, with all active staff physicians holding CWRU faculty appointments.

MetroHealth Medical System has a nationally renowned Adult Level I and Level II Pediatric trauma center. Additionally, we are the regional Burn Center. We also house Metro Life Flight, a critical transport system that has been nationally recognized for over 30 years of incomparable service to the greater Northeast Ohio region. The Level I Trauma Center at MetroHealth is one of the busiest in the nation, with nearly 4,000 admissions related to trauma per year. Also, the Surgical Intensive Care Unit admits more than 2,000 critically ill surgical patients per year; with the Comprehensive Burn Care Center treating more than 1,700 inpatient and outpatient burn injuries every year as well.

The trauma division consists of physicians, nurse practitioners, and nurse coordinators who specialize in the care of critically ill patients. All physicians are full-time faculty in the Department of Surgery, Case Western Reserve University School of Medicine and are heavily involved in the training of residents and medical students. A fellowship in surgical critical care/trauma is sponsored by the division, as well as the trauma/burn research fellowship.

“We are proud to have an experienced team of providers to give excellent care from the scene of the injury until rehab is completed. The addition of the Trauma Survivors Network services for our patients helps us address all aspects of recovery.”

~Dr. Heather Vallier
ARRIVAL AT THE HOSPITAL
Here is what has happened so far…

Most likely you or your loved one was brought to the MetroHealth Medical Center Emergency Department by an ambulance or helicopter. The trauma staff can tell you which service brought you or your loved one to the hospital, if you would like to know.

During the transport, the rescue crew was in radio contact with the hospital to give information about you or your loved one’s injuries and medical condition so that the team at the trauma center would be waiting and ready to provide treatment as quickly as possible.

The trauma team typically includes trauma surgeons, emergency doctors, nurses, a respiratory therapist, X-ray staff and a social worker. 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 either the Emergency Department (ED) or the admitting area. It includes:

- An exam to find life-threatening injuries
- X-rays, ultrasound and perhaps a computed tomography (CT) scan so that doctors can better understand the extent of the injuries
- If needed, transfer to the operating room (OR) for surgery. The OR is staffed by an expert team that uses the latest surgical techniques.
- Transfer from the admitting area, ED or OR to a unit in the hospital (see the next page).

HOW THE HOSPITAL CARES FOR THE FAMILY
Initially the trauma patient is evaluated in the Emergency Department. Please note that the Trauma Bay is under Restricted Access. While the extent of the patient’s medical needs is being assessed, it may not be permissible for family or emergency contacts to be present in the room. A member of the medical team will keep the supporting family and friends informed and advocate for seeing your loved one as soon as medically possible. The patient’s family will be met by a social worker or member of the health care team. The family’s presence is important; however, we must attend to the patient’s medical needs first. Every attempt will be made to update the family and/or emergency contact as soon as possible.

WHY A PATIENT MAY HAVE A FAKE NAME
Sometimes the hospital does not know the name of a seriously injured person. So to make sure that doctors can match the right lab, X-ray and other reports with that patient, the hospital may give the person a fake name, such as “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 your loved one is a victim of crime, the hospital may keep this fake name during the stay for safety reasons.
3. VISITORS ARE IMPORTANT

Visiting is a time to be with your loved one and also to ask questions and meet with staff. Research shows that comforting visits from friends and family help most patients to heal. Also, family and close friends know the patient better than anyone else and sometimes have information that 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 sometimes have to wait before you can visit if your loved one or a nearby patient requires special care. Visits are often limited for patients with brain injuries because they need quiet to recover.

WE ARE HERE TO HELP

Feel free to ask any hospital employee or volunteer for help finding a patient room, hospital department or service. All our employees, physicians and volunteers wear photo identification badges.

» Family Waiting Rooms

Family waiting rooms are located on each floor of the Towers Building. There are restrooms available near each waiting room. Patients may leave the room and go to the waiting room after they have received a pass from the Unit Secretary for re-entry.

Although, it is understandable that families are overwhelmed with the onset of the patient’s trauma, it is recommended that families and well-wishers do not sleep overnight in the Family Waiting Rooms. A list of hotel accommodations can be provided upon request.

Family waiting rooms can be noisy, overwhelming, and offer little privacy and opportunity for rest. It is best for the patients’ well-being that family members and supporters are well rested and able to advocate for their needs and continued care.

Please remember that you share waiting rooms with other patients’ family members and friends. People can feel on edge, so extra courtesy is always welcome.

» Additional Gathering Areas

If you need a break from the waiting room, there is a coffee shop, gift shop, library, and cafeteria located on the first floor. There is also an atrium between the towers during mild weather. Remember, there is no smoking on the MetroHealth Medical Campus.

There are also several restaurants, cafes, and convenient stores located on W. 25th. For additional toiletry or personal needs, sales establishments are close by in the Steelyard Commons shopping center; approximately a 7 minute drive southwest of the hospital.

For families who may have not been able to amply prepare for an extended stay at the hospital, area pharmacies are located within a short driving distance of the hospital. Locations are available upon request.

There is a computer kiosk open to families next to the Cuyahoga County Library located on the first floor. You can check emails, update family, and access CarePages and the Trauma Survivors Network throughout your time at the hospital.
4. THE HEALTH CARE TEAM NEEDS A FAMILY’S HELP

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

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

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

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

Visit the Trauma Survivor Network Web site at http://www/amtrauma.org/survivor/survivor and find out how you can create your own “CarePage” that makes it easy for you to communicate with friends and family outside the hospital and ask for their help when you need it.

» Ask Questions and Stay Informed
Members of the trauma team know that family and friends are more comfortable when they know as much as possible about a loved one’s condition. And, the family is an important part of the health care team because you may have information that may make a difference in treatment and recovery.

It helps if you choose one person from your group (and another as backup) to collect everyone’s questions for the doctor or nurse and to deliver the answers back to the group. Having one spokesperson allows staff to concentrate on caring for your loved one instead of repeating the same information over and over again to several different people.

When you think of questions during the day, write them down so that you can be sure to ask your doctor or medical team when you see them. As you listen carefully to the medical team, 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 unfamiliar information. Ask until you understand. And 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 record the answers.
Help Maintain a Restful and Healing Place
When you are in the hospital, please talk in a quiet voice and try not to make a lot of noise, especially around patients. They need quiet, and other 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 and leave the patient room or care area when asked by hospital staff.
- Knock or call the patient’s name softly before entering if a door or curtain is closed.
- Remember that the medical record is a private document, ask a member of the trauma care team before reading it, and read it only when one of them can be with you to explain.
- 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; if you are not sure, please check with your health care provider.
- Consult with the patient’s nurse before bringing any children under the age of 16 into a patient’s room, and 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.
- Be considerate of the rights of all patients and hospital staff by treating them with courtesy and respect, and help with the control of noise and the number of visitors.
In this section you will find answers to questions that come up during your hospital stay. This includes where the patients stay in the hospital, who takes care of the patients, information on common traumatic injuries and their treatment, and a glossary of medical terms.
5. WHERE PATIENTS STAY WHILE IN THE HOSPITAL

After patients are evaluated by the trauma team and undergo initial surgery (if needed), they are moved to another unit in the hospital. Where they are moved depends on the type and severity of their injury.

Patients may first go to the intensive care unit. After they are stabilized, they may then move to an intermediate care or step-down unit or another medical or surgical unit in the hospital. Patients are only moved from one unit to another if the trauma team believes they are medically ready.

The hospital staff does its best to let family and friends know when a patient is moved from one unit to another, but sometimes this can be overlooked. If your loved one has been moved and you do not know where he or she has gone, please call the hospital operator at 216-778-7800.

These are the hospital units that care for trauma patients:

» Trauma Intensive Care Unit (ICU)
Patients in the ICU receive care from a team of doctors, nurses and other caregivers who are specially trained to take care of seriously injured patients. The team’s first step is to make sure your loved one is as medically stable as possible. Medically stable means that all body systems are working. As the patient is being treated, the team begins planning with the patient and family how to 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 or ED to this type of unit if they do not need the intensive monitoring and treatment provided in the ICU.

» Medical and Surgical Care Units
Patients with less critical injuries and those who no longer require the monitoring levels found in ICU and intermediate care unit (IMC) may be admitted to another medical or surgical unit in the hospital.

A TYPICAL DAY IN THE ICU

Most patients are attached to equipment that gives doctors and nurses up-to-the-minute information so they can make the best decisions. The equipment monitors patients, delivers medicine and helps patients breathe. Do not worry if you hear alarms. Some alarms do not need immediate attention, and the staff knows which ones to respond to immediately.

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 and 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, or help a patient sit on the bed or in a chair.

Patients may be moved to other areas of the hospital for X-rays and other 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 for treatment.
CARING FOR CHILDREN
MetroHealth Medical Center is a Level II Pediatric Trauma Center. Pediatric patients are evaluated by trauma surgeons, credentialed for the specific care of pediatric trauma patients, upon admission to the MetroHealth Medical Center. Additionally, there are Child Life Specialists, Social Workers, and Nurses specialized in Pediatric Care attending to your loved ones.

Once admitted, parents or guardians are encouraged to remain present in the patient’s room on a “Room In” basis. Families are provided support to assist in their stay during their child’s treatment. Families and guardians of pediatric patients are encouraged to participate in the child’s plan of care.

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.

METROHEALTH CHILD LIFE AND EDUCATION
The MetroHealth Child life and Education team is dedicated to helping children and families cope with and manage the hospital experience, respecting family strengths, individuality, diversity, and different methods of coping. The trained, certified team members support children and families to be active participants in their care.

Child Life serves the normal growth and developmental needs of children and adolescents through play and educational experiences. As an integral part of MetroHealth, the team is committed to minimizing the stressful aspects of the health care experience and maximizing the potential for family learning and mastery of the hospital environment. Child Life embraces the healing value of play. The staff works to enhance the optimal growth and development of infants, children, and adolescents through assessment, intervention, preparation, prevention, advocacy, and education. The Team Members are Master’s-or-Bachelor’s-prepared, nationally certified, and members of the Child Life Council.

Child Life Specialists are available by referral to assist younger children with visitation and/or to help the family talk with children at home about the hospitalized adult. Please discuss with the patient's nurse and call the Child Life office at 216-778-1213.

“In your darkest day, know that it is only temporary.”

~Jen, Trauma Survivor
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 include specially trained physicians and nurses who work with patients who have acute or chronic pain. They create a treatment plan focused on easing pain and improving quality of life. Treatments may include medications, injecting certain nerves, implanting pumps or nerve simulators, and physical therapy or behavioral programs.

» Case Manager
All admitted MetroHealth Medical Center patients have a case manager. Most case managers are registered nurses or social workers who have extra education and experience to help you throughout your stay in the hospital.

Your case manager can:
- Work with your insurance company to ensure appropriate management of your benefits
- Get supplies you will need at home if covered by your insurance provider
- Help you learn how to care for yourself
- Refer you to a home health agency if you need it
- Help you get continued care with a specialist
- Coordinate your transfer to a rehabilitation facility

» Chaplain
Chaplains are ministers who have special skills in helping people during times of illness. The hospital’s Chaplaincy Department can meet the spiritual needs of patients and families from many religious backgrounds. Chaplains visit all who desire spiritual support.

The MetroHealth System’s Pastoral Care Department provides pastoral care visits, pastoral counseling, worship, memorial services, and support groups.

Pastoral Care can be contacted by phone at 216-778-4663 or by making a request through the physician, nurse, case manager, or social worker present during the patient’s hospital stay.

» Clinical Nurse Specialist
Clinical nurse specialists are registered nurses who have a master’s degree and extensive expertise in trauma care. They monitor the patient’s plan of care and act as a liaison between the patient, the patient’s family and the patient’s various caregivers.
Clinical Technician
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, also called registered dietitians or RDs, are the food and nutrition experts. They work closely with the nurses and doctors in caring for patients. For example, if a patient has diabetes or requires tube feeding at home, the dietitian explains the proper diet and provides information to the patient and family.

Geriatrician
Geriatricians are doctors who are board-certified in either family practice or internal medicine and have specialized training in treating older adults.

Neurosurgeon
Neurosurgeons are doctors who have specialized training in surgery for the brain or spinal cord.

Nurse
Nurses manage the day-by-day treatment and recovery of patients and communicate with physicians and other caregivers about their patients’ care. Nurses may be registered nurses (RNs) or licensed practical nurses (LPN). RNs have anywhere from two to four years of educational experience and are state licensed. LPNs are also state licensed.

Nurse Practitioner
Nurse practitioners are nurses who have advanced training at the master’s degree level and who manage patients along with a physician. Trauma nurse practitioners do physical exams, order and interpret tests, prescribe medications and other treatments, and refer patients to other specialists, all in collaboration with a doctor.

Occupational Therapist
Occupational therapists help the patients regain their ability to perform activities of daily living, such as getting out of bed, eating, dressing, using the toilet and bathing. They help patients get stronger, have better coordination and think more clearly about their movements. 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 cast broken bones and help with other procedures, change wound dressings, and set up and maintain treatment equipment such as traction. They can also place splints on injured arms and legs.

Pharmacist
Pharmacists are medicine experts. They work closely with nurses and doctors, provide information and help with choosing medicines and their doses.
Physiatrist or Rehabilitation Medicine Physician
Physiatrists are doctors who use a number of tests and exams to plan a patient’s rehabilitation and prescribe devices including wheelchairs, braces and artificial limbs. Their goal is to restore normal movement and improve a patient’s level of function and ability to live independently.

Physical Therapist
Physical therapists help patients regain their strength and movement, often under the direction of a physician. 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 professionals who specialize in the evaluation, diagnosis, and treatment of mental disorders. 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 specialize in the evaluation, diagnosis, and treatment of mental and emotional disorders. Psychiatrists can prescribe medication.

Resident
Residents are licensed physicians who are training in a chosen specialty. They provide routine patient care and keep the attending doctor informed of each patient’s progress.

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

Social Worker
Social workers provide emotional support, guidance and education about how your loved one’s injury may impact you and your family. They help patients and family members adjust to the injury. Hospital social workers specialize in medical and crisis counseling, communications between patients and the medical team, and helping patients and families find and connect with services both within the hospital and in the community. The social worker also may help ease the change from hospital to home.

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

Trauma Surgeon
Trauma surgeons are physicians who have years of specialized training in general surgery and usually additional training in trauma and/or critical care. A trauma surgeon is in the hospital 24 hours a day to deal with abdominal and chest injuries that cause damage to internal organs and to treat internal injuries not involving the brain, spinal cord or broken bones. A trauma attending surgeon will oversee the total care of
you or your family member in the hospital. He or she regularly visits patients to check on their progress and coordinate with other members of the trauma team.

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

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

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

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

» **Trauma Survivors Network Coordinator**
The Trauma Survivors Network (TSN) Coordinator helps coordinate support through your recovery. The TSN Coordinator is specially trained by the American Trauma Society the Johns Hopkins Bloomberg School of Public Health to provide helpful resources and support during recovery from major injury.

» **Trauma Survivors Network Peer Visitors**
All Peer Visitors have received hospital training as volunteers, and specialized training as peer visitors. Although Peer Visitors are not trained counselors and will not offer medical, legal, or personal advice, they understand the concerns of a new trauma patient and provide a “been there, done that” perspective. They are available upon request through the Trauma Survivors Network Coordinator.
7. PATIENT RIGHTS AND RESPONSIBILITIES

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

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

- **Access**: It is the policy of MetroHealth System to treat all patients, without regard to race, color, national origin, disability, age, sex, sexual orientation, religion, veteran status, or sources of payment for care. All services are available without distinction to all patients and visitors. All persons and organizations, having occasion either to refer patients for services or to recommend the MetroHealth System are advised to do so without regard to the potential patient’s race, color, national origin, disability, age, sex, veteran status, or religion.

- **Respect and Dignity**: You have the right to respectful, considerate care with recognition of your personal dignity.

- **Privacy**: You have the right to security and personal privacy during your treatment and care.

- **Confidentiality**: You have the right to confidentiality of your information.

- **Identity**: You have the right to know the names and duties of all persons involved in your care.

- **Information**: You have the right to complete information about your condition and treatment in terms you understand, and you have the right to participate in decisions regarding your care.

- **Decision Making**: You have the right to participate in ethical questions that arise during your course of care, including conflict resolution, withholding or withdrawing life-sustaining treatment, and participation in investigational studies. You have the right to designate someone to make your decisions should you not be able to make them yourself and the right to access and protective services.

- **Pain Management**: You have the right to receive information about pain and pain relief measures from a committed staff of health care providers. Health care providers will respond to your reports of pain and provide pain management therapies.

- **Notification**: You have the right to have a family member or representative of your choice and your own physician notified promptly of your admission to the hospital.

- **Restraints**: You have the right to be free from restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience, or retaliation by staff.

- **Grievance Process**: The MetroHealth System is committed to providing quality care to our patients and ensuring that their rights are supported. As part of this commitment, we encourage you to share your opinions with us regarding our care and services.

If you have a complaint or concern, we are committed to resolving your concerns quickly and at the first level of contact whenever possible. We encourage you to share your questions/concerns with a member of your healthcare team, physician, or unit manager. They will gather information, follow up with the appropriate individuals or departments, and attempt to resolve the issue to your satisfaction.

If you are unable to resolve your concerns through this process or would like assistance, you may call the MetroHealth System Ombudsman at 216-778-5800 or email at ombudsman@metrohealth.org.

A review and investigation will be conducted, and you will be notified by the manager of the department involved with your complaint regarding its resolution. Although we believe most, if not all, concerns can be
resolved through this process, if at any time you feel you need additional assistance you may contact the Ohio Department of Health Facility Complaint Hotline at 800-669-3534.

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

• Consideration: You are responsible for being considerate of other patients, visitors, and hospital staff, and for following hospital rules.
• Keeping Appointments: You are responsible for keeping appointments, or for calling the doctor or hospital in advance to make other arrangements.
• Providing Information: You are responsible for giving complete and accurate information about your health and medical history, including information about any unexpected changes, or any perceived risks in your care.
• Pain Management: To help us control your pain, you must tell your doctor, nurse, or caregiver about your pain.
• Following Instructions: You are responsible for following instructions as given. You are responsible for asking questions or telling us if you do not understand the instructions, or if you feel you cannot follow them. If you do not follow instructions, you will be responsible for the consequences.
• Health Care Charges: You are responsible for making certain your health care bills are paid as soon as possible and for providing accurate information regarding your place of residence and medical coverage. More detailed information about rights and responsibilities is available from the MetroHealth System’s Ombudsman at 216-778-5800. If you have questions about these rights, or feel your rights may have been violated, you may file a complaint with the ombudsman.

Additional Assistance in filing a civil rights complaint may be obtained from:
Office for Civil Rights
Department of Health and Human Services
233 North Michigan Avenue, Suite 240
Chicago, IL 60601
(P): 312-886-2593
TDD/TYY: 312-353-5693

Director of the Ohio Department of Health
246 N. High Street
PO Box 118
Columbus, Ohio 43215

“Focus on the Positives”
~Ron, Trauma Survivor
8. MEDICAL INFORMATION: WHAT IS KEPT, WHY, AND WHO HAS ACCESS?

Whenever you come to the hospital, we will ask you for information that is appropriate to your care. Examples of data that we keep are your name, address, date of birth, next of kin and information about your medical conditions and treatments. We may keep this information as paper records in your hospital notes or in a computer database. We also keep any X-rays and test reports on file for a limited period (usually eight years in the case of adults).

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

- You are entitled to see your own medical records, although this may not be possible on the day of the request.
- Your own medical caregivers can see them.
- Some other members of the hospital staff may see the information for other reasons, such as for teaching purposes or to monitor care in the hospital.
- Your family and friends are not allowed to see your records unless you give specific permission. Whenever possible, we will ask you to give permission so we can share information with others in your family.
- Your legal representative or surrogate, if you have one, can see the information.

AUTHORIZATION FOR ACCESS TO MEDICAL RECORDS

A patient may give someone else permission to see his or her medical records by completing 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 dedicated person or persons for direct communication and updates.

Notes:
9. IF A PATIENT CANNOT MAKE DECISIONS

An important part of good medical care is respect for the dignity of patients. We, at The MetroHealth System, believe that respect for patients is best shown by offering information to patients and helping them take part in decisions about their care. The following is some information about your rights and duties in making decisions about your care. However, this cannot take the place of talking with the people who are caring for you. We hope you will talk to your medical team (doctor, nurse, social worker, nurse case manager, therapist, or chaplain) if you need help in making choices about your care.

Difficult Choices

Patients are admitted to the hospital for many reasons. Most patients will leave the hospital after a short stay. However, some patients may be very ill while in the hospital. Patients who are very ill may need complex treatment to keep them alive. These treatments include respirators (breathing machines), dialysis (kidney machines), surgery, feeding tubes, and many different kinds of medications. For many patients, these treatments work very well and are only needed for a short period of time. For other patients, these treatments may need to be used for a long period of time in order to sustain life. However, despite everything modern medicine has achieved, some patients may not survive.

Medicine has a strong tradition of maintaining life. This means that all patients will get life-sustaining treatments unless a clear decision has been made not to use them.

We know that not all patients will want these life-sustaining treatments if they are very ill. It is important for all of us to think about what treatments we might want if a serious illness should strike. If you have strong feelings about what kind of care you want or do not want, you should make sure your family and your doctor know your feelings. This information will help you make choices about your care during a serious illness.

General Information

1. Competent persons are people who can make reasonable decisions about their own care. Patients who are very ill may not be competent and may be unable to make difficult decisions. Patients who are not competent need someone else to make decisions for them.
2. A guardian is appointed by the court to make decisions for a person who is not competent. The Department of Social Work can assist when a patient needs a guardian.
3. The attending physician is the chief doctor who is in charge of your care in the hospital.
4. DNR orders are doctor’s orders in the chart that mean “Do Not Resuscitate.” These orders mean that if the patient’s heart or lungs stop working, then a breathing machine, pressing on the chest, and certain medicines will not be used. This means that patients with a DNR order will be allowed to die if their heart or lungs stop working.
5. A Living Will is a written statement by a person that states what treatment they want or do not want if they become very ill.
6. A Durable Power of Attorney for Health Care is a written statement that names someone else to make decisions if that person becomes very ill and the medical team cannot talk with the patient. Most people name a family member or a friend.
7. A Living Will and Durable Power of Attorney together are Advance Directives. The Department of Social Work provides information and assistance to patients and family members in processing Advance Directives.
Our hospital’s policy, which complies with state law, is outlined below.

**General Principles**

A. When a person can make decisions for themselves:

- Patients should be given all the information they need to help make decisions about their care.
- All competent patients have the right to refuse any treatment. This includes treatments that might be used to maintain the person’s life. (Note: All patients will be given life-sustaining treatments in an emergency unless the person has clearly refused these treatments.)
- DNR orders will only be written in the chart if the competent patients want a DNR order. DNR orders cannot be written in the chart without talking to the patient first. A patient can change their mind about a DNR Order at any time.
- All adult patients will be asked whether they have a Living Will or a Durable Power of Attorney when they come into the hospital. If a patient has one or both of these, a copy should be put in the patient’s chart.
- The hospital will have information for patients who want to know more about making a Living Will or a Durable Power of Attorney.
- Sometimes doctors strongly disagree with the wishes of the patient. If this happens, then the doctor or the patient can ask that the patient’s care be switched to another doctor.

B. When a person cannot make decisions for themselves:

- A person’s Living Will or a Durable Power of Attorney will be followed by the doctors if the person cannot make decisions for themselves. Having both a Living Will and a Durable Power of Attorney is the best way to make sure your wishes are respected.
- A person’s wishes do not need to be written in a Living Will or a Durable Power of Attorney. If a person clearly told their family or their doctor what they would want if they got very ill, then those wishes should be followed according to the legal order of decision-making (spouse, adult children, parents, then siblings).
- If a person has not told anyone what they would want, and if the person does not have a Living Will or a Durable Power of Attorney, a DNR order will only be written if the family members (see the above order of family) agree to the order.
- If a seriously ill person does not have family or friends, and the person has not said what they would want, then the orders of two attending doctors are necessary to stop life-sustaining treatment.
- Each person has different goals, beliefs, hopes, and fears. Each person is also different in how illness affects them and in how well different treatments will work.
- For all of these reasons, it is very important to talk to the person caring for you to make sure the best choices are made for you.

C. When there are disagreements: role of the Ethics Committee Consult Service

- If you disagree with your medical treatment, you (or a family member) should speak with your doctor or nurse. Disagreements can usually be resolved with good communication.
- If you still disagree with your treatment, you (or a family member) may call the hospital’s Ethics Consult Service. The Ethics Committee has members from many different professions. They can give advice in difficult situations. To reach the Ethics Consult Service, please call 216-778-5768.
In an ideal world, 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, or conservator. 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 surrogate decision maker. This is an adult who has shown care and concern for the patient, knows the patient’s values and is reasonably 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.
Injuries may be due to blunt or penetrating forces. Blunt injuries occur when an outside force strikes the body. These injuries often 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.

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

- **Cerebral concussion:** brief loss of consciousness after a blow to the head. A head scan does not show this injury; a mild concussion may produce a brief period of confusion; it is also common to have some loss of memory about the events that caused the injury.

- **Cerebral contusion:** contusion means bruising, so a cerebral contusion is bruising of the brain; this can occur under a skull fracture. It can also be due to a powerful blow to the head that causes the brain to shift and bounce against the skull.

- **Skull fracture:** cracks in the bones of the skull caused by blunt or penetrating trauma; the brain or blood vessels may also be injured.

- **Hematomas:** Head injuries and skull fractures may cause tearing and cutting of 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.

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

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

**Treatment**

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

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

**CHEST INJURIES**

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

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

**Diagnosis and Evaluation**

Doctors often use a chest X-ray or CT scan to find out more about the injury. They can tell how the lung is using oxygen by taking some blood from an artery. They may need to open the chest to examine and treat the injury.
Treatment
The goals are to increase oxygen to the lungs, control pain and prevent pneumonia. Doctors and nurses may ask the patient to cough and do deep-breathing exercises, which help the lungs heal. They will also tell the patient to stop smoking. The doctor will order drugs to treat pain and soreness.

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

ABDOMINAL INJURIES
Blunt or penetrating trauma to the abdomen can injure such organs as the liver, spleen, kidney or stomach. The injuries may be lacerations (cuts), contusions (bruises) or ruptures (severe tearing of the tissue).

Diagnosis and Evaluation
There are many ways to diagnose an abdominal injury, including:
- physical examination
- CT scan
- a blood count to check hemoglobin and hematocrit, two measures of blood loss
- ultrasound
- surgery called a laparotomy in which the surgeon makes an incision in the abdominal area

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

BONE, LIGAMENT AND JOINT INJURIES
Blunt and penetrating trauma can harm bones, ligaments and joints. Types of fractures or broken bones include:
- Open or compound fracture: a broken bone pushes through the skin; it is serious because the wound and the bone may get infected.
- Closed fracture: the broken bone does not pierce the skin.
- Greenstick fracture: a bone is partly bent and partly broken; occurs most often in children.
- Spiral fracture: a break that follows a line like a corkscrew.
- Transverse fracture: a break that is at right angles to the long axis of the bone.
- Comminuted fracture: a bone that is broken into many pieces.
- Hairline fracture: a break that shows on an X-ray as a very thin line that does not extend entirely through the bone; all parts of the bone still line up perfectly.
Diagnosis
Doctors can usually see whether most bones are broken by using regular X-rays. However, for other bones, such as the spinal column, doctors may use a CT scan. To find out if there is any damage to joints or ligaments, doctors may do a magnetic resonance imaging scan (MRI).

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

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

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

- Quadruplegia (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 such 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 tracheostomy tube may be removed when the patient can breathe on his or her own and can cough up secretions.

EQUIPMENT

**ambu bag:** a device used to help patients breathe.

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

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

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

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

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

**Foley catheter:** a tube placed in the bladder to collect urine.
halo: A device used to keep the neck from moving when there is a cervical spine injury. When used, a C-collar is not needed.

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

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

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

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

orthotic: a device, such as a splint, 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.

do not include the next page.

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.

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**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.

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**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 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.

jejenum: 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. FOR YOUR COMFORT

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

» RELIGIOUS/SPIRITUAL SUPPORT
Oftentimes a loss of health can challenge one's inner strength. Members from various religions are available to provide spiritual help to you and your family. If you wish to be visited by a hospital chaplain, please call Pastoral Care at 216-778-4663.

Worship services are held every Sunday in the Patient Activity Center (take the C elevators to the seventh floor). Catholic Mass starts at 10 a.m. and an interdenominational service begins at 11 a.m.

Chapels are located on the first floor of the Inpatient Towers and near the Surgery Waiting Area and Emergency Departments. They are open at all times.

» INTERPRETER SERVICE
If English is not your primary language and you are having difficulty communicating, our interpreter service can help. Call 216-778-5452.

MetroHealth System cuenta con empleados que hablan español y también ofrece acceso a intérpretes a través del teléfono para ayudar al paciente a concertar una cita médica, hablar con pacientes hospitalizados, con pacientes no hospitalizados, con pacientes no hospitalizados o ayudar con los procedimientos y servicios financieros.

Para obtener más información, por favor al 216-778-3466.

» SERVICES FOR INDIVIDUALS WITH HEARING IMPAIRMENTS
TTY/TTD (Teletypewriter of Telecommunications Device for the Deaf) is available. Interpreter services can be arranged. Ask for your nurse to make arrangements for an interpreter through the Department of Social Work.

» DEAF TALK TV
Deaf Talk TV for sign language interpretation is available on every nursing unit. Each nursing unit has a designated room where a TV unit can be connected and sign language interpretation is available within five minutes. There is no need to schedule the interpretation, it is available 24 hours every day. If you are interested, please speak with your nurse and arrangements will be made with the Social Work office.

» NEWSPAPERS
The Plain Dealer, USA Today, New York Times, and a variety of other publications are available on the first floor in the cafeteria hallway.
CUSTOMER SERVICE
Your comfort and well-being are important to us. Should you have questions or concerns regarding your care or feel that we have fallen short of your expectations, please speak with your nurse or doctor. If your concerns are not properly addressed, you are encouraged to register a formal complaint with the MetroHealth Patient Ombudsman by calling 216-778-5800. In the event you are not fully satisfied with the resolution provided by MetroHealth, you may contact the Joint Commission’s Office of Quality Monitoring by calling 800-994-6610 or sending an e-mail to complaint@jcaho.org.

PATIENT ACTIVITY CENTER
If your condition permits, you are welcome to visit the Patient Activity Center (take the C elevators to the seventh floor). The center offers crafts, games, films, and special events. If you are interested in visiting the Patient Activity Center, let your nurse know. For more information, call 216-778-4701.

HAIR CARE CENTER
The Hair Care Center is located in the Patient Activity Center (take the C elevators to the seventh floor). It is staffed by a licensed stylist. Call 216-778-4705 for complete details. Hair care can be arranged for people who are unable to come to the Hair Care Center.

ART STUDIO
Your illness or injury can threaten your sense of self. The Art Studio provides opportunities to express your feelings through art. Professional’s art therapists can assist you in creative activities that can help you cope. The Art Studio is located in the Patient Activity Center (take the C elevators to the seventh floor). Arrangements can be made for people not able to come to the Art Studio. Call 216-778-5756 for complete details.

GREENHOUSE
People who enjoy plants and their care are invited to visit our greenhouse. It is located in the Patient Activity Center (take the C elevators to the seventh floor). Call 216-778-4701 for details.

LIBRARY
A branch of the Cuyahoga County Public Library is located on the first floor of MetroHealth Medical Center. You may borrow books, magazines, movies, and books on tape. A computer lab is also available.

BANKING (ATMs)
Automated teller machines for various banks are located on the first floor in the hallway near the cafeteria, east corridor near the Social Work Department, Atrium lobby of the Outpatient Plaza, and the lobby of the Critical Care Pavilion.
13. 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. Your discharge planner will also assist you in the process of understanding your options and coverage.

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 MetroHealth System provides outstanding, life-long care for all members of our community. There are programs that may help you pay for your health care costs. Whether you want to apply for healthcare insurance through the HealthCare Exchange, apply for Medicaid or need Financial Assistance, MetroHealth is here to help you. MetroHealth and the government both sponsor programs to enable you to receive the highest quality of care, even if you may not be able to afford it.

To learn more about how our Financial Eligibility Team may help you with insurance enrollment or the Financial Assistance Programs please call 216-957-2325, Monday-Thursday from 8 a.m. to 5 p.m. or Friday 8 a.m. to 4:30 p.m.

Helpful Forms Include:
- Proof of Identity
- Proof of Residency
- Family Information
- Proof of Income

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.

Ohio Medicaid offers medical coverage for:
- Children up to the age of 19
- Pregnant Women
- Families with children younger than 19
- People with disabilities
- Older adults (age 65+)

To qualify, the basic requirements are:
- U.S. Citizen
- Resident of the State of Ohio
- Have or obtain a Social Security number
- Meet Financial Requirements

Ohio Department of Job and Family Services, Ohio Medicaid: 1-800-324-8680
DISABILITY PAYMENTS
Payments to help a patient through long-term or short-term disability are different and come from different sources. Patients or family members are responsible for applying for these payments. Your social worker or case manager can answer basic questions, however short term disability or long term disability is usually managed through your employer or the department of jobs and family services.

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. (Switched social security and applying for short-term disability)

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. Please contact the Trauma program Coordinator or floor social workers with any questions of concerns. Work and school excuses are not given to extended family and friends who choose to visit during normal school or work hours. Visiting hours typically accommodate most school and work schedules. Special requests will be considered, please call 216-778-4979.
In this section you will find information to help you transition out of the hospital. This includes the planning for discharge, practical information and resources, and a place to keep track of doctor’s names, procedures completed, and any questions you may have.
14. AFTER THE HOSPITAL: PLANNING FOR DISCHARGE

Many people need specialized care after they leave the hospital. This can include special equipment or nursing care, physical therapy, occupational therapy or 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 and 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, each injury and each path to recovery is different. Your trauma team will tell you which the best level of care is for you and your loved one. Your social worker, case manager and insurance counselor will help you find the care you need, taking into account your insurance and your ability to pay. Often, the trauma team will determine that a patient needs continued care before returning home to maintain safety. The following are the different levels of care a person may need following their initial hospital stay.

Here are the levels of care:

» LTAC
Long Term Acute Care facilities are sometimes the next step for individuals who require assistance with stable acute care needs prior to rehabilitation.

» Rehabilitation hospital
People who are able to do three hours or more of therapy each day may be able to go to an acute rehabilitation hospital. The MetroHealth System has an inpatient rehabilitation center located nearby at the MetroHealth Old Brooklyn Health Center. Patients have freedom of choice when deciding upon a Rehabilitation Hospital.

» Skilled nursing facility
People who are not yet well enough to do three hours of therapy each day but who still need daily physical, occupational and/or speech 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 or social worker. Skilled nursing is also available through MetroHealth. MetroHealth Medical Center has skilled nursing within the hospital building, currently located on the 6th floor, as well as external locations. Your Nurse Case Manager will assist you with appropriate placements.

» Home care
Some people can live at home with nurses and therapists coming to them. The case manager or social worker will arrange for these types of services and give you the name and phone number of a home health agency. This arrangement is highly dependent on a combination of home access, personal support system, and the patient’s medical needs.

» Outpatient care
People who are well enough to go out of their home for continued therapy will be given a prescription when they are discharged from the hospital. This prescription is a doctor’s order for care that you will need in order
to make your own appointments. The case manager or social worker 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 and 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. Please read your discharge paperwork carefully for follow up instructions.

**NOTES:**

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**SKILLED NURSING FACILITY PREFERENCES**
1. __________________________________
2. __________________________________
3. __________________________________
4. __________________________________
5. __________________________________

**REHABILITATION PREFERENCES**
1. __________________________________
2. __________________________________
3. __________________________________
4. __________________________________
5. __________________________________
15. SOME PRACTICAL INFORMATION AND RESOURCES

Sarah Hendrickson
216-778-3602
Pager # 216-207-7212

Division of Trauma
216-778-4979

Division of Orthopaedics and Orthopaedic Research
216-778-4393 Appointments
216-778-2830 Ortho Nurse Line
216-778-7841 Fax

Neurosurgery and Spine
216-778-8852

Plastic Surgery, Oral Maxillofacial Surgery, and ENT
216-778-4450 Plastic Surgery
216-778-5384 OMFS
216-778-3453 ENT

Vascular Surgery
216-778-4257

Urology
216-778-4257

Burn Care Center
216-778-5643

Department of Social Work
216-778-5551

Case Management
216-778-8740

Reiki
216-778-5471

Radiology
216-778-3456

Physical Medicine & Rehabilitation
216-778-4114
Patient Information
(Available 7:30 a.m. - 8:30 p.m.)
216-778-4141

MetroHealth Financial Services
216-957-2325

Outpatient Pharmacy
216-778-7670

Patient Ombudsman
216-778-5800

Parking Facilities
216-778-4663

Helpful Links:

MetroHealth Medical Center
www.metrohealth.org

Trauma Survivors Network (TSN)
www.traumasurvivorsnetwork.com

Care Pages
www.carepages.com

MetroHealth Online Guide to Your Stay
http://www.metrohealth.org/body.cfm?id=1160

MetroHealth Online Guide to Network of Providers
http://192.168.5.58/body.cfm?id=5219&oTopID=5219

Northeast Ohio National Spinal Cord Injury Association
http://www.metrohealth.org/NEONSCIA

Amputee Coalition of America
www.amputee-coalition.org

24/7 Crisis Hotline for Greater Cleveland
http://www.mhs-inc.org/
16. PERSONAL HEALTH INFORMATION

Use the following pages to list the names of the doctors, nurses and others who are caring for your loved one, the injuries and procedures, questions you may have, and 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 other health professionals 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, who are known as surgical residents. Other members of the trauma team and their roles are listed at the beginning of this handbook. Take a minute and write down the names of the doctors and nurses who are taking care of your loved one.

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. ____________________________________________________________
15. ____________________________________________________________
List of major procedures:

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

Optimism is essential to achievement and it is also the foundation of courage and true progress.

-- Nicholas Murray Butler
QUESTIONS TO ASK THE DOCTORS AND NURSES

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Remember, ask for help.
In this section you will find information on dealing with grief and loss, Post-Traumatic Stress Disorder and/or symptoms, Words of Wisdom from fellow survivors, and resources available during your recovery.
Just as our bodies can be traumatized, so can our minds. Trauma can affect your emotions, spirit, will to live, dignity, sense of security, and beliefs about yourself and the world. 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 the reality of what has happened becomes clearer, they may have a range of feelings, from relief to intense anxiety to feelings of loss.

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 and in their own time. Grief is a common response. When it does not resolve, though, it can hinder recovery and add to family problems. Understanding the early signs of depression and post-traumatic stress syndrome (PTSD), can greatly impact a patients overall recovery.

COPING WITH LOSS
The stress that goes with trauma and grief can affect your health as well as 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 to ensure proper monitoring of your own health.

Part of the work of recovery for you and your family is using the help others can give and finding a support system. This can be a friend or other 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, but grief is also a very personal response. It can dominate one’s emotions for many months and, often, many years. For most people, the intensity of initial grief gradually changes over time. It may take both time and help to move from suffering and loss to a way of remembering and honoring the loved one that is less painful and disruptive.

WHEN IS IT A GOOD IDEA TO SEEK PROFESSIONAL HELP?
Sometimes grief overwhelms our ability to cope. This is when professional help is useful. You may need help if the intensity of grief is constant after about six months or more, if there are symptoms of post-traumatic stress disorder or major depression, or if your reaction interferes with daily functioning. Your primary care physician can help you identify local providers or services available for support, including the Trauma Survivors Network.
Samantha’s Story

“When we are in the depths of devastation, it is extremely difficult to hear, see or feel anything positive in that moment. But I am here to tell you one thing; everything is going to be alright.”

A little over a year ago, I received a phone call that changed my life. As cliché as that may sound, I regret to inform you that it is entirely true. You see, my father had fallen sixteen feet from a ladder and hit pavement while at work. The doctors and surgeons told us he would not make it through the night and to prepare for the worst. However, with a lot of complications, irritability, mood swings, therapies, counselling and most importantly, strength, he made it through the night as well as the next year. Due to his Traumatic Brain Injury, I lost a part of my father that I knew for 23 years that day. Somehow, a piece of him is still lying on that sidewalk where he fell. It is difficult, every day, to know who he used to be and accept who he is now and that there is no one to blame but chance. But for all of the things that could have happened or should have happened, or who he is now, I still have him. And every day, I find it hard not to smile and laugh. I linger a little longer with every hug not because I fear time is short, but because time seems so infinite now.

Being right in the heart and heat of it all is one of the hardest things you will have to deal with on this journey. There are probably a million and one questions buzzing in your head and any one of them that is voiced is answered in circles or a language you just can’t even begin to understand. I’ve been there, and if you look around there are more people going through the same things. It is okay to feel lost and sad and confused, but know you are not alone in those feelings. It will be a difficult one, but you are NOT alone on this journey through recovery, the path is yours but the journey is shared.

I am 23 years old and though this terrible thing happened to my family, it truly has opened my eyes unto the world. We are still going through hard times, we are only a year out and this is a lifetime of work. But we are strong and we are united in the effort of healing. Have faith and hold on to your hope. Take care of yourself and smile and laugh when you can. Treasure the loved ones by your side and remember that you, too, are strong. Not because you have to be, but because you CHOOSE to be. Strength is not obligatory, strength is optional. The day you tell yourself, “I’m going to make it through this,” is the day that, like I said, everything is going to be alright.

“Never give up!”
~James, Trauma Survivor
TRAUMATIC STRESS DISORDER?

Going through a traumatic injury can cause a range of strong emotions, including mental distress. For example, it is common for people to feel sad and anxious and have crying spells and/or sleep problems right after the injury. Other emotions such as anger, anxiety, irritability, grief or self-doubt may also surface. 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, but now we know that PTSD is also a common result of injuries or trauma that 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:

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

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.
GETTING HELP IF YOU ARE A VICTIM OF VIOLENCE

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

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

Cuyahoga County Witness/Victim Service Center: 216-443-7345

Cleveland Rape Crisis Center 24 Hour Hotline: 216-619-6192

Domestic Violence and Child Advocacy Center: 216-651-8484

Ohio Victims of Crime: 614-466-5610

City of Cleveland Police Department 2nd District: 216-623-5200

Additional Resources upon Request
Darcye’s Story

“This is what I have learned from my experience, it’s a marathon, not a sprint. Keep your head up no matter how many times it hangs. As a survivor, you ultimately find the true you, and take the challenge that you are handed and choose how you will deal with them. Will you look at the challenges as opportunities or will you look at them as defeats.”

As a survivor you feel alone. Speaking from experience, I found myself grasping and yearning for a sense of acceptance. But, I never got it… until I opened my eyes and saw opportunity. There was always that ‘thing’ that hung over me. More often times confusing me rather than consoling me. I was the one who needed to accept my fate. I had an accident and I needed to accept that. I needed to accept the fact that I was here, and Joe wasn’t, I was here for a reason. I was a survivor.

It took a while to see that I was the one putting up the road blocks. I chose to continue down the same path and constantly found myself disappointed with my destination. I finally realized that I was the one that could move those blockers; I have the ability to change where you are going. You have the ability to look at the challenges as opportunities.

Almost 6 years ago my world that I knew was forever changed. It was taken from me, rigorously shaken, and returned to me completely upside down. Over the years I have learned to accept that my world will never be the same and my life has changed forever. I’ve lost friends and gained family. And more importantly, I know that nothing is guaranteed, but you have a choice to be a survivor.

Fall down 6, stand up 7.
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.
The American Trauma Society (ATS) is a leading organization for trauma care and trauma prevention in the United States. It has been the foremost advocate for trauma survivors and their families for the past 30 years, and it continues to seek optimal care for all trauma patients. The mission of the ATS 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 for both the person who has been injured as well as family and friends. For this reason, the ATS has joined forces with your trauma center to help you through this difficult time. Along with scientists and doctors from across the country, it has developed the Trauma Survivors Network or TSN. 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 and inspiration for trauma survivors and their families

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

- A link to Web pages that help you communicate with friends and family about your loved one who has been injured
- An online library where you can learn from the experts about common injuries and how they are treated
- A copy of this Patient/Family Handbook, which tells you what to expect in the hours and days after an injury
- Access to experts talking online about trauma and its treatment
- An Online forum where trauma survivors and their families share experiences and provide support and hope to others.
- Trauma Support Groups for survivors and/or family members conveniently located within the MetroHealth Medical Center.
- A Family Class for family members to process their current experience while their loved one is currently under the care of MetroHealth Medical staff.
- Next Steps Classes, online and in person, for Survivors offered to individuals who would like to access educational tools about transitioning into life, family, and work following a traumatic event.
- The ability for survivors to become a Peer Visitor and volunteer to provide support and connection to current Trauma Survivors while they are hospitalized. The Peer Visitor is trained as both an official Hospital Volunteer and a Trauma Survivor Network Volunteer in order to provide the best support to current survivors during their recovery process and stay within the hospital.

Please take a moment to explore the TSN programs and services by visiting the Web site 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.
DON'T BE ashamed of your story IT WILL inspire others