



Stormont Vail  
Health

# Trauma Workbook

trauma survivors

**network**

provided by **ATS**



## About this Workbook

Dealing with a traumatic injury can be scary and confusing. Getting medical care can be overwhelming, so knowing you are not alone is essential. We're here to support you every step of the way. This booklet has basic information about injuries, treatments, and what to expect during your care. It also includes space to jot down any questions for your care team, as well as support information for family members.

## About the Stormont Vail Health Trauma Team

Stormont Vail Health trauma specialists work together to provide top-notch care. We have the latest technology and equipment to treat even the most severe injuries. That's why the American College of Surgeons (ACS) has verified us as the area's only Level II trauma center.



As a Level II trauma center, we can treat critical patients without transferring them to another hospital. This process saves time and reduces the risk of further injury during travel. To maintain our Level II verification, we consistently meet specific criteria, such as having:

- The whole Trauma team by the patient's side within 15 minutes of arrival
- Around-the-clock coverage from various surgical specialties
- A dedicated team for injured patients during their hospital stay and initial recovery
- A follow-up clinic for your outpatient needs

Visit [stormontvail.org/specialtycare/emergency-care/emergency-trauma-care](https://stormontvail.org/specialtycare/emergency-care/emergency-trauma-care) or scan the QR code to learn more about the Stormont Vail Trauma team.



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# Arrival



## 1 Immediately after the injury

### ARRIVAL AT THE HOSPITAL

When you or your loved one arrives at the Emergency Department (ED) by ambulance or helicopter, you can count on our Trauma team to be ready. The rescue crew keeps in touch with the hospital during transport to share important information about injuries. This helps our Trauma Center team get prepared to provide fast and effective treatment.

The Trauma team consists of the following team members who are available 24/7:

- emergency doctors
- nurses
- lab technicians
- respiratory therapists
- social workers
- trauma surgeons
- X-ray technician
- advanced practice providers

We also have specialized doctors on standby to provide additional support as needed.

### INITIAL CARE

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

- A physical exam to find life-threatening injuries.
- X-rays, ultrasound, and computed tomography (CT) scans so doctors can better understand the extent of the injuries.
- If needed, transfer to the Operating Room (OR) for surgery.
- Transfer from the admitting area to an inpatient area of the hospital.

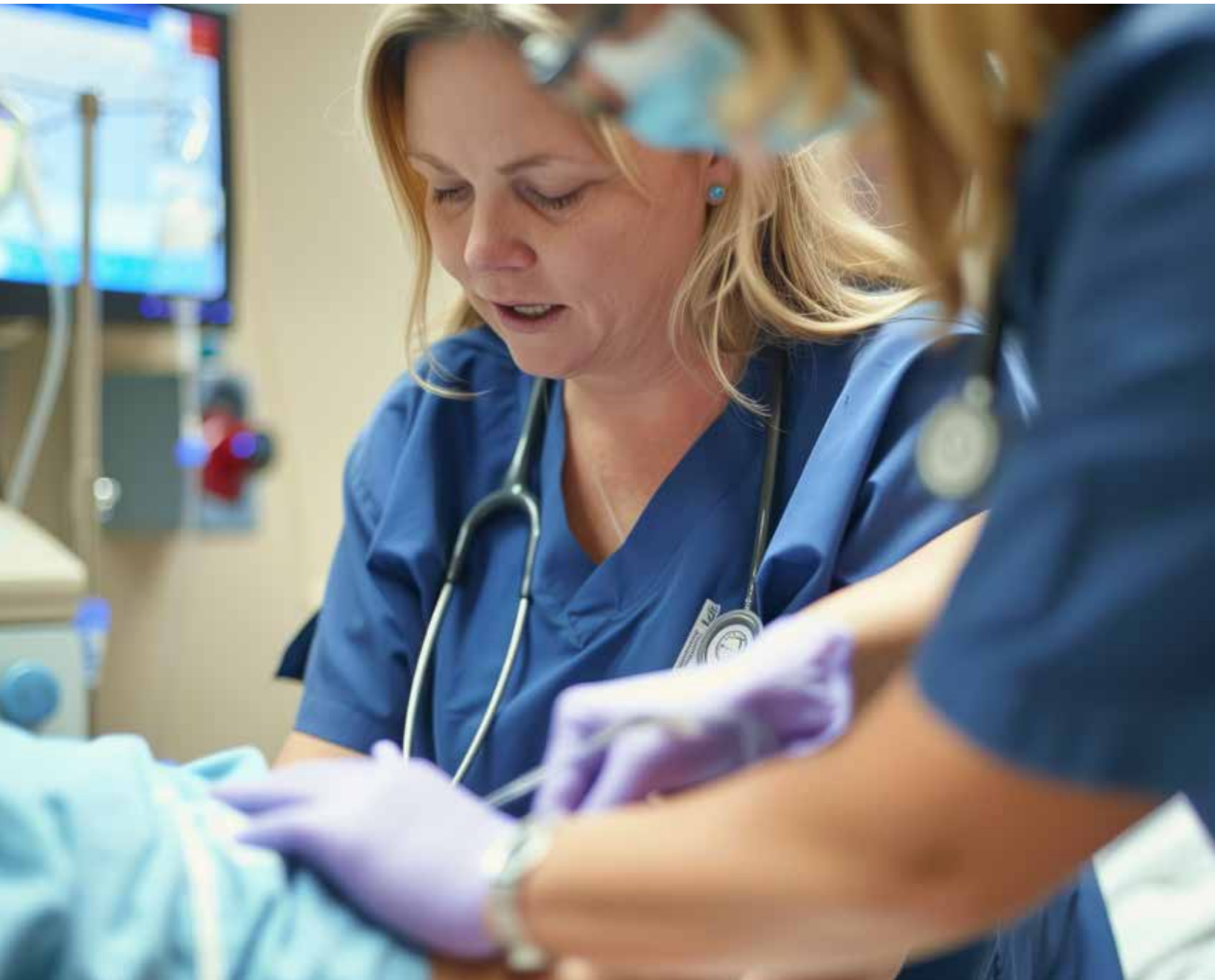
### **PATIENT NAMES AND FAKE NAMES**

The Trauma team springs into action when a seriously injured person is on the way to the hospital. For every trauma activation, the patient receives a fake name to eliminate delays in registering them on the computer. We can do tests, or give medications, and blood transfusions as soon as they roll in the door if we have them already in the Electronic Medical Record (EMR) under an alias instead of taking additional time to get them in the system with their actual name after they arrive.

If the patient's name is unknown, the hospital might give them a temporary name to keep everything organized. For example, they might use names like "Trauma, Magnoliaone," "Trauma, Sumacfour," or "Trauma, Rosestwo." This temporary name could make it hard to find your family member at first. Once we confirm the patient's identity, they'll change the temporary name to their real one.

### **PATIENT PRIVACY**

Some patients want to keep their hospital stay private. In that case, they or their healthcare power of attorney will receive a visitation password. We'll only release patient information to callers and visitors, including immediate family, who have the password. This procedure also means we won't deliver the patient's mail or flowers.



# 2 Visitors are Important

## HOW STORMONT VAIL CARES FOR THE FAMILY

While we cannot permit family members to enter the ED or trauma bays upon arrival, we ensure they receive regular updates about the patient's condition from a member of the medical team or a social worker. While we assess the patient, it's best if the family waits in the waiting room.

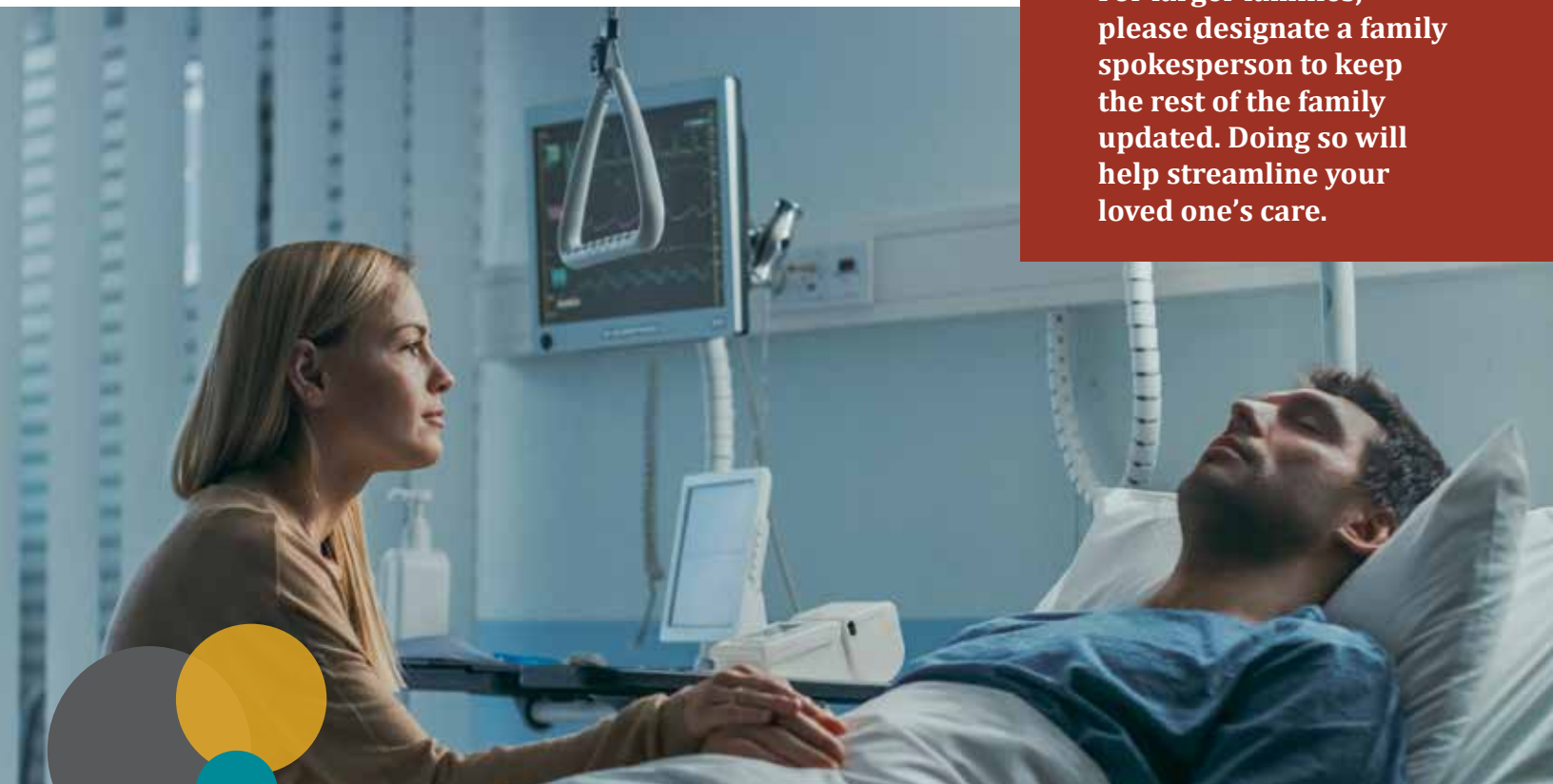
Our goal is to keep everyone informed. We will make every attempt to communicate updates as soon as possible.

We can also make arrangements if the family requires additional support, such as a chaplain.

## SEEING YOUR LOVED ONE

Depending on how critical a patient's condition is, family may or may not be allowed to see the patient. Sometimes, time is critical to proper care, and we must immediately take the patient to surgery without seeing family. Other times, we can bring family back very quickly. Most of the time, we can bring one or two family members to the bedside within the first hour of arrival.

For larger families, please designate a family spokesperson to keep the rest of the family updated. Doing so will help streamline your loved one's care.



Patients with brain injuries may experience longer wait times for visitors or limited visitation. We understand that having restricted access to your loved one is difficult, but providing a calm environment for rest and healing is crucial for their recovery.



### **VISITORS ARE IMPORTANT**

When visiting, take the opportunity to spend time with your loved one, ask questions, and meet with the staff. Studies have shown that the comforting presence of friends and family can significantly aid most patients' healing process. Family and close friends know the patient best and can make a significant difference in their recovery. Visits also provide an excellent opportunity to learn how to care for your loved one at home.

### **GETTING AROUND THE HOSPITAL**

If you need help navigating the hospital or using a wheelchair, ask any team member wearing a Stormont Vail ID badge. Lobby Ambassadors are also available at the main entrance to assist from 7 a.m. to 7 p.m. Scan the QR code to view a map of the hospital.



### **VISITING HOURS**

Visiting hours are generally 8 a.m. to 8 p.m. Only two visitors are allowed at a time for up to 30 minutes. Visiting guidelines vary by department, so ask the patient's care team for details.

### **FREE WIFI**

**Network:** svhc\_visitor

**Password:** visitor\_SV

### **DINING OPTIONS**

The hospital has several dining options for your convenience.

Visit [stormontvail.org/visitor-information/food-coffee](http://stormontvail.org/visitor-information/food-coffee) or scan the QR code for current information.



#### **THE FOOD CONNECTION**

*North Tower, first floor*

**Mon.-Fri.:** 7 a.m. to 6 p.m.

**Menu line:** (785) 354-6118

**Call-ahead orders:**

(785) 354-7297



#### **ESPRESSO SOUTH**

*South Tower, first floor*

**Mon.-Fri.:** 6:30 a.m. to 6:30 p.m.



#### **SUNFLOWER TERRACE CAFETERIA**

*North Tower, basement*

**Mon.-Fri.:** 6:30 to 10:30 a.m.,  
11 a.m. to 10:30 p.m.

**Sat.-Sun.:** 6:30 to 10:30 a.m.,  
11 a.m. to 8 p.m.

## GIFT SHOP

All proceeds support the Stormont Vail Auxiliary.

**Location:** North Tower, first floor

**Phone:** (785) 354-6170

**Hours** (subject to change):

- Monday-Friday: 9 a.m. to 5 p.m.
- Saturday: 10 a.m. to 3:30 p.m.
- Sunday: 1 p.m. to 5 p.m.

## ADDITIONAL RESOURCES

For a complete listing of hospital resources, including parking, security, and language assistance, please visit [www.stormontvail.org/patient-resources](http://www.stormontvail.org/patient-resources) or scan the QR code.



## OVERNIGHT ACCOMMODATIONS

Local hotels offer discounted rates for family members of patients staying at Stormont Vail. Tell them you're a patient's family member to get the discount. If you need help finding a place to stay in Topeka, contact our Patient Experience team from 8 a.m. to 4:30 p.m., Monday through Friday, at (785) 354-6277 or [patientexperience@stormontvail.org](mailto:patientexperience@stormontvail.org). For a listing of hotels that offer discounted rates for Stormont Vail Health patients and families, please visit [stormontvail.org/wp-content/uploads/2023/WheretostayTopeka.pdf](http://stormontvail.org/wp-content/uploads/2023/WheretostayTopeka.pdf) or scan the QR code.



## Don't forget to bring these items:

- |  |   |
|--|---|
| <input type="checkbox"/> Reading material (book, crossword, magazine, journal) | <input type="checkbox"/> Phone, tablet, computer, earbuds, chargers |
| <input type="checkbox"/> Cash (for vending machines)                           | <input type="checkbox"/> Important phone numbers                    |
| <input type="checkbox"/> Comfortable slip-on shoes, a jacket, and layers       | <input type="checkbox"/> Hygiene items, lip balm, lotion            |
| <input type="checkbox"/> Snacks  | <input type="checkbox"/> Personal medications                       |
| <input type="checkbox"/> Pen and paper   | <input type="checkbox"/> Water bottle                               |





## 3] The Healthcare Team Needs a Family's Help

The Trauma team's primary focus is patient care. We need your support in caring for your loved one and ensuring they receive the best care possible. Here are some things you can do to help your loved one and us.

### **TAKE CARE OF YOURSELF**

The hospital team understands this can be stressful for everyone, but remember to take care of yourself while supporting your loved one.

- Keep taking your medications.
- Take breaks, whether for a short walk around the hospital, visiting the hospital chapel or courtyard, or visiting the nearby library.
- Getting enough sleep, staying hydrated, and eating regular meals will help you stay strong, think clearly, and avoid getting sick so you can be there for your loved one.
- If you expect to be absent from work or school for a while as you care for your loved one, let the hospital team know if you need a note. They can also help you understand your options.

### **MAKE IT PERSONAL**

Remember to bring a few items from home to make the patient's hospital room more personal and calming while they heal. These could include:

- Pictures of loved ones
- Cards, notes, or a small wall sign
- Spiritual items like scriptures, prayer beads, or a rosary
- Relaxing music or scents
- A favorite blanket or pillow
- Preferred hygiene items

Always check with the care team about how these or other personal items can be used or displayed for your loved one.

## ASK FOR HELP FROM YOUR FAMILY AND FRIENDS

Do not hesitate to ask for help. You can use this chart to list things that would be helpful so you're ready when friends offer. Friends often appreciate being able to help and be involved.

Consider reaching out to a faith group for support, and let your care team know if you need help or don't have anyone who can help. They are there to support you and can connect you with other resources.

You can also visit the Trauma Survivors Network Website at [traumasurvivorsnetwork.org](https://traumasurvivorsnetwork.org) or scan the QR code to set up your own "CarePage" to stay in touch with friends and family.



### Ways family and friends can help:

### Name

### Phone/Email

Talk with me as a trusted friend

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Go shopping

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Run errands

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Drive me or my loved one places

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Clean or do laundry

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Help me maintain my home (e.g., yard work, trash, care for plants, or repairs)

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Care for children or pets

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And anything else that might help us out!

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## ASK QUESTIONS AND STAY INFORMED

When you're feeling stressed, it can be hard to remember everything the doctor tells you. It's a good idea to write down any questions and review them the next time you see the doctor. Keep asking questions until you understand what's going on and your treatment options. If you need to, don't be afraid to ask again. Taking notes can also help you explain everything to your family.

“

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.”

- Trauma Survivor



# Hospital Daily Update for Trauma Patients, Families, and Caregivers

Date \_\_\_\_\_

How does the patient feel today? Do they have pain, nausea, confusion, sadness, or trouble going to the bathroom?

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Questions/Concerns to Discuss:

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Tests Completed

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Results

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Medication Changes

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## WHAT'S NEXT?

In the next 24 hours:

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In the next week:

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What can the patient/caregivers/family help watch for?

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What are the current treatment goals or expected outcomes?

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# Stay



## 4 Where Patients Stay in the Hospital

Once we assess a patient and the doctors decide they need to stay in the hospital, we will take them to the part of the hospital best suited for their specific injury. While in the hospital, a team of medical professionals, which includes doctors, nurses, and other trained staff who specialize in treating seriously injured patients, will provide care.

Depending on the patient's condition, the care team may place them in the Intensive Care Unit (ICU), a step-down unit, or another unit within the hospital. The medical team makes the decision to move a patient to a different unit when they believe it is the right time.

The hospital staff will do their best to keep the patient's family and friends informed about any changes in the patient's location. If you're unsure about your loved one's location, contact the hospital operator at (785) 354-6000.

These are the units in the hospital that provide care for trauma patients:

### **INTENSIVE CARE UNIT (ICU)**

When patients need life support, are unstable, or require very close monitoring, we take them to the ICU or Critical Care Unit (CCU). The medical team not only treats the patient but also works with them and their family to create a plan for a safe and speedy return to everyday life.

“

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.”

- Trauma Survivor

## STEP-DOWN UNIT OR INTERMEDIATE CARE UNIT (IMC)

As patients improve in the ICU, we sometimes move them to a step-down unit (IMC). Some patients go directly to this unit from the admitting area if they don't need the level of care in the ICU.

## MEDICAL AND SURGICAL CARE UNITS

We may admit less injured patients to another unit in the hospital. Also, we may move those who no longer require the care found in the ICU or IMC to these units.

## PEDIATRIC INTENSIVE CARE UNIT (PICU)

The PICU treats infants, children, and adolescents under 17 years old in unstable conditions or who require life support or very close monitoring. This team includes physicians and multiple subspecialty providers based on the patient's needs.

## PEDIATRIC UNIT AND YOUNG ADULT CENTER (YAC)

We admit pediatric patients with milder injuries to the Pediatric Unit, which resembles the Medical and Surgical Care Units. It includes specialized facilities to cater to the needs of children up to 17 years old and a dedicated team that works with families and children daily.



## A TYPICAL DAY IN THE ICU

We connect most patients in the ICU to equipment that provides crucial information to doctors and nurses to make the best decisions.

This equipment includes:

- Monitors to keep track of vital signs
- Pumps for administering medications
- Ventilator to assist patients with breathing

If you hear alarms, don't worry. Some don't require immediate attention. The healthcare team knows which ones to address.

The Trauma team conducts daily "rounds" each morning. While rounding, the team visits each patient to conduct exams and assess their progress and care plan. This time is valuable for everyone involved in the patient's care, including family members, whom we encourage to actively participate. Your input during these rounds can provide valuable insights into the patient's condition and help us plan their care more effectively.

Physical therapists, occupational therapists, and nurses help patients regain normal function and strength. They may adjust the bed's position, reposition the patient every two hours, or assist with range-of-motion exercises.

We may move patients to other areas of the hospital for tests or admit new patients to the unit during this time, so the ICU can get quite busy. Sometimes, the team may ask all visitors to leave the unit to protect a patient's privacy.





## 5 Helping Children Understand Tough Situations

When someone we care about gets hurt, we have many thoughts and feelings. It's the same for kids. Here are some tips to help them:

- Be honest and straightforward
- Use simple words to explain what happened.
- Let them talk about how they feel
- It's okay for them to cry
- Accept their feelings without telling them how to feel
- Keep their life as normal as possible
- Be patient. Kids may need to frequently talk about what happened

### CHILD LIFE SPECIALISTS

Child Life Specialists are healthcare professionals who help kids and adults deal with tough situations in the hospital. If a family needs support, they can ask their care team for a child life specialist who can provide:

- Emotional support
- Clear, understandable explanations about the situation
- Activities to help children process their experiences and feelings

They can also help prepare children to reunite with their loved ones following a distressing experience.

“

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.”

- Trauma Survivor



## 6 Who Takes Care of the Patient?

Each patient will need various kinds of care. When your loved one is in the hospital, they may receive care from different types of caregivers. Here are the professionals who may care for your loved one in the hospital.

### **TRAUMA SURGEON**

Trauma surgeons are highly trained doctors who specialize in treating severe injuries, even if they don't require surgery.

### **ADVANCE PRACTICE PROVIDER (APP)**

Nurse practitioners (NPs) or physician assistants (PAs) are highly trained healthcare providers who work closely with doctors to care for patients. They can do physical examinations, order tests, and prescribe medications.

### **HOSPITALIST**

These physicians work specifically in hospitals and treat a wide range of illnesses and injuries.

### **PEDIATRICIAN**

These providers have specialized training to care for kids and teenagers.

### **INTENSIVIST**

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

### **NEUROSURGEON**

Neurosurgeons specialize in surgery for the brain and spinal cord.

### **ORTHOPEDIC SURGEON**

These providers are experts in fixing broken bones and treating injuries to joints and muscles.

### **PALLIATIVE CARE SPECIALISTS**

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



### **PSYCHIATRIST**

Psychiatrists assess injured patients for acute stress and identify additional mental health needs. They can also prescribe medication to treat acute psychiatric symptoms.

### **BEHAVIORAL HEALTH THERAPIST**

These experts offer short-term support to patients dealing with emotional distress following a traumatic injury. They also help arrange referrals for ongoing mental health needs after hospitalization.

### **NURSE**

Nurses manage patients' care, working closely with the rest of the trauma. Each patient is assigned a primary nurse for each shift. A specialized nurse, such as a forensic nurse, IV therapy nurse, or wound/ostomy nurse, may assist with specific needs.

### **PATIENT CARE TECHNICIAN (PCT)**

PCTs work alongside nurses and doctors to assist with patient care. They have special training and can help patients with mobility and eating.

### **PHYSICAL THERAPIST (PT)**

PTs help patients regain their strength and mobility.

### **OCCUPATIONAL THERAPIST (OT)**

OTs help patients regain functioning for everyday activities like dressing, eating, and bathing. They also recommend tools and equipment to make these tasks easier.

### **SPEECH AND LANGUAGE THERAPIST**

Speech therapists assist patients in addressing issues related to swallowing, memory, speech, and understanding instructions.

### **RESPIRATORY THERAPIST (RT)**

RTs specialize in caring for people's breathing. They manage ventilators and give breathing treatments.

### **PHARMACIST**

Pharmacists are experts in medications. They give information about medicines and assist with selecting the right ones.

### **DIETITIAN**

These professionals specialize in food and nutrition. They work closely with the Trauma team to make sure patients have the nutrition needed for healing.





**CASE MANAGER/SOCIAL WORKER**

These professionals work with patients and their families to create a plan to meet patients’ needs after they leave the hospital. They assist with tasks such as navigating insurance, arranging home care supplies, locating community resources, and planning post-discharge care.

**SUBSTANCE USE DISORDER (SUD) TEAM**

These specialists work with patients who have had major injuries to determine if they need help with alcohol or drug issues. They work with the medical teams to ensure patients get the help they need, like detox, transportation for treatment, and local support groups.

**TRAUMA SURVIVORS NETWORK (TSN) COORDINATOR**

A TSN Coordinator helps coordinate support while patients recover from a major injury. This person has special training to offer resources and support during recovery.

**TSN PEER VISITOR**

TSN Peer Visitors are volunteers who receive hospital and special training as peer visitors. They aren’t trained counselors who can give medical, legal, or personal advice, but they can provide valuable insight based on their experiences. You can contact them through the TSN Coordinator whenever you need.

**OUR CARE TEAM NAMES:**

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“  
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.”  
- Trauma Survivor



**RED or BLACK**

Cardiovascular  
Service Line



**BRIGHT PINK & BLACK**

Birthplace



**TEAL & BLACK**

Behavioral Health



**FUN PRINT & BROWN**

Pediatric/Adolescent  
Child Life Specialist



**HUNTER or BLACK**

Pharmacy-Pharmacists  
Pharmacy-Techs



**FUN PRINT & WINE**

Pediatric/Adolescent PCT



**NAVY BLUE or BLACK**

House Supervisor



**DARK GRAY**

Respiratory/Pulmonary Lab/  
Sleep Center



**LIGHT GRAY**

Emergency Department  
Case Management/Social Worker



**DARK GRAY or BLACK**

Imaging



**FUN PRINT & NAVY BLUE**

Pediatric/Adolescent RN



**GRAPE**

Nursing-Palliative Medicine  
& Supportive Care



**ROYAL BLUE or BLACK**

Cotton O'Neil Clinics  
RN, LPN, MA,  
Patient Coordinators,  
Laboratory Staff



**WINE**

PCT/Sitter  
*(all hospital except as noted)*



**BLACK**

Emergency Department RN  
Rapid Response Team RN



**NAVY BLUE**

RN/LPN  
*(all hospital except as noted)*  
Enterostomal/  
Wound Therapy RN,  
IV Therapy RN,  
Infusion Center RN,  
Single Day Surgery, Excellent



**EGGPLANT & BLACK**

Inpatient Clinical Dietitians



**CEIL BLUE**

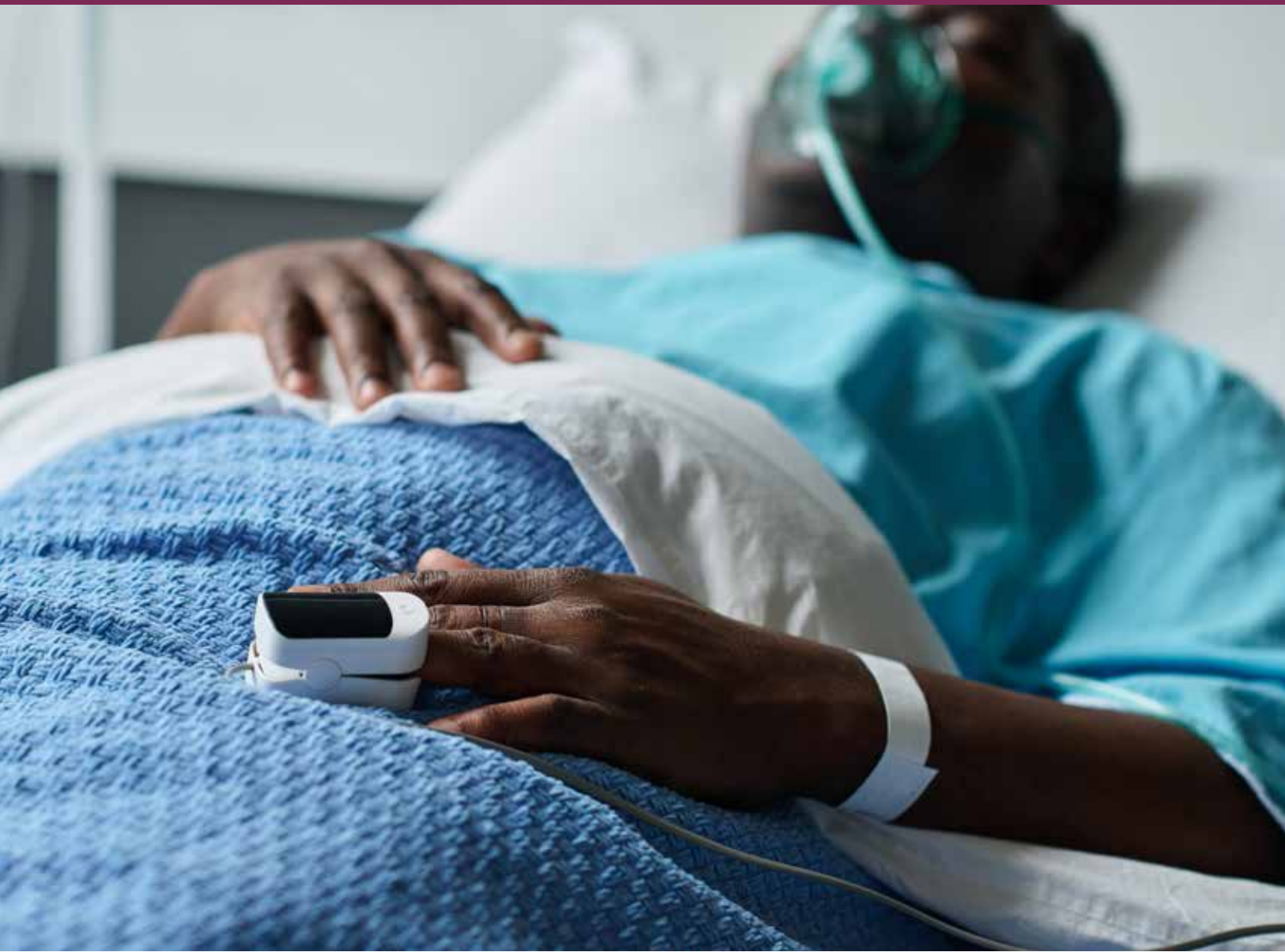
Surgery, PACU,  
PERI-OP, Pre-Op Clinic,  
Pain/Endoscopy, Linen,  
Logistics/Sterile Processing



**TEAL**

Physical Therapy,  
Occupational Therapy,  
Speech Therapy,  
Student Interns





## If a Patient Cannot Make Decisions

It's vital to have a plan for how you want your healthcare decisions managed if you're ever unable to communicate due to an illness or injury. Ideally, everyone would always be able to express their healthcare preferences. However, when someone can't do that because of their condition, the medical team will look at legal documents and work with family members to determine what medical care is needed.

They'll first check any documents you filled out when you were well, like a living will, a Transportable Physician Orders for Patient Preferences (TPOPP) form, a durable power of attorney for healthcare, or a court-appointed guardian. Once you can make your own decisions again, you'll regain control of your healthcare choices.

Suppose there aren't any documents or instructions on who should make decisions for you. In that case, the medical team will rely on your closest family members to make decisions on your behalf. This person is your spouse, adult child(ren), parent(s), adult grandchild(ren), adult sibling(s), grandparent(s), in that order. This situation shows why it's essential for patients to discuss their healthcare preferences with loved ones.

# 8 Injuries and Procedures

Use this section to take notes about your loved one's injuries and procedures. The Trauma team can offer more information and help you record details.

**LIST OF MAJOR INURIES:**

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**LIST OF MAJOR PROCEDURES:**

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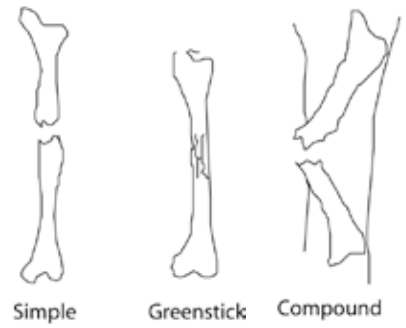
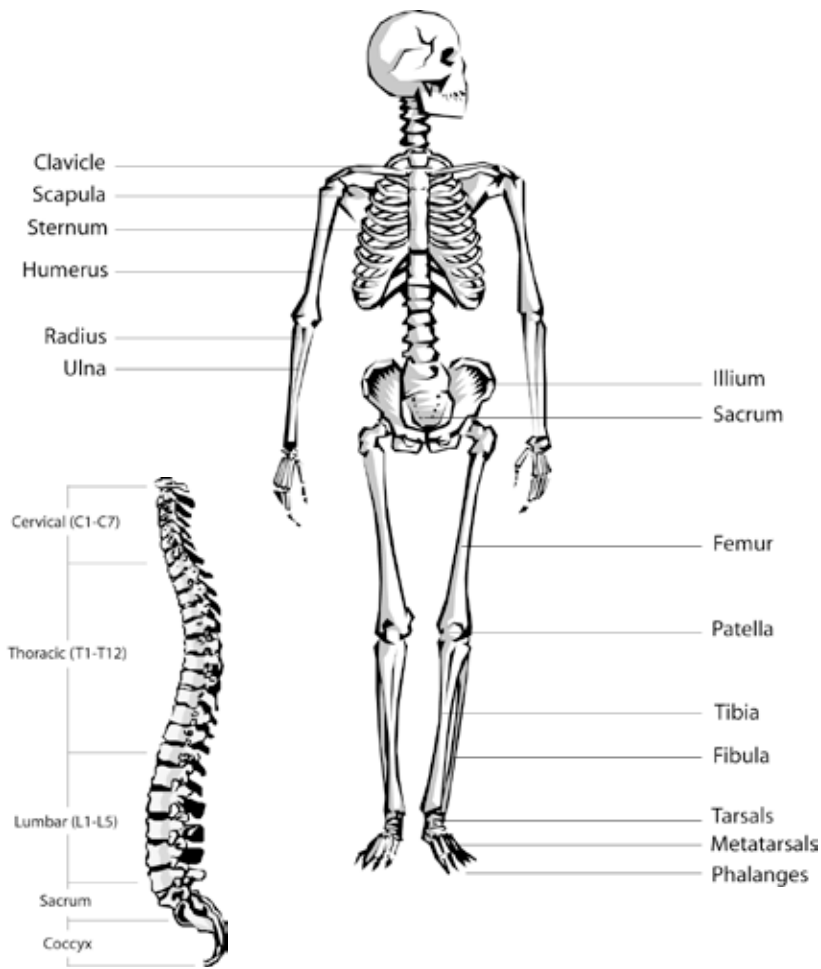
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# HELPFUL DIAGRAMS



## NOTES:

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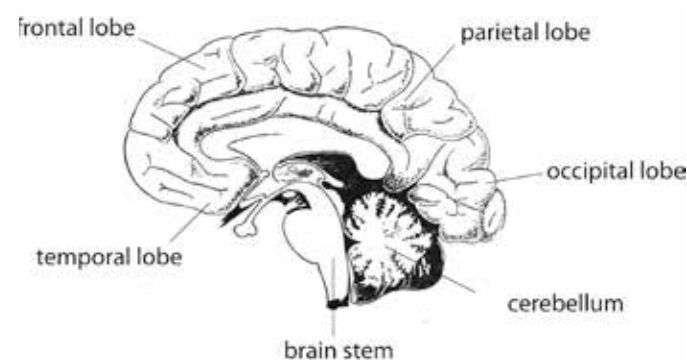
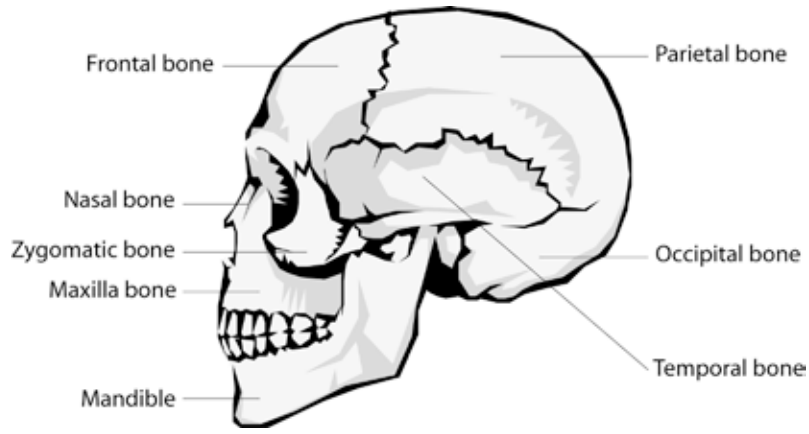
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**NOTES:**

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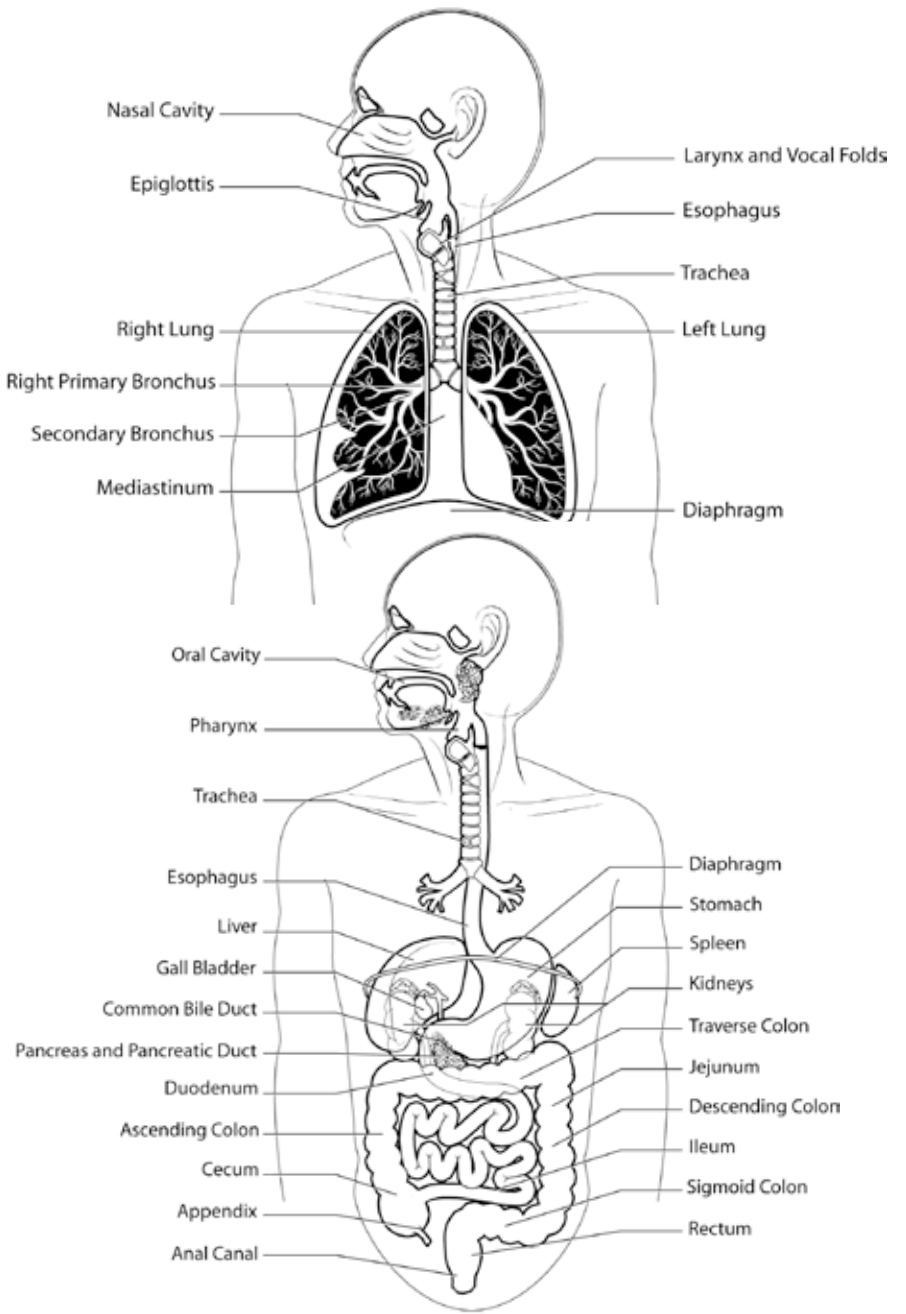
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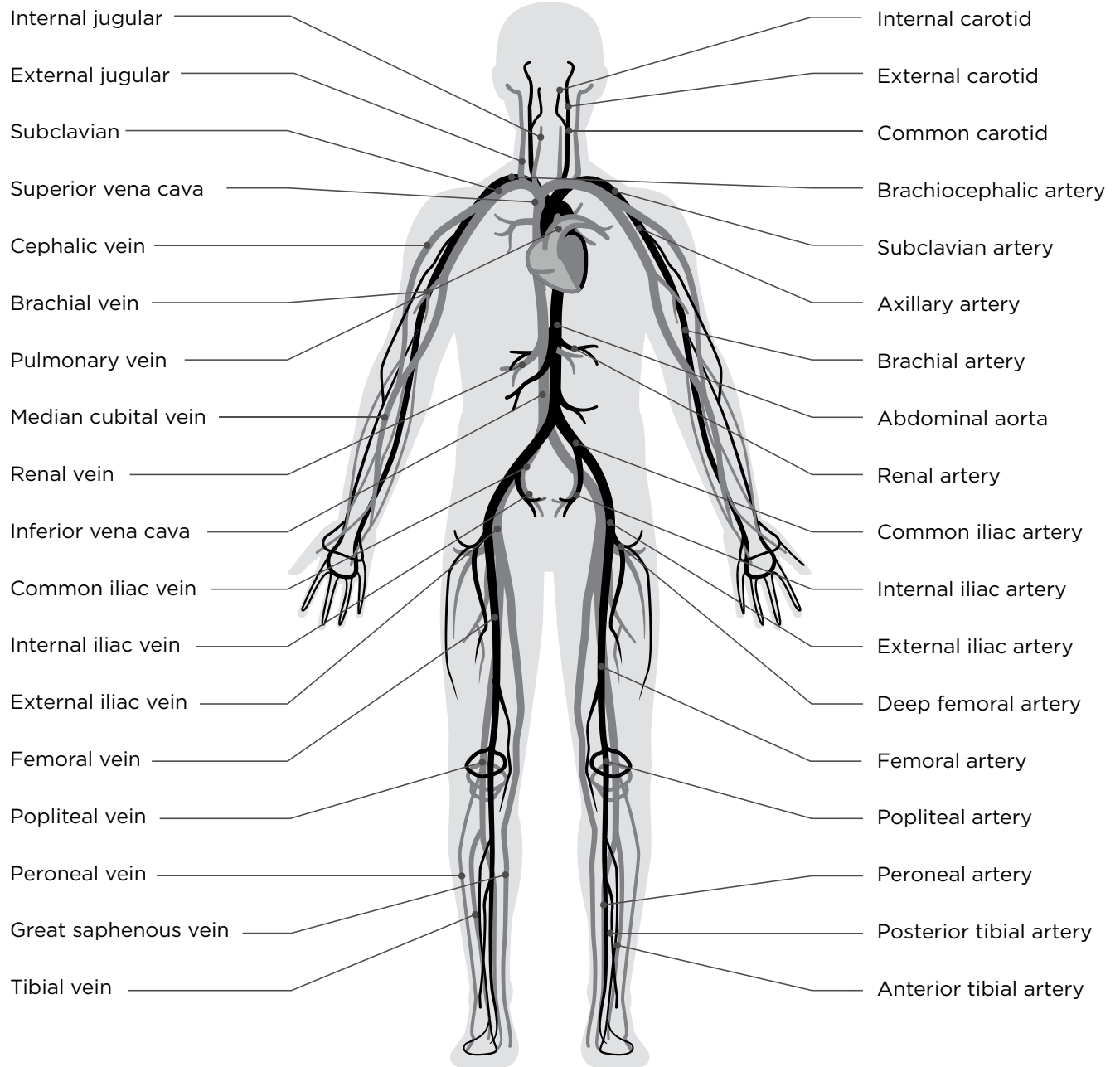
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“  
Take notes. Ask a family member or friend to keep a journal of what happens during your hospital stay. These notes may be interesting to you in the future.”  
- Trauma Survivor





**NOTES:**

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## 9 Common Medical Terms and Procedures

**Bag valve mask (BVM):** A device to help patients breathe.

**Blood pressure cuff:** This device is worn around the arm or leg and gently compresses the arm or leg to take blood pressure measurements.

**Central line catheter:** A catheter inserted into a vein to administer IV fluids and medications.

**Cervical collar (C-collar):** A C-collar is a stiff plastic brace worn around the neck to prevent movement. Most patients wear a C-collar until the doctor confirms that the spinal injury has completely healed.

**ECG/EKG (electrocardiogram):** An ECG involves painlessly tracing the heart's electrical activity to provide crucial information about heart rhythms and potential damage.

**Endotracheal (ET) tube:** A tube inserted through the mouth and into the lungs to help with breathing. The patient can't talk while it is in place because the tube passes through the vocal cords. When removed, the patient can speak but may have a sore throat.

**Foley catheter:** An internal tube placed in the bladder to collect urine.

**Gastrostomy:** A bedside surgery to make a small opening in the stomach to insert a feeding tube. The provider may remove the temporary feeding tube once the patient is able to eat.

**Halo:** A device that immobilizes the neck in case of a cervical spine injury.

**Incentive spirometer:** A portable device that strengthens the lungs and measures how much air can be inhaled. Patients should use it ten times every hour while they are awake.

**Intracranial pressure (ICP) monitor:** A tube placed in the brain to check the pressure caused by too much fluid.

**IV fluid:** Fluids administered into the veins to deliver medication and nutrition.

**IV pump:** A device that administers a controlled flow of fluids or medication into the bloodstream.

**Jejunostomy:** A surgical procedure to insert a temporary feeding tube in the small intestine. The provider may remove the tube once the patient is able to eat.

**Orogastric (OG) nasogastric (NG) tube:** A tube inserted through the patient's mouth (OG) or nose (NG) to administer medication and nutrition directly into the stomach. This tube also helps remove excess fluids from the stomach.

**Prosthetic:** A device designed to replace a missing body part, such as a leg, arm, or eye.

**Pulse oximeter:** A small electronic device placed on the finger, toe, or ear lobe to monitor oxygen levels.

**Tracheostomy:** An incision made in the throat just above the windpipe (trachea) to insert a breathing tube. The provider may remove the tube once the patient can breathe independently and cough up secretions.

**Tube feeding pump:** A device that delivers fluids and nutrients (food) through a tube into the stomach or small intestine.

**Ventilator:** A breathing machine, also known as a respirator, assists patients in breathing and provides oxygen to the lungs.

“

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

- Trauma Survivor

## BLOOD TRANSFUSIONS

Patients with severe injuries might need a carefully tested blood transfusion. The specific type of transfusion required depends on individual needs. It could include whole blood, packed red blood cells, plasma, platelets, or cryoprecipitate. Your nurse can contact the Stormont Vail Transfusion Service for more details about the transfusions you have received.

<b>Blood Components Received:</b>	<b>Number of Units Received:</b>	<b>Donor Identification Number(s)/Barcode sticker(s):</b>
_____	_____	_____
_____	_____	_____
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# Stormont Vail Health now offers a chance to **THANK THE DONOR**

1

**VISIT**

[ThankTheDonor.org](http://ThankTheDonor.org) on  
your computer, phone, or  
tablet

2

**SCAN**

or type the Donor  
Identification Number  
barcode

3

**SEND**

your message with or  
without a picture, selfie,  
or video

**A blood transfusion recipient, family member, loved one, or even hospital team member can send an anonymous thank you to the blood donor.**

Scan Me



# 10 Preventing Common Complications

After a severe injury, the Trauma team works together to prevent any additional problems for the patient so that they can recover as quickly and thoroughly as possible. Family and friends can provide support, but it's important to talk to the medical team first to understand how best to help your loved one.

## TIPS TO HELP SOMEONE RECOVER FROM AN INJURY OR ILLNESS:

- Encourage deep breathing, coughing, and regular use of an incentive spirometer to clear the lungs.
- As soon as it is safe and appropriate, encourage movement and sitting upright to improve lung function and prevent muscle loss, skin breakdown, and blood clots.
- Manage pain effectively to enable deep breathing and movement. Although the pain can't be completely taken away, reducing it can allow more movement.
- Ensure a well-balanced diet and adequate hydration to prevent muscle loss and skin breakdown and support healing. Protein is particularly important for healing injuries.
- Maintain a regular sleep routine to prevent confusion and behavior changes, and trouble focusing. Eye masks, soft music, or earplugs can help achieve a deep sleep. Conversation and activity during waking hours can also help.
- Keep skin clean and dry to prevent skin breakdown and infection.
- Use special equipment like mattresses and cushions to prevent skin breakdown by spreading out weight evenly.
- Keep an eye on areas prone to skin breakdown, like tailbone, heels, and elbows.
- Compression devices can help keep the blood moving and prevent blood clots.



## HOW TO USE AN INCENTIVE SPIROMETER

1. Sit up straight and tall, and hold the spirometer in your hands.
2. Take a deep breath in and let it out.
3. Put the mouthpiece in your mouth and ensure your lips cover it completely.
4. Breathe in slowly through the mouthpiece, like you're sipping through a straw.
  - Keep the range indicator in the target zone.
  - Try to breathe in until the piston reaches your goal marker.
5. Hold your breath for three seconds and then breathe out.
6. Repeat this process ten times every hour.
7. You can set a reminder or alarm to help you remember when to use the spirometer. If you feel discomfort in your chest or stomach, you can hold a pillow or towel against that area to reduce coughing pain.
8. It's also a good idea to log your scores every time you use the spirometer to keep track of your progress.

# 11 For Your Comfort

## SYMPTOM MANAGEMENT

Having pain is normal after injury and when recovering from surgery. Your healthcare team will work with you to understand the cause of your pain and set pain goals. Together, you can develop a plan for pain management, understanding that it usually can't be eliminated completely.

Let your team know if the pain affects your sleep or ability to communicate or participate in therapy. Likewise, tell someone if you experience any side effects from your pain medication. Share what has worked for you in the past and what level of pain you can tolerate.

Managing pain effectively involves using a mix of non-medication and medication methods. If you're in pain, here are some strategies to consider:

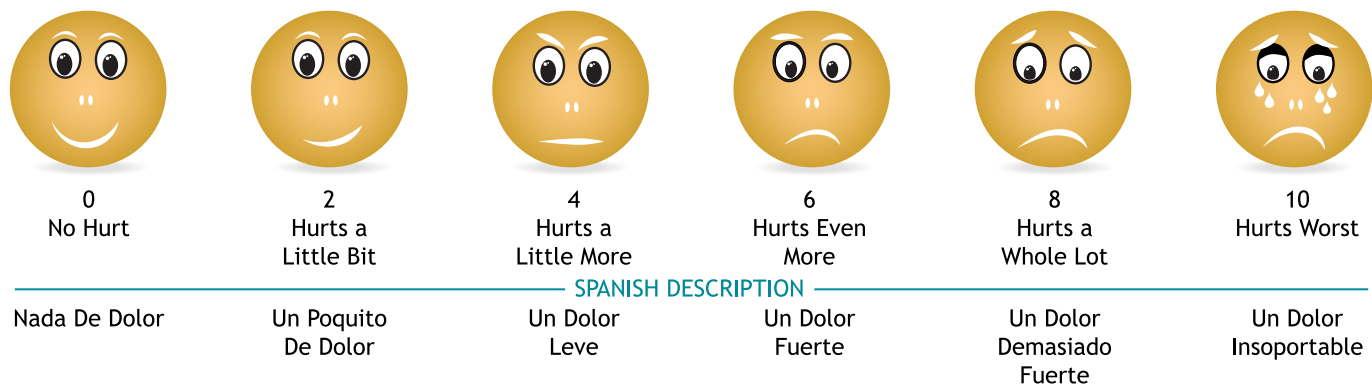
### NON-MEDICATION STRATEGIES

- Apply warm or cold compresses
- Adjust your position and use extra pillows
- Use a neck pillow for support
- Take a relaxing bath or shower
- Wrap yourself in a warm blanket
- Moisten your mouth with a swab
- Get out of bed, sit in a chair, or take a short walk
- Find helpful tips in the "Calming Activities" section of this book

### EMOTIONAL SUPPORT

- Visits from social workers or chaplains
- Talking with a Behavioral Health professional
- Medication for anxiety or depression
- Techniques that have helped you relax in the past

“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.”  
- Trauma Survivor



## PAW SQUAD

Our Paw Squad program offers therapy dogs to visit patients and their loved ones. These specially trained dogs provide comfort and companionship. If you'd like to meet one of our furry friends during your stay, ask a care team member to contact the Paw Squad. Visit [www.stormontvail.org/get-involved/paw-squad/](http://www.stormontvail.org/get-involved/paw-squad/) or click the QR code to learn more.



## SPIRITUAL CARE

Chaplains have special training to support people during difficult times of injury and illness. They are there for anyone who needs spiritual support or someone to talk to. They help patients and families from different religious backgrounds or those who don't practice any religion.

Our chaplains offer spiritual visits and counseling and can connect patients and families with their religious or spiritual leaders. Patients who want to talk to a chaplain can ask their care team or nurse for a visit.

The chapel and a quiet space for reflection are located next to each other on the first floor of Stormont Vail Hospital between the North and South Towers. The chapel is open 24/7.



**Remember to communicate with your nurse about what has been helping with your pain and other symptoms. Request medication before the pain becomes too much to handle. Don't hesitate to share concerns about pain or medicines with your treatment team.**



Visit [stormontvail.org/patient-resources/](http://stormontvail.org/patient-resources/) for a complete list of resources and more information about our various supports.



## Insurance and Disability Information

### **FINANCIAL SERVICES**

Dealing with insurance for medical emergencies can be complicated. Our financial counselors can help you understand your options.

If you don't have health insurance or are concerned about paying for your care, you may have options to help. You can find more information about financial assistance on our website. Visit [stormontvail.org/billing-insurance-financial-services](https://stormontvail.org/billing-insurance-financial-services) or scan the QR code for a complete list of resources and more information about our financial services support.



### **MEDICAID**

If you need help applying for Medicaid, visit [kancare.ks.gov](https://kancare.ks.gov) and click "Apply for KanCare" or scan the QR code.



### **DISABILITY PAYMENTS**

If you or your family members have a long-term or short-term disability, you may need to apply for these payments. Our case managers and social workers can provide some assistance or refer you to a financial advocate.

### **SOCIAL SECURITY**

You may be eligible for Social Security benefits if you cannot work due to a medical condition. Visit the Social Security website or contact your local office to learn more about applying for benefits. It takes many months to process an application.

### **LETTERS FOR EMPLOYERS, SCHOOLS, AND OTHERS**

If you need to submit proof of hospitalization to your employer or your child's school, you can obtain official letters from the hospital. Request assistance from your nurse. After discharge, you will need to contact your doctor's office directly.

# Discharge



## 13 After the Hospital: Planning for Discharge

The Trauma team usually starts planning for the patient's discharge as soon as the patient is admitted. Many people need extra help after leaving the hospital, such as special medical equipment, nursing care, or therapy. A case manager or social worker will help make the right plan for each person's needs.

## 14 Levels of Care in the Community

Your Trauma team will tell you the specific level of care you need, and your social worker or case manager will assist you in finding the available care you are eligible for. They will also consider your insurance coverage and financial situation. Here are the different levels of care available:

### **LONG-TERM ACUTE CARE HOSPITAL (LTAC)**

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

### **ACUTE REHABILITATION HOSPITAL**

Acute rehabilitation hospitals help people recover by providing medical care and therapy. Patients usually get about three hours of treatment each day at these hospitals.

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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.”

- Trauma Survivor

### SKILLED NURSING FACILITY

Some people might not be able to do three hours of therapy every day but still need help. They might find it helpful to stay for a short time at a nursing home, rehabilitation center, or a rural hospital with special care options.

### HOME CARE

Sometimes, people can receive medical care and support while staying at home. A social worker or case manager can assess your eligibility for these in-home services. They can also provide you with a list of home health agencies that operate in your area.

### OUTPATIENT CARE

After leaving the hospital, you'll receive a prescription if you need to go for therapy outside your home. The prescription is a doctor's order that requires you to make appointments. Your case manager can give you a list of therapy places near your home.

### HOME WITHOUT HOME CARE

After leaving the hospital, some people won't require additional care at home and can return to their usual living situation. Your provider might suggest a follow-up appointment with them or your regular provider, which you'll need to set up through their office.

### ADDITIONAL RESOURCES

Stormont Vail encourages you to visit our Community Resource Directory to find support services for various needs to help the patient and family transition home. Visit [stormontvail.org/we-are-stormont/community-connection/community-resources](http://stormontvail.org/we-are-stormont/community-connection/community-resources) or scan the QR code to view.



### DISCHARGE NOTES

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### DATE OF FOLLOW-UP VISIT:

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### BACKUP SCHEDULING NUMBER

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### CONTACTS:

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### FOLLOW UP APPOINTMENT NOTES

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# 15 Action Items and Things to Do and Get

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**Remember, ask for help!**

# Recovery



## 16 Your Response to the Injury

Experiencing trauma can affect our minds just like it affects our bodies. It can change how we think, feel, and handle stress. Patients may experience changes in their emotions throughout recovery. In the hospital, they may focus on their physical recovery rather than their emotions. As they face their recovery, they may have a range of feelings, from relief to intense anxiety. Family members can also experience a range of emotions.

Both patients and their families often feel a sense of loss due to changes in health, independence, income, family routines, or hopes for the future. Grief is a common response to loss and can lead to intense sadness, sleep problems, irritability, feeling disconnected, and changes in appetite, which can slow down recovery and cause family issues.

### LOSING A LOVED ONE

Losing someone we love is incredibly painful and can affect each person differently. Grief can dominate our emotions for many months or years, but for most people, the intensity of initial grief changes over time. With support and time, it's possible to move from suffering to honoring the memory of the person we've lost.

“

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.”

- Trauma Survivor

## CARING FOR YOURSELF

Trauma and loss can be very stressful and can impact your health and decision-making for the first several months. It's essential to try to eat healthily, get enough sleep, and exercise. If you have any long-term health issues like heart disease, make sure to keep in touch with your doctor.

## SEEKING SUPPORT

Accepting help from others can be difficult, but recovery after trauma and loss is a time when support is needed. This support can come from friends, family members, clergy, support groups, or others who have gone through similar experiences. Not everyone knows how to be helpful, so finding the right people to be good listeners and support your recovery may take some time.

## NEXTSTEPS PROGRAM

The NextSteps program is a free online program for trauma survivors offered by TSN. It teaches you how to take control of your recovery. You'll join a group of survivors from around the country and work through two short lessons each week over six weeks. To sign up, visit [nextstepsonline.org](https://nextstepsonline.org) or scan the QR code.

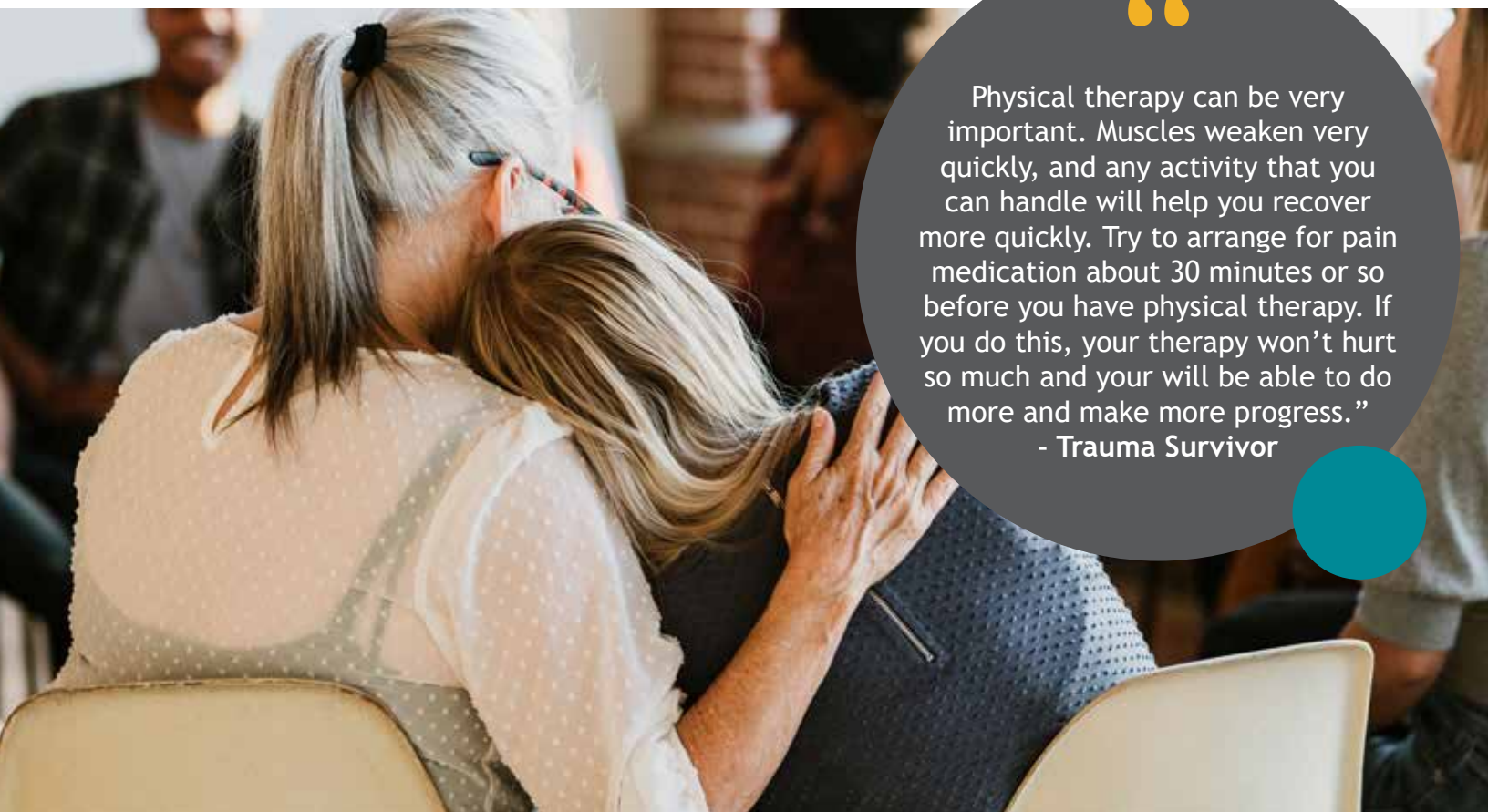


## WHEN TO GET PROFESSIONAL HELP

There are times when professional help is useful. You may need help if:

- Your symptoms are constant or last more than six months
- You have symptoms of PTSD or major depression
- You are feeling a loss of hope
- Your reaction interferes with daily life, including work, school, or at home
- You are concerned that the ways you are coping might be hurting you, such as excessive alcohol or drug use

Your doctor can help you identify treatment plans and local support services, such as the Trauma Survivors Network.



“

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

- Trauma Survivor

# 17 Is it Stress or Something more?

Going through a traumatic experience can cause a lot of intense emotions, like feeling sadness, anxiety, or anger. It's normal to have trouble sleeping, crying spells, or self-doubt after something like that. It's okay to feel this way, but it can also be uncomfortable. Behavioral Health Therapists are skilled in helping patients to manage these emotions. Patients can ask their nurse or doctor for a Behavioral Health Therapist to visit.

It's common for these feelings to get better over time, but for some people, they don't go away and can even worsen. In about one out of four people, the distress is so intense that it's called post-traumatic stress disorder, or PTSD.

## WHAT IS PTSD?

PTSD is a form of anxiety triggered by a traumatic event. Experts first noticed this condition in war veterans. We now know it can happen to anyone who has experienced trauma. Experiencing PTSD symptoms after a bad experience doesn't mean you have it. To be diagnosed, a person must show a specific number of symptoms for a certain amount of time.

Common PTSD symptoms include:

- Being easily startled
- Struggling to fall or stay asleep
- Irritability or outbursts of anger

- Difficulty concentrating
- Recurring thoughts or dreams about the event
- Feeling or acting as if the event is happening again (hallucinations or flashbacks)
- Feeling distressed when exposed to reminders of the event
- Avoiding things related to the trauma
- Changes in mood, interest, or appetite

Remember, only a mental health professional can diagnose PTSD. However, if a friend or family member notices any symptoms, it might mean that professional help is needed.

Getting help for PTSD can help people gain control over their lives. Talking to a therapist is the most common way to get help, but medication can also be helpful. Other ways to get better include:

- Talking about your feelings about what happened
- Working through feelings of guilt and self-blame
- Learning how to handle bad memories
- Addressing any problems that PTSD has caused in your life and relationships

PTSD affects everyone in different ways. If you're thinking about hurting yourself, please get help right away by calling or texting 988, calling 911, or going to the emergency room.





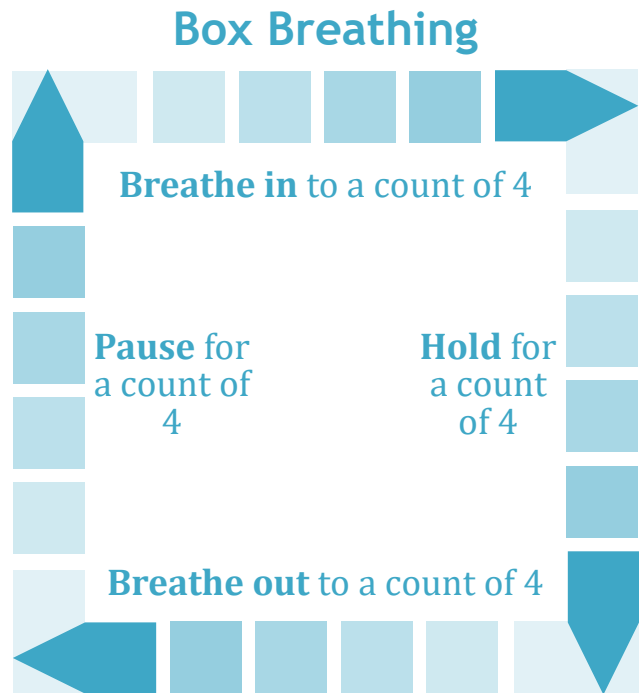
## 18 Calming Activities and Relaxation Tips

- **Finger labyrinths** are simple tools that help you relax and meditate. To use one, gently follow the winding path on the labyrinth with your finger. When you reach the center, pause to reflect on your feelings. After that, continue tracing the path at a slow and steady pace.
- **Progressive muscle relaxation** is the simple practice of tensing, or tightening, one muscle group at a time, followed by relaxing the tension. Start at the feet and move up to the face. Become aware of tension and actively relax each muscle group one at a time.
- **Make a list** of worries or problems out of your control and throw the list away!
- **Visualizing a place where you are calm and happy** can help you distance yourself from stressful and troubling thoughts. When you feel too much tension, take a moment to imagine yourself in a place where you feel relaxed and content —your happy place.

Finger labyrinth



- **Count your heartbeat:** Close your eyes (if you feel comfortable doing so) and count your heartbeats for about 30 seconds. Monitor your inner body signals; don't put your hand over your heart or finger on your pulse; feel your body from within.
- **Spend some time outdoors,** noticing nature using each of your five senses.
- In stressful times and moments of worry, we tend to turn to rapid, shallow breathing. **Try box breathing using the diagram to the right.**
- **Neck rolls:** Move your head in clockwise or counter-clockwise circles. Go at a pace that is comfortable and relaxing for you. Deep, clean breaths will also help in this exercise.
- **Try mindful observation:** Focus on what is happening right now. Mindfulness is just noticing, nothing more. Often, it can be more powerful to notice the present rather than think about it. Observing is contacting, whereas thinking about it is distancing. This helps us check-in with what is going on right now.



- **Consider three things you feel grateful for today** and write them down, share with others, or just silently acknowledge them.
- **Lightly tap your forehead for 60 seconds.** Focus on the sensation in the area.
- **Scapular Pinches:**
  1. Stand up with your arms at your side and your palms facing forward.
  2. Pull your shoulder blades back and down and hold them for three seconds.
  3. Perform 10 in a row to reduce neck and shoulder tension, allowing you to maintain optimal posture.
  4. Practice scapular pinches every couple of hours to prevent tension stay in your neck, jaw, and shoulders.
- When you are not feeling in control, **try this grounding exercise:** Breathe in through the nose, out through the mouth in a slow controlled motion and silently name:
  - 5 things you can see
  - 4 things you can feel
  - 3 things you can hear
  - 2 things you can smell
  - 1 thing you can taste

“

Even difficult feelings arise and pass. They're not wrong or bad; they're just forms of clinging: needing, wanting, a feeling of unworthiness, anxiety, fear, greed, anger. And that clinging arises and passes. If I try to get out of it, it gets worse. But if I can just be with the intensity of a feeling, without adding anything extra onto it, without spinning out into a bunch of stories that most of the time are only partially true - it might still be painful, but it's not overwhelming. And eventually it passes. This is a fundamental feature of our reality: impermanence.”

- Emily Horn

# 19 Additional Notes

QUESTIONS TO ASK DOCTORS AND NURSES:

Lined writing area for notes.













**Stormont Vail  
Health**



**Stormont Vail Health created this handbook with the Trauma Survivors Network (TSN). We hope it provides helpful information for you and your loved ones during your hospital stay. We also recommend visiting the TSN website at [traumasurvivorsnetwork.org](https://traumasurvivorsnetwork.org) to learn about their services and to keep your friends and family informed while your loved one is in the hospital.**