Resource Guide for Pediatric Trauma Survivors, Families and Friends

trauma survivors network provided by ATS

Insert your logo here.

A team effort for you

This handbook has been developed for you by YOUR TRAUMA CENTER in collaboration with the Trauma Survivor Network (TSN), a program of the American Trauma Society (ATS), Atrium Health Levine Children's, and Children's Hospital of Philadelphia. A plain language review for health literacy was completed by the Institute for Healthcare Advancement (IHA), with the goal to make information easy to find, to follow, and to relate to. We hope this information will help you and your child during your hospital stay and ongoing recovery.

A place to take notes

At the back of this handbook, there is room for you to take notes and to write down questions for your medical team. You can use this to make sure you get your questions answered before you leave the hospital.

A resource for more information and support

We encourage you to visit the TSN website at **TraumaSurvivorsNetwork.org** for online resources, survivor and family/friend stories, and support from the TSN program.

January 2019 Edition

Table Of Contents

A. Your Arrival

1. We Are Here to Help ....#

2. Hospital Resources for Families and Friends .... #

3. What to Expect .... #

4. Family and Friend Support .... #

B. Your Child’s Stay

5. Who’s Who on the Pediatric Trauma Team .... #

6. Age Appropriate Ways to Help Children Cope .... #

7. Age Appropriate Ways to Help Siblings Cope .... #

8. Coping Strategies for Caregivers .... #

9. Mental Health Information and Awareness .... #

C. Your Child’s Discharge

10. After the Hospital: Planning for Discharge .... #

11. After the Hospital: Planning for School .... #

D. Your Child’s Recovery

12. Supporting Your Child in Recovery .... #

13. Support for Caregivers .... #

E. Additional Resources and Information

14. National and Local Resources .... #

15. Common Traumatic Injuries .... #

16. Glossary of Common Medical Terms and Procedures .... #

F. Your Child’s Health Journal

Names of Providers.................... #

Injuries and Procedures .... #

Questions to Ask .... #

Take a Break .... #

Notes Section .... #

YOUR
ARRIVAL

1. Welcome to Your Hospital/Trauma Center - We Are Here To Help

It is hard to see your child in pain – either physical or emotional

Trauma is an event that we do not expect. A sudden injury, a painful event, a hospital stay, and recovery can cause many different emotions. You may feel confused, overwhelmed, and scared by all that is happening. You are not alone.

Feel free to ask questions and give us your thoughts

At, **Your Hospital/Trauma Center** we want to provide care that meets the needs of our patient and their families – as well as what your providers feel that your child needs. As a caregiver, you can partner together with the health care team. This means you can be a part of decision-making throughout your child's hospital stay. Your input and questions are important, because you know your child the best.

Use this booklet to guide you through your child's care and keep track of information

The information in this book can help guide you during the different phases of your child's hospital stay, recovery, and rehabilitation. We encourage you to write things down, if it would help. This includes the names of providers, along with a list of your child's injuries and procedures. It also includes a list of any questions you may want to ask. There is a place in **Section F** of this guide to keep track of information and questions. It is called **Your Child's Health Journal.** It also has a few activities to do if you decide to take a break.

Remember, your child's health care team is here to support you and your family.

Your Hospital/Trauma Center – Who We Are and What We Do

Use this section to talk about your hospital, counties served, awards, mission statement, etc.
(Remember to make it easy to read.)

2. Hospital Resources for Families and Friends

PROVIDE SPECIFIC INFORMATION AND LOCATIONS FOR YOUR HOSPITAL/TRAUMA CENTER UNDER EACH HEADING *(Alphabetize and remember to make it easy to read.)*

ATM Machines

Financial Assistance

Food and Beverages

Gift Shop

Information Desk

Mobile Device Charging Station

Outdoor Garden or Walking Path

Parking

Pharmacy

Play Areas for Kids

Restrooms

Security

Spiritual Care Room/ Chapel

Visitors Badges

Waiting Rooms

We Are Here to Help
Feel free to ask any team member for help to find your child's room or hospital service.
All hospital team members and volunteers wear ID badges.

3. What To Expect

In the Emergency Room (ER) or In a Special Hospital Unit

Arrival at the Hospital

Here is what has happened so far… your child may have been brought to the Emergency Room (ER) (also called the Emergency Department or ED) by an ambulance, helicopter, or private vehicle.

Or, your child may have been brought directly to other units of the hospital or pediatric rehabilitation.

The Initial Assessment: Finding Out What Is Wrong and Deciding What to Do Next

Trauma care at the hospital may begin in the ER. There is a dedicated team of providers in the ER. There are also doctors and nurses from other areas of the hospital who will come to assist in emergencies. Each team member has assigned roles to assess what is wrong and how best to address your child's specific needs.

Your child may possibly need:

- An exam to find life-threatening injuries
- X-rays, ultrasound or perhaps a CT scan to better understand injuries
- Lab work, intravenous fluids, medications, or blood products
- Transfer to the operating room (OR) for surgery
- Admission to the Pediatric Intensive Care Unit (PICU) or a regular hospital floor for closer monitoring

Why Your Child May Have a "Trauma Name"

The hospital may assign something called a "Trauma Name" to your child when he or she first arrives. Examples include "Trauma Delta" or "Trauma Tango." This helps the emergency medical teams to act quickly. It also helps them to correctly match any labs or reports with your child. Keeping your child safe and providing the best emergency care are important to each member of your child's healthcare team.

Daily Rounding on Each Unit: Daily Visiting and Checking on Your Child

Every day, several teams may “round” on your child. This may include the trauma team, critical care team, and other patient care teams. They should all introduce themselves, perform exams, check progress and plan your child’s care. This time is valuable for everyone involved in the care of your child. We encourage you to ask questions and to take part in discussions of your child’s medical care and goals.

In the Pediatric Intensive Care Unit (PICU):

The PICU provides specialized care for critically ill or injured children.

- After arrival to the PICU, your child will continue to be evaluated by a team of doctors, nurses, and other professionals.
- Your child may be moved to other areas of the hospital for certain tests or may go to the operating room (OR).
- To give your child more privacy or more rest, a PICU staff member may ask visitors to leave the room for a period of time.

A Typical Day in the PICU – How Medical Equipment Helps

Most children in PICU are attached to equipment that gives the team important information. This allows them to make the best decisions for your child.

Medical equipment can:

- Monitor your child
- Deliver medicine
- Help your child breathe.

The medical team knows which medical equipment alarms to respond to immediately.
Please ask your nurse, if you have questions.

In the Pediatric Inpatient/Surgical/Trauma Unit:

Children may be admitted directly to an inpatient floor.

- If a child no longer requires intensive care, he or she may also be transferred to a pediatric inpatient floor.
- The staff is specially trained to care for children who have suffered a traumatic injury.

In the Pediatric Rehabilitation Center

Sometimes children, due to their specific injury, need further therapy before they are ready to go home. Therapies may include a combination of the following:

- physical therapy
- occupational therapy
- speech therapy
- cognitive therapy
- alternative nutritional needs

The length of stay at an inpatient rehabilitation center depends on two things:

- The identified goals at the beginning of treatment
- The child's progress toward meeting these goals.

Pediatric rehabilitation centers and provider options may depend on your geographic location or other factors. This means, your healthcare team with discuss with you the best options that are specific to your child.

INSERT GRAPHIC

4. Family and Friend Support

Visiting at the hospital gives you and your child time to be together. Comforting visits from friends and family help most children in the healing process. We encourage you, the caregiver, to ask questions and meet with your child's health care team during each visit. While visiting, you can begin to learn how to take care of your child before preparing to go home.

Help Maintain a Restful and Healing Place

When you are visiting, please talk in a quiet voice to show respect for other children and families. We count on your help to maintain a healthy environment for all patients and their families.

Please:

- Observe the visiting hours and any quiet times for the area you are visiting.
- Respect other children's and families' privacy and their personal property.
- Wash or sanitize your hands before you go into a child's room and when you come out.
- If you are not feeling well or have an illness that could be transferred to others, please do not visit.
- Follow any visitor restrictions during Flu Season.
- Provide adult supervision of children in all areas of the hospital.

Create a Healthy Balance Between Visiting Time and Alone Time

A way to handle visiting time: Sometimes caring people with good intentions can be overwhelming to children in the early phases of the healing process. It's OK for you to limit the amount of time or the amount of people who come to visit. It is important to create a balance that best helps your child to heal and to feel supported by family and friends.

A way to set up an online visiting page: Families can use online resources to help set up a private page that can be updated with their child's progress in the hospital. This provides one central location for you to give concerned family and friends access to medical updates during your child's recovery. You decide what updates are shared and which people have access. Caring Bridge at www.CaringBridge.org provides free online resources to help support communication in this way.

Visitation Information

INSERT HOSPITAL/TRAUMA CENTER INFO *(Remember to make it easy to read.)*

YOUR CHILD’S STAY

5. Who’s Who On The Pediatric Trauma Team

Pediatric Trauma Team Members

Pediatric Trauma Surgeons are responsible for managing your child’s care. If necessary, the Pediatric Trauma Surgeon may consult with other specialists to provide the best care for your child.

Advanced Care Practitioners (ACPs)- These are nurse practitioners and physician assistants. They are medical professionals with advanced training. They work with the trauma team to take care of your child. ACPs perform assessments. They order tests/medications. And, they communicate any changes in a child’s care management with other team members. ACPs coordinate your follow-up care with doctors.

Nurses provide the day-to-day care, treatment, and aid in the recovery of your child. They communicate with the doctors and ACPs to manage your child’s care.

Physical Therapists (PTs) help children to regain their strength and movement, under the direction of a doctor.

Occupational Therapists (OTs) work with children to help them regain their ability to perform activities of daily living. This includes toileting, bathing, getting in and out of bed, eating, and dressing. OTs help children improve coordination and movement.

Respiratory Therapists (RTs) provide breathing support and treatments.

Speech Therapists and Speech and Language Pathologists help your child regain the ability to speak or communicate, if an illness or injury has impacted this ability.

Recreational Therapists help your child regain and maintain functions. They select activities that are matched to your child’s age. Then, they help children to engage in activities they were used to doing before their injury or illness.

Social Workers and Clinical Care Managers provide support and resources to families throughout their hospital stay. They can help address barriers to care. They provide resources. They also help prepare discharge plans and refer to community agencies.

Critical Care Attending Doctor- This doctor works with the trauma surgeon to ensure that your child receives the care he or she needs while in intensive care. He or she will order necessary tests and procedures, while working closely with nurses and other providers.

Healthcare Technicians help the nurses and doctors by checking your child's vital signs like temperature, blood pressure and pulse. They may perform blood draws or help with other procedures, as well.

Radiology Technicians may take an x-ray, CT Scan, or MRI of your child. They will send these pictures to the radiologist who will notify your child's doctors of the results.

Physical Medicine & Rehabilitation Doctor (PM&R Doctor) is also known as a Physiatrist. This doctor specializes in the diagnosis and treatment of children with spinal cord or brain injury, acute and chronic pain, and musculoskeletal injuries. He or she can help your child reduce pain, improve quality of life, and learn how to use an assistive device, such as a brace or wheelchair.

Chaplains and Spiritual Care Providers are available to listen and to provide spiritual and emotional support to people of all faiths and spiritual backgrounds. Spirituality and faith may give you strength or comfort in coping with your child's illness, trauma or loss. Chaplains are on call 24 hours a day and on 7 days a week. If you would like to request a Chaplain visit, please speak with your nurse or call this number _________.

Dietitians offer care and support to ensure that your child has the nutrition needed to heal and grow.

Trauma Survivors Network (TSN) Coordinator leads the TSN program for your hospital. This person helps connect children and families to TSN services currently offered at your hospital, both in the hospital and after discharge.

These are services to provide emotional support, resources for recovery, and to connect you with other trauma survivors or family members of survivors.

The TSN services include opportunities to talk with other people who may have had a similar injury or trauma experience (also known as a "peer visitor" or "peer mentor"). These people have moved forward in adjusting to life after trauma and volunteer with the TSN program. Learn more about the TSN program or access TSN online services at www.**TraumaSurvivorsNetwork.org.**

Child Life Specialists help children cope while being in the hospital. They are trained to provide social and emotional support for hospitalized children in ways they can understand.

Child Life Specialist's Help Children and Families do many things:

- Help children understand thoughts and feelings of safety during their hospital experiences by using medical play, child-friendly distractions, videos and activities.
- Prepare children for medical procedures using books, dolls, computers, etc.
- Provide emotional support to children, siblings, and caregivers.
- Help children and their family discover ways to cope with illness, injury and/or the possibility of death.
- Help school teachers and classmates understand a child's illness and/or injury.

LIST ANY ROLES SPECIFIC TO YOUR HOSPITAL/TRAUMA CENTER, such as Violence Prevention Professional, etc. ***(Remember to make it easy to read.)***

6. Age Appropriate Ways To Help Children Cope

Talking with Kids in Words They Understand

How you talk with your child about his or her inpatient stay should depend on your child's age. Ask what questions your child has. Seek to understand what he or she may be thinking about during the hospital stay. This can be helpful. You may have questions about how to talk to your child about his or her injury. If so, speak with the Child Life Specialist on the healthcare team. He or she can help.

Ages 3 and younger

- **What your child may be thinking:** Your child's greatest concern is likely being away from you. Younger children, especially those under age 3, might think that going to the hospital is punishment for misbehavior.

- **How you can help:** Stay with your child as much as possible while he/she is in the hospital. Let your child know that he/she did nothing wrong. Explain why the hospital stay is necessary in terms he/she can understand.

Ages 4 to 6

- **What your child may be thinking:** Children in this age group fear damage to their bodies. If your child will need anesthesia, and you tell your child the doctor will put him to sleep, he may think about what sometimes happens to a pet. And, he may think he is, therefore, going to die.

- **How you can help:** Be careful when explaining what will take place. While describing anesthesia, say the doctor will help your child take a 'nap' for a few hours.
  If you are talking about surgery, use the word 'opening,' instead of 'cut.'

Ages 6 to 12

- **What your child may be thinking:** Children older than 6 will worry about losing control as well as damage to their bodies. Your child may also worry about doing or saying embarrassing things while under anesthesia.

- **How you can help:** Be open. Don't deny that there will be pain after an operation. Explain that although it will hurt for a while, your child will be made to feel as comfortable as possible. Let your child know that you and the healthcare team will be kind if they happen to say or do something silly while under anesthesia.

Teenagers

- **What your child may be thinking:** Teenagers are often reluctant to ask questions. They may not find it easy to ask. So, you may believe that they understand more than they actually do.

- **How you can help:** Encourage your teenager to ask the doctors and nurses questions. Include your child in discussions about the care plan so he or she will feel more in control.

Reference: http://www.chop.edu/patients-and-visitors/what-expect-during-your-childs-inpatient-visit/preparing-your-child-inpatient-visit

Talking with Children with Special Needs

Some children have special needs. This means they may face certain challenges with their bodies, their emotions, and/or the way they can learn. So, they may need special kinds of help. As a concerned adult in a child's life, it is important to talk to children in a way that helps them feel safe. Here are some ideas to help.

What you should know

- In general, children with Special Needs may require more time, attention, support and guidance than other children to feel safe and secure. So, they may need extra time to understand and deal with the trauma. Try to be patient.

- Children who face physical, emotional, or learning challenges or who have medical conditions will also base their reactions on what they have experienced in the past. They will also base their reactions on how they see their current situation.

- All children will respond to a situation according to many things: their own coping abilities, their past experiences, how much information they have been provided, and how adults around them respond.

What you can do

- Simplify the language you use and repeat things very often.

- Tailor information to your child's strengths. For instance, a child with language disability may better understand information using visual materials.

- Most importantly, you can help a child with special needs cope with trauma by first understanding their typical reactions to a stressful situation. This will help provide you with cues to help assess how they are coping and if they need additional support and help coping with the event.

Reference: https://childmind.org/downloads/Guide-to-Helping-Children-Cope-After-a-Traumatic-Event-v1.pdf

Reference: https://dmh.mo.gov/docs/diroffice/disaster/faqhandbook.pdf

Ways To Help Kids After a Traumatic Event

- **Help your child feel safe**. All children, from toddlers to teens, will benefit from your touch—extra cuddling, hugs or just a reassuring pat on the back. It gives them a feeling of security. This is so important in the aftermath of a frightening or disturbing event.

- **Stay or act calm**. Children look to adults for reassurance after traumatic events have occurred. Do not discuss your anxieties with your children, or when they are around. And, be aware of the tone of your voice, as children quickly pick up on anxiety.

- **Maintain routines as much as possible**. When there is chaos and change, routines reassure children that life will be okay again. Try to have regular mealtimes and bedtimes.

- **Help children enjoy themselves**. Encourage kids to do activities and play with others. The distraction is good for them and gives them a sense of normalcy.

- **Share information about what happened**. It’s always best to learn the details of a traumatic event from a safe, trusted adult. Be brief and honest and allow children to ask questions. Don’t presume kids are worrying about the same things as adults.

- **Pick good times to talk**. Look for natural openings to have a discussion.

- **Prevent or limit exposure to news coverage**. This is especially critical with toddlers and school-age children. Seeing disturbing events recounted on TV or in the newspaper or listening to them on the radio can make them seem like they may never end. Children who believe bad events can come to an end can more quickly recover from them.

- **Understand that children cope in different ways**. Some might want to spend extra time with friends and relatives; some might want to spend more time alone. Let your child know it is normal to experience anger, guilt and sadness, and to express things in different ways. For example, a person may feel sad but not cry.

- **Listen well**. It is important to understand how your child views the situation, and what is confusing or troubling to him or her. Do not lecture. Just be understanding. Let kids know it is OK to tell you how they are really feeling at any time.

- **Acknowledge what your child is feeling**. If a child admits to a concern, do not respond by saying “Oh, don’t be worried.” That may make a child feel embarrassed or criticized. Simply confirm what you are hearing: “Yes, I can see that you are worried.”

- **Remember that it’s okay to answer, “I don’t know.”** What children need most is someone whom they trust to listen to their questions, accept their feelings, and be there for them. Don’t worry about knowing exactly the right thing to say. After all, there is no answer that will make everything okay.

- **Realize the questions may persist**. The aftermath of a trauma may include constantly changing situations. So, children may have questions on more than one occasion. Let them know you are ready to talk at any time. Children need to process information on their own timetable. And, questions might come out of nowhere.

- **Encourage family discussions about the death of a loved one.** When families can talk and feel sad together, it’s more likely that kids will share their feelings.

- **Do not give children too much responsibility.** It is very important not to overburden kids with tasks or give them adult ones. This can be too stressful for them. Instead, for the near future, you should lower expectations for household duties and school demands. It is good to have kids do at least *some* easy chores – just not too many.

- **Help children relax with breathing or mindfulness exercises.** Breathing becomes shallow when anxiety sets in. Deep belly breaths can help children calm down. You can hold a feather or a wad of cotton in front of your child's mouth and ask him to blow at it, exhaling slowly. Or you can say, "Let's breathe in slowly while I count to three, then breathe out while I count to three." Place a stuffed animal or pillow on your child's belly as he lies down and ask him to breathe in and out slowly and watch the stuffed animal or pillow rise and fall.

- **Watch for signs of emotional trauma.** Within the first month it is common for kids to seem okay. Or some may seem generally cranky or clingy. But, after the shock wears off, kids might experience more symptoms. This may especially happen with children who have witnessed injuries or death, lost immediate family members, or experienced previous trauma in their lives.

- **Know when to seek help**. Anxiety and other issues may last for months. But, seek help from your family doctor or from a mental health professional, right away, if any of the following things happen: the anxiey or other issues do not decrease, or your child starts to hear voices, sees things that are not there, becomes excessively worried, has temper tantrums, or hurts himself or others (e.g., head banging, punching or kicking).

- **Take care of yourself.** You can best help your child when you help yourself. Talk about concerns with friends and relatives. It might be helpful to attend or get help from a TSN support group. If you belong to a church or community group, keep being a part of that group.

- **Try to eat right, drink enough water, stick to exercise routines, and get enough sleep**. Physical health helps protect against emotional overload. To reduce stress, do deep breathing exercises. If you suffer from severe anxiety that affects your ability to function, seek help from a doctor or mental health professional. If you don't have access to one, talk with a religious leader. Recognize your need for help and get it. Do it for your child's sake, if for no other reason.

Reference: https://childmind.org/downloads/Guide-to-Helping-Children-Cope-After-a-Traumatic-Event-v1.pdf

7. Age Appropriate Ways to Help Siblings Cope

Seeking to Understand What Your Other Kids May Feel

It can be hard to explain injury and traumatic events to children. Sometimes, children have been present and witnessed their sibling's injury. Sometimes, children have not witnessed the injury, but they have heard small pieces of information and want to know what happened. Caregivers can take simple steps to try to understand what the child may be feeling and to help explain the current situation in age appropriate words.

Consider your child's age, personality, and relationship to the injured child. Children with a sibling in the hospital often express feelings of loneliness, jealousy, and being ignored. Here are some examples of what siblings might be feeling and may have trouble expressing:

Toddler (1-2): Wondering where their sibling is and missing him or her.

Preschool (3-4): Missing their sibling and caregivers. Wondering when mommy and daddy will come home. Children at this age and through age 7 may have "magical thinking" which leads them to believe they caused the medical event to happen.

School age (5-7): Not understanding why they can't see their sibling and feeling angry or sad that they cannot go to the hospital to visit especially if they are too young.

School age (8-11): May feel jealous or angry about the attention that their sibling is receiving.

Pre-Adolescence (12-14): Confused and worried about the well-being of their sibling, but unable to deal with other children asking questions.

Adolescence (15-18): Feeling their needs are being ignored when other adults ask how their *sibling* is doing, but not how *they* are feeling or how they are coping with this challenging situation. Siblings may also experience feelings of guilt about being the "healthy one" and questioning "why not me?"

Listed below are some behaviors you may want to watch for. If these concerns go on for more than a few weeks or distress your child, reassure your child that he or she is not alone and seek help from a mental health professional.

Behaviors you might see in younger children:

- Clinginess to caregivers
- Temper tantrums
- Doing things again that they had grown out of, like bed wetting
- Trouble sleeping, having nightmares or being afraid of the dark

Behaviors you might see in older children and teens:

- Wanting to be alone or to be with you all the time
- Being easily overwhelmed, jumpy or irritable
- Changes in behavior, more sensitive or quiet, or talking back, getting into fights
- Trouble sleeping or having nightmares
- Missing friends or feeling left out
- Problems in school
- Changes in eating or sleeping habits

Reference: http://www.cham.org/programs-centers/phoebe-h-stein-child-life-program/information-for-parents/helping-children-understand-when-a-sibling-is-in-the-hospital.

Helping Children After a Sibling’s Traumatic Event

While your child is in the hospital, there are several steps you and other caregivers can take to support your child’s siblings. The Child Life Specialist on your healthcare team can also be a great resource for both caregivers and siblings.

Talk to your children.

- **Children need to know that it is okay to talk about their feelings**, and that they will get support and comfort when they need it. Some children avoid telling their caregivers what they're worried about because they think that it will add to their caregivers' stress. Many children know or have overheard some of what's going on with their brother or sister. It is helpful to tell children to share their feelings and worries with you, and to ask you any questions they may have.

- **Answer questions honestly.** Answer your children's questions honestly, directly, and simply. It's okay if you don't have an answer. You can always check with your healthcare team. Talk about what is happening by using words that your children can understand. Check to make sure that the meaning of the words you use is clear to your children, especially medical words.

Prepare your children for a visit to the hospital.

- **When, where, how:** Talk to them about visiting the hospital. Explain when you will visit, where the hospital is, and how you will get there. It is better to talk to them about things than to have them imagine what might be going on.
- **How long:** Explain how long you will be visiting at the hospital.
- **How things will look:** Talk to them about what they will see such as medical equipment or how their brother or sister will look. Pictures can help.
- **Possible fears:** Tell them it's okay to feel nervous or scared.
- **Possible feelings:** Help them handle and express their feelings.
- **Possible questions:** Ask them if they have any questions or concerns about the visit.

Try to be patient and give everyone time to adjust. Members of the same family can have very different reactions and need time to adjust to the changes. Talk as a family about how the illness affects everyone.

Keep to everyday routines. Trying to keep to some everyday routines can help things feel more normal at home. Having regular routines (e.g. meals and bed times, chores) and activities give siblings things to expect and look forward to.

Set limits as usual. It can be tempting to relax family rules to help siblings feel special or to make up for hard times. However, it is often better to keep most of your family rules and expectations the same.

Help your other children understand what is happening. Serious illness or injury can be confusing and scary for a sibling. Children have active imaginations and they can get the wrong idea about what is happening. Ask questions to figure out what your child knows and give information in clear, age-appropriate ways.

Encourage your other children to share their feelings. There are many ways to share feelings (talking, drawing, story-telling, hugging). And, there are different times (dinnertime, bedtime) and places (in the car, at home, in the hospital). Help siblings name their feelings, such as being sad, scared, angry, jealous, or guilty. Share your own feelings. And be a good listener, even if what they have to say is hard to hear.

Spend time with your other children. It is important to care for your ill or injured child. But, remember that your other children miss you. Try to make plans to spend one-on-one time with your other children. If you are away a lot, call regularly so you can keep in touch.

Help siblings feel involved. Allow them to be a part of their sibling's care. Plan a visit to the hospital and introduce them to the healthcare team. Let them choose which toys and games to take to the hospital. And make sure you let them know how much you appreciate the extra things they do to help out.

Help them keep in touch. If their ill or injured sibling is away, find ways to help your other children keep in touch. Make cards, write letters, draw pictures, make videos or arrange for video chats, and record a sibling reading a bedtime story. If possible, let them visit their brother or sister in the hospital.

Encourage siblings to have fun. Often siblings feel guilty about wanting to have fun. Remind them that it is okay for them to do the things they enjoy, like spending time with friends, hobbies and extra-curricular activities.

Seek help. If your other children seem to be struggling, talk to your child's doctor and seek help from a mental health professional.

Reference:
http://www.aboutkidshealth.ca/En/HealthAZ/TestsAndTreatments/GoingtoHospital/Pages/Siblings-in-the-Hospital-Helping-Your-Children-Cope.aspx

Reference:
http://www.aboutkidshealth.ca/En/HealthAZ/TestsAndTreatments/GoingtoHospital/Pages/Siblings-in-the-Hospital-Helping-Your-Children-Cope.aspx

INSERT GRAPHIC

8. Coping Strategies for Caregivers

Try to be kind to yourself.

It's important for caregivers to use their own coping skills while a child is in the hospital. You may be learning to adjust to a difficult experience. You may be extra busy. You may feel tired and overwhelmed. So, it is not always easy. But try your best to stay healthy for yourself, your family, and for your child. Here are some healthy coping behaviors for you to stay strong for yourself and for your child.

- **Try to eat healthy foods-** Eat well. Drink plenty of water.
- **Try to exercise-** Take a walk outside of the hospital.
- **Try to get enough rest and sleep-** Know your limitations. Ask a friend or family member to stay with your child so you can have a break, take a shower, and get some rest.
- **Connect with TSN Services-** Read Stories from Survivors and Family/Friends at www.TraumaSurvivorsNetwork.org and connect with TSN on social media. Talk with your TSN Coordinator about any TSN services that may be available at your hospital.
- **Ask for help managing home life-** Ask a friend or family member to oversee having meals provided, babysitting, house cleaning, paying monthly bills or any other tasks that may need to be done while you're at the hospital.

Know that as you help your child, you can help yourself, as well.

- **Keep track of your child's progress-** Write down questions to ask the medical care team, learn about your child's injury, and make a daily log of your child's progress. Focus on one day at a time. This can help you to cope.
- **Ask for help with your child's care-** Choose a relative or friend to make calls and to share updates about your child's progress in the hospital. An online page, such as www.CaringBridge.org, can be a helpful resource. Speak with the Social Worker, TSN Coordinator, or the Chaplain on your healthcare team

Reference:

http://www.lhsc.on.ca/Patients_Families_Visitors/Childrens_Hospital/Programs_and_services/PedsTraumaBooklet.pdf

INSERT GRAPHIC

9. Mental Health Information and Awareness

Emotional Reactions to Trauma

After a traumatic event or injury, it is common for children and adults to feel a range of stressful emotions. For some people, these feelings of distress resolve over time. For others, these reactions may hold steady or even increase. It's important to know the warning signs and to seek help from a mental health professional to aid in the healing process.

If you or your child are experiencing any of these symptoms, you are not alone. There is hope after trauma. Talk with the Social Worker or TSN Coordinator on your healthcare team. They can lead you to local counseling resources, support groups, and peer to peer support for adults and kids.

What Is Acute Stress Disorder?

Acute stress disorder involves symptoms that last from 3 days to 1 month after one or more traumatic events. Symptoms may begin after someone experiences or sees an event involving a threat of or actual death, serious injury, or physical violation to the person or others. Symptoms fall into five categories: intrusion, negative mood, dissociation, avoidance, and arousal.

- **Intrusion symptoms** (Invasive distressing memories of the trauma or recurrent bad dreams)
- **Negative mood** (ongoing inability to experience positive emotions such as happiness or love)
- **Dissociative symptoms** (time slowing, seeing oneself from an outsider's perspective, being in a daze)
- **Avoidance symptoms** (avoidance of memories, thoughts, feelings, people, or places associated with the trauma)
- **Arousal symptoms** (difficulty falling or staying asleep, irritable behavior, problems with concentration or focus)

People with acute stress disorder may also experience a great deal of guilt about not being able to prevent the trauma. Or, they may feel guilt for not being able to move on from the trauma more quickly. Panic attacks may occur in the month following a trauma. Children with acute stress disorder may also experience anxiety related to their separation from caregivers.

Only a mental health professional can diagnose Acute Stress Disorder, but if you or a loved one notices any of these symptoms, it may be a sign that professional help is needed.

What Is Posttraumatic Stress Disorder (PTSD)?

PTSD is a type of anxiety that occurs in response to a traumatic event with symptoms that are present for at least 1 month or longer. PTSD was first described in combat veterans. After years of research, it is understood that PTSD may occur after experiencing or seeing traumatic events that can happen in everyday life.

After a traumatic event, people may have some PTSD symptoms. But, that does not always mean they have a PTSD diagnosis. PTSD can be diagnosed and treated by a mental health professional who completes an assessment of a person's symptoms over a certain length of time. There are 3 types of PTSD symptoms:

Hypervigilance

- Having a hard time falling asleep or staying asleep
- Feeling irritable or having outbursts of anger
- Having a hard time concentrating
- Having an exaggerated startle response

Re-experiencing

- Having recurrent recollections of the event
- Having recurring dreams about the event
- Acting or feeling as if the event were happening again
- Flashbacks of the event
- Feeling distress when exposed to cues that resemble the event

Avoidance

- Avoiding thoughts, feelings, conversations, or activities,
- Avoiding places or people that are reminders of the event
- Less interest or participation in activities that used to be important
- Feeling detached; numb, not able to feel

If you or your child experience any of these symptoms, you are not alone. Contact a mental health professional for support.

Grief and Loss

When a loved one dies, you and your child may react to this loss with different emotions at different times. Your child may be aware of death from stories, movies, or even a friend who lost a pet or a loved one. However, this loss may be a new experience for your child in losing someone close and your child may have many questions.

At some point in your healing process, you and your child may experience grief and loss, not due to the loss of a loved one, but due to the loss of activities your child once enjoyed. Your child may miss friends from school or a team, physical activities such as dance or sports, or simply the way life "used to be" before the traumatic injury occurred.

Grief or loss takes time to adjust and to transition to a new normal—to life after the loss of a loved one or life after a traumatic injury. Caregivers cannot take away their child's pain of grief and loss. But, caregivers can help model and support healthy coping skills to work through the grieving process and adjust to a new normal moving forward.

Things to Remember to Help Your Child Heal:

- **Your child may grieve and cope differently than you do**. Changes in moods, from crying to playing, may be how your child is coping from feeling overwhelmed.
- **Your child may regress to younger behaviors.** Your child may start wetting the bed again or talking with "baby talk".
- **Encourage your child to express feelings.** Your child may not be able to express his or her emotions through words. You can help express feelings by drawing pictures, building a scrapbook, looking at photo albums, or telling stories.
- **Focus on answering your child's questions with words and information they can understand.** Young children may not understand that death is permanent, and question when the loved one is coming back. Older children may understand death differently, and also have questions. Answer your child's questions honestly with words that best fit for their age. Try not to overwhelm your child with too much information.

- **Be direct as you explain death to your child.** Children often hear each word literally. So, hearing that someone "went to sleep" may cause them to be afraid of bedtime. Use words that are clear and direct. Provide honest answers to their questions with age-appropriate information.

- **Talking about Heaven or an Afterlife depends on your personal and religious beliefs.** If you have beliefs about an afterlife, sharing those beliefs with your child can help bring comfort. Even if your beliefs do not include an afterlife, you can still comfort your child in sharing that your loved one can live on in the hearts and minds of family and friends. You can also help your child draw or find a printed picture of your loved one.

- **Attending the funeral is a personal decision for you and your child.** While some children can feel more closure by attending the funeral, other children are not ready for such an intense experience. Do not force or pressure your child to attend. If you and your child both agree to attend, prepare your child with what he or she can expect to see and hear. Even if your child does not attend the funeral, you can help your child experience closure by planting a tree, sharing stories, or releasing balloons to honor the loved one who died.

- **Your child may imitate how you are grieving.** It is important to show your emotions because it models how to express your feelings. However, explosive or uncontrollable reactions do not model healthy coping for your child.

- **Routines can bring comfort in a stressful time for your child.** You may need some time alone. If so, ask a friend or relative who can help keep your child's daily routines as much as possible. It is important that your child can grieve the loss of the loved one. But, it is also important for your child to understand that life does go on.

- **Finding Professional Support for you and your child can be helpful.** If you feel you or your child is unable to cope with this grief and loss, contact a mental health professional. It's OK to ask for help.

Reference: https://childmind.org/article/helping-children-deal-grief/

YOUR CHILD’S DISCHARGE

10. After the Hospital: Planning for Discharge

Making a Plan

Dealing with feelings: As you prepare for hospital discharge, you and your child may feel many different feelings day to day. You may feel happy or hopeful, or you may feel nervous or exhausted. During this transition to a new phase of recovery, remember that you are not alone. Talk with your healthcare team to help you prepare for this next step in the healing process.

Arranging for specialized care: Many children need specialized care after they leave the hospital. This may include:

- Medical equipment
- Mobility devices
- Transportation Needs
- Nursing care
- Physical therapy
- Occupational therapy
- Speech therapy
- Rehabilitation Services

Who can help: The Social Worker or Clinical Care Manager on your healthcare team will work with you to plan for a safe discharge from the hospital. They may talk with your insurance company to see what benefits are available. They can also help you arrange for services after discharge. If you do not have health insurance, a social worker or financial counselor can help you apply for assistance.

11. After The Hospital: Planning For School

Accommodation Planning Before Returning to School

Working Together to Make a Plan

- **A meeting**- You can set up a meeting with your child's school professionals to determine your child's needs and help create a plan for your child to return to school. This could include your child's ability to safely return to physical activities while at school.
- **An IEP**- Your child's school professionals can help develop an Individualized Educational Plan (IEP) if your child's injuries could affect his or her academic performance.
- **A 504**- If your child does not qualify for an Individual Education Plan (IEP), your child's school can develop a "504." Section 504 of the Rehabilitation Act of 1973, as amended, and the Americans with Disabilities Act of 1990 requires that accommodations and modifications be implemented to level the playing field for students with disabilities. This grants specific accommodations, such as extra time for tests.
- **Homework**- Homework may be arranged before transition back into the classroom.
- **A therapist**- With your parent/guardian consent, your child's school professionals may approve therapists to help set up behavioral plans and implement certain techniques on your child's behalf. In some situations, the therapist may be able to observe the child in the classroom and exchange information with teachers.
- **Emergency medical information**- Know that some physical conditions or emotional conditions may worsen in stressful situations. You can update your child's emergency medical information forms on file with your child's school professionals. Discuss with school professionals what coping skills you feel are most calming to your child when he or she is upset.

Reference: https://dmh.mo.gov/docs/diroffice/disaster/faqhandbook.pdf

Local or Hospital Education Resources:

- Customize for your hospital here.

Preparing Your Child to Return to School

Working Together to Help Your Child Cope

- **Get back to routine as much as possible**. Help your child's transition by talking about what to expect. Returning to a school routine can help your child feel more in control of his or her daily life.

- **Maintain your expectations.** Things don't need to be perfect, but your child may be ready to do some homework and simple classroom tasks.

- **Be aware of signs that your child may need extra help**. Your child may be unable to function due to feelings of intense sadness, fear, or anger. If so, contact a mental health professional. Your child may have distress that appears as physical ailments, such as headaches, stomach aches or extreme fatigue.

- **Help kids understand more about what happened.** You can talk to your child's school professionals to plan a "welcome back" celebration for your child and his classmates.

- **Consider a memorial.** If there was a death of a loved one, memorials are often helpful to commemorate people and things that were lost.

- **Reassure your child about safety.** Ask your child what worries he or she might have about returning to school. And, share what trusted adults at home and at school are doing to help.

- **Caregiver and Teacher Communication.** Ask teachers to use increased awareness about your child's experiences when discussing topics or news reports that may be unsettling to your child. Talk with your child's teacher about the school's programs and activities so you can better prepare for discussions that may continue at home.

Reference: https://childmind.org/downloads/Guide-to-Helping-Children-Cope-After-a-Traumatic-Event-v1.pdf

YOUR CHILD’S RECOVERY

12. Supporting Your Child in Recovery

Healing Is a Process

- **Communication:** Try to recognize your child's feelings and the impact trauma may have had on your child. Stay away from phrases like, "I don't believe you," or "It couldn't have happened that way," or "If only you hadn't…" Use supportive words and thoughtful questions to help you and your child to better understand each other.

- **Safety:** Your child's need for safety and for your support is important in healing from a traumatic experience, even if your child seems to "push you away."

- **Comfort:** Your child may temporarily regress after a trauma to seek comfort. He or she may, suck their thumb, or want to sleep in your bed. He or she may also start to wet the bed again.

- **Reassurance:** Your child may think about an event in a different way than you may expect. Ask your child open-ended questions, like "What do you think about . . ." "What happened next?" Encourage your child with *active listening*. This means you would do the following things: You would pay close attention. You would refrain from making any judgment. You would say what you think you have heard to be sure you understand what your child has said. You would ask questions, if needed, to clarify anything you feel you missed. And, you would summarize what you think you heard and ask your child to do the same.

Reference: https://www.starr.org/training/tlc/blog/what-parents-need-know-about-childhood-trauma)

Reference: https://www.ccl.org/multimedia/podcast/the-big-6-an-active-listening-skill-set/

13. Support for Caregivers

What Is Caregiver Fatigue?

Caregiver Fatigue or Caregiver Burnout is a state of physical, emotional, and mental exhaustion that may be accompanied by a change in attitude -- from positive and caring to negative and unconcerned. Burnout can occur when caregivers don't get the help they need, or if they try to do more than they are able – physically, mentally, financially, etc.

It is important for you to stay aware of how you are feeling. Many caregivers feel guilty if they spend time for themselves rather than with their ill or injured children.

Caregivers often are so busy caring for others that they tend to neglect their own emotional, physical, and spiritual health. The demands on a caregiver's body, mind, and emotions can easily seem overwhelming, leading to fatigue and hopelessness -- and, ultimately, burnout.

Symptoms of Caregiver Burnout are similar to the symptoms of stress and depression, and may include:

- Withdrawal from friends, family, and other loved ones
- Loss of interest in activities previously enjoyed
- Feeling blue, irritable, hopeless, and helpless
- Changes in appetite, weight, or both
- Changes in sleep patterns
- Getting sick more often
- Emotional and physical exhaustion
- Irritability
- Feelings of wanting to hurt yourself or the person for whom you are caring

If you feel thoughts of harming yourself or your child, contact a crisis line immediately. The National Suicide Prevention Lifeline has counselors available 24 hours a day, 7 days a week. Call 1-800-273-8255.

Ways to Avoid Caregiver Burnout

Here are some steps you can take to help prevent caregiver burnout:

Helping your child

Educate yourself about your child's injury to be more effective in how to care for your child.

Be realistic about your child's injury and recovery. Recognize when your child needs professional help.

Set realistic goals for you and your child. Accept that you may need help with caregiving and ask others for help with some tasks.

Helping yourself

Stay as healthy as you can. Try to by eat right, exercise, and get the sleep you need.

Allow other trusted family and friends to stay with your child. This will help to give yourself a break.

Set aside time for yourself, even if it's just an hour or two. Taking care of yourself is not a luxury. Self-care is necessary for caregivers to stay strong.

Develop new tools for coping. Remember to lighten up and highlight the positive. Use humor to laugh and help deal with everyday stresses.

Stay aware of your feelings. Having negative feelings -- such as frustration or anger -- about your responsibilities or the person for whom you are caring is normal. It does not mean you are a bad person or a bad caregiver. At the same time, it is important to stay aware of how those feelings can affect your mood and your actions.

Find someone you trust. It could be a family member, friend, co-worker, or neighbor. Talk him or her about your feelings and frustrations.

Know your limits and be honest with yourself. Recognize and accept your potential for caregiver burnout.

Talk to a mental health professional, if needed. This can give you needed support.

Join a caregiver support group or talk to your TSN Coordinator about TSN services available for family members. Share your feelings and experiences with others in a similar situation. This can help you manage stress, locate helpful resources, and reduce feelings of frustration and isolation.

Reference: https://my.clevelandclinic.org/health/diseases/9225-caregiving-recognizing-burnout

INSERT GRAPHIC

ADDITIONAL RESOURCES AND INFORMATION

14. National and Local Resources

National Resources

- **ADA National Network**
  www.adata.org
  1-800-949-4232

  The ADA National Network provides information, guidance and training on how to implement the Americans with Disabilities Act (ADA). ADA specialists help families address complex questions on a wide range of ADA topics such as reasonable accommodations at work, building codes for new construction projects, accessible housing, and transitioning from school to work. ADA specialists also address questions about other disability laws, such as the Fair Housing Act, the Individuals with Disabilities in Education Act, and the Rehabilitation Act

- **AMPOWER**
  www.empoweringamputees.org

  The mission of AMPOWER is to empower and strengthen those affected by amputation or limb difference through peer mentorship, educational resources, and community events.

- **Amputee Coalition**
  www.amputee-coalition.org
  https://www.amputee-coalition.org/resources/understand-limb-loss/

  The mission of the Amputee Coalition is to reach out to and empower people affected by limb loss to achieve their full potential through education, support and advocacy, and to promote limb loss prevention. They provide resources and information for children, adults, and families.

- **Brain Injury Association of America**
  www.biausa.org

  The Brain Injury Association of America (BIAA) works to advance awareness, research, treatment, and education to improve the quality of life for adults and children affected by brain injury. BIAA is dedicated to increasing access to quality health care and raising awareness and understanding of brain injury. It has a network of state affiliates, local chapters, and support groups.

- **Brainline**
  www.brainline.org
  703-998-2020

  Brainline provides education and resources about Brain Injury and PTSD for both adult and pediatric survivors and their families. They focus on treatment and recovery information for moderate to severe TBI symptoms in both adults and children.

- **Child Help**
  1-800- 4-A-Child (1-800- 422-4453)
  www.childhelp.org/hotline/

  The Childhelp National Child Abuse Hotline is dedicated to the prevention of child abuse. Serving the U.S. and Canada, the hotline is staffed 24 hours a day, 7 days a week with professional crisis counselors who—through interpreters—provide assistance in over 170 languages. The hotline offers crisis intervention, information, and referrals to thousands of emergency, social service, and support resources. All calls are confidential.

- **Child Mind Institute**
  https://childmind.org/our-impact/trauma-response/trauma-resources/

  The Child Mind Institute is an independent, national nonprofit dedicated to transforming the lives of children and families struggling with mental health and learning disorders. The Child Mind Institute has prepared free trauma resources to aid caregivers, educators, and other adults in talking to children and adolescents about potentially traumatic events and identifying those who might benefit from more focused professional attention.

- **Christopher and Dana Reeve Foundation**
  www.christopherreeve.org
  1-800-225-0292

  The Reeve Foundation is dedicated to curing spinal cord injury by funding innovative research and improving the quality of life for people living with paralysis through grants, information, and advocacy.

- **Coalition to Support Grieving Students**
  www.grievingstudents.org

  The Coalition's purpose is to create and share a set of industry-endorsed resources that will empower school communities across America in the ongoing support of their grieving students. They provide education and resources to help support students in response to the death of a loved one, school violence/shootings, etc.

- **Family Caregiver Alliance**
  https://www.caregiver.org/hospital-discharge-planning-guide-families-and-caregivers

  The Family Caregiver Alliance addresses the needs of family and friends providing long-term care for loved ones at home. It provides support, information, and tools to manage the complex demands of caregiving. These include online support and resources, navigators to help locate support services by state, and the National Center on Caregiving which unites research, policy, and practice to develop cost-effective programs for caregivers. Click the link to find out more about how FCA could help you or your family.

- **National Alliance for Grieving Children**
  https://childrengrieve.org/

  The National Alliance for Grieving Children (NAGC) is a nonprofit organization that raises awareness about the needs of children and teens who are grieving a death and provides education and resources for anyone who supports them. The NAGC is a nationwide network to promote best practices, education, and critical resources to support the mental, emotional and physical health of grieving children and their families.

- **National Center for PTSD (Post-Traumatic Stress Disorder)**
  www.ptsd.va.gov

  The National Center for PTSD offers national resources for trauma survivors and families, which includes information about PTSD, resources such as the PTSD Coach Online, and videos from other survivors and professionals.

- **National Child Traumatic Stress Network**
  www.nctsn.org
  https://www.nctsn.org/audiences/families-and-caregivers

  The National Child Traumatic Stress Network (NCTSN) was created to increase access to services for children and families who experience or witness traumatic events. This network provides resources and education about Trauma-Informed Care and how trauma impacts children and families.

- **National Human Trafficking Hotline**
  https://humantraffickinghotline.org

  Human Trafficking is a crime in which traffickers use force, fraud, or coercion to control victims for the purpose of engaging in sex acts or labor services against his/her will. If you, or someone you know, are a victim of Human Trafficking, contact the National Human Trafficking Hotline at 1-888-373-7888, or visit this website.

- **National Suicide Prevention Lifeline**
  www.suicidepreventionlifeline.org

  The National Suicide Prevention Lifeline is a 24-hour, toll-free, confidential suicide prevention hotline available to anyone in suicidal crisis or emotional distress. Your call is routed to the nearest crisis center in the national network of more than 150 crisis centers. For assistance, call 1-800-273-TALK (8255), TTY: 1-800-799-4889. The Crisis Text Line is: 741741

- **Phoenix Society**—Resources for Caregivers and Children
  https://www.phoenix-society.org/resources/parent-child-resources

  The Phoenix Society is a strong voice for burn survivors, their families, and their caretakers—advocating that healing is life-long process. They focus on information and resources for families of survivors in recovery.

- **Society for the Prevention of Teen Suicide**
  www.sptsusa.org

  The mission of the Society for the Prevention of Teen Suicide is to reduce the number of youth suicides and attempted suicides by encouraging public awareness through the development and promotion of educational training programs.

- **Substance Abuse and Mental Health Services Administration National Helpline (SAMHSA)**
  www.samhsa.gov
  https://www.samhsa.gov/capt/tools-learning-resources/coping-traumatic-events-resources

  This helpline provides 24-hour free and confidential treatment information about mental and/or substance use disorders, prevention, and recovery in English and Spanish. The SAMHSA website also offers a treatment locator to identify local mental health providers. For assistance, call 1-800-662-HELP (4357).

- **Understood**
  www.understood.org

  Understood is a combined effort from 15 nonprofit organizations that have joined together to support caregivers of children with learning and attention issues throughout their journey. They provide information and resources to help caregivers to help their children unlock their strengths and reach their full potential. The professionals who advise caregivers on Understood include educators, learning and attention specialists, physicians, psychologists, lawyers and more. They share a commitment to children with learning and attention issues.

- **United Spinal Association**
  https://unitedspinal.org

  United Spinal Association is dedicated to enhancing the quality of life of all people living with spinal cord injuries and disorders (SCI/D), including veterans, and providing support and information to loved ones, care providers, and professionals. Its goal is to provide people living with SCI/D with active lifestyle information, peer support, advocacy, and services that maximize their independence and enable them to remain active in their communities. Visit the website for more information.

- **U.S. Department of Education**
  https://www2.ed.gov/parents/needs/speced/iepguide/index.html

  The purpose of this guidance is to assist educators, caregivers, and state and local educational agencies in implementing the requirements of Part B of the Individuals with Disabilities Education Act (IDEA) regarding Individualized Education Programs (IEPs) for children with disabilities, including preschool-aged children.

- **VictimConnect Resource Center**
  VictimConnect.org
  Chat.VictimConnect.org

  The VictimConnect Resource Center is a referral helpline where crime victims can learn about their rights and options confidentially and compassionately. As a program of the National Center for Victims of Crime, it combines: a telephone-based helpline, online chat, online information, and service referrals. 1-855-4VICTIM (1-855-484-2846)

- Add additional National Resources

State Resources

- Add additional Local Resources

15. Common Traumatic Injuries

In this section of the handbook, we describe some of the common types of injuries that people can have. The trauma team can give you specific details about your child's injuries.

At the end of the book there is a place for you to list these injuries.

Injuries may be due to blunt or penetrating forces.

- **Blunt injuries:** These occur when an outside force strikes the body. These injuries may occur as a result of a motor vehicle crash, a fall or an assault.
- **Penetrating injuries:** These occur when an object, such as a bullet or knife, pierces the body.
- **Dual injuries:** Sometimes, patients have both types of 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.

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.

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)
- Ruptures (severe tearing of the tissue)

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.

Simple

Greenstick

Comminuted

Hairline

Compound

Spiral

Amputation

Traumatic amputation is the accidental cutting off of some or all of a body part. Sometimes, a surgeon must discuss with the patient the possibility of amputating a portion of a limb during surgery due to severe damage to a limb that cannot be repaired. The goal of amputation is to remove any unhealthy tissue and create a remaining limb that is less painful and can be more useful to the patient.

- **Complete amputation**- limb totally detaches from the rest of the body.
- **Partial amputation**- some tissue still remains attached connecting the limb to the rest of the body
- **Above knee amputation (AKA**)- procedure performed in surgery to remove the lower leg above the knee joint when that limb has been severely damaged. (Also called a trans-femoral amputation)
- **Below knee amputation (BKA)**- an amputation often performed for severe injury to the foot and ankle (Also called trans-tibial amputation)
- **Upper-Extremity amputation**- an amputation performed due to severe injury to the arm. Can be Above elbow (trans-humeral) or Below elbow (trans-radial amputation)

Spinal Cord Injury

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

- **Quadriplegia (also called tetraplegia):** injury to the spinal cord from the first cervical vertebra (C1) to the first thoracic vertebra (T1) level (see section under Anatomy). This means the patient has paralysis of (cannot move) the arms and legs. Injury at or above the C4 level affects breathing and patients often need a ventilator (a breathing machine).
- **Paraplegia:** injury to the spinal cord from the second thoracic vertebra (T2) to the 12th thoracic vertebra (T12), causing paralysis of both legs and possibly the chest and abdomen.

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

- **A complete spinal cord injury**- This 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**- This means that the patient has some movement or feeling. Incomplete injuries may be to the back, front or central part of the spinal cord. With injury to the back part of the spinal cord, the patient may have movement but still 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.

16. Glossary of Common Medical Terms and Procedures

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.

Medical Tests

X-Ray: An X-Ray takes a picture of the inside of the body.

CT Scan: A CT Scan is like an x-ray, because it takes pictures of the inside of the body. A CT scanner is circle shaped like a doughnut and takes pictures of the body from many different angles. Pictures are sent to a computer that records the images and can put them together to form three-dimensional images.

MRI: The MRI is another machine that shows the inside of the body. Using a large magnet and a computer, the MRI can see bones, organs, and tissue inside the body.

Ultrasound: An ultrasound shows inside of the body, and produces a picture using sound waves. Ultrasound images are black-and-white images that can show what an organ looks like.

Labs: Labs may include blood tests and other tests to help doctors diagnose an illness and provide treatment for your child.

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 or custom foot orthosis, that keeps a part of the body from moving around and restricts motion to promote healing or function.

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

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

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

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

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

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

Anatomy (Parts of the Body)

Bones of the Skeleton

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).

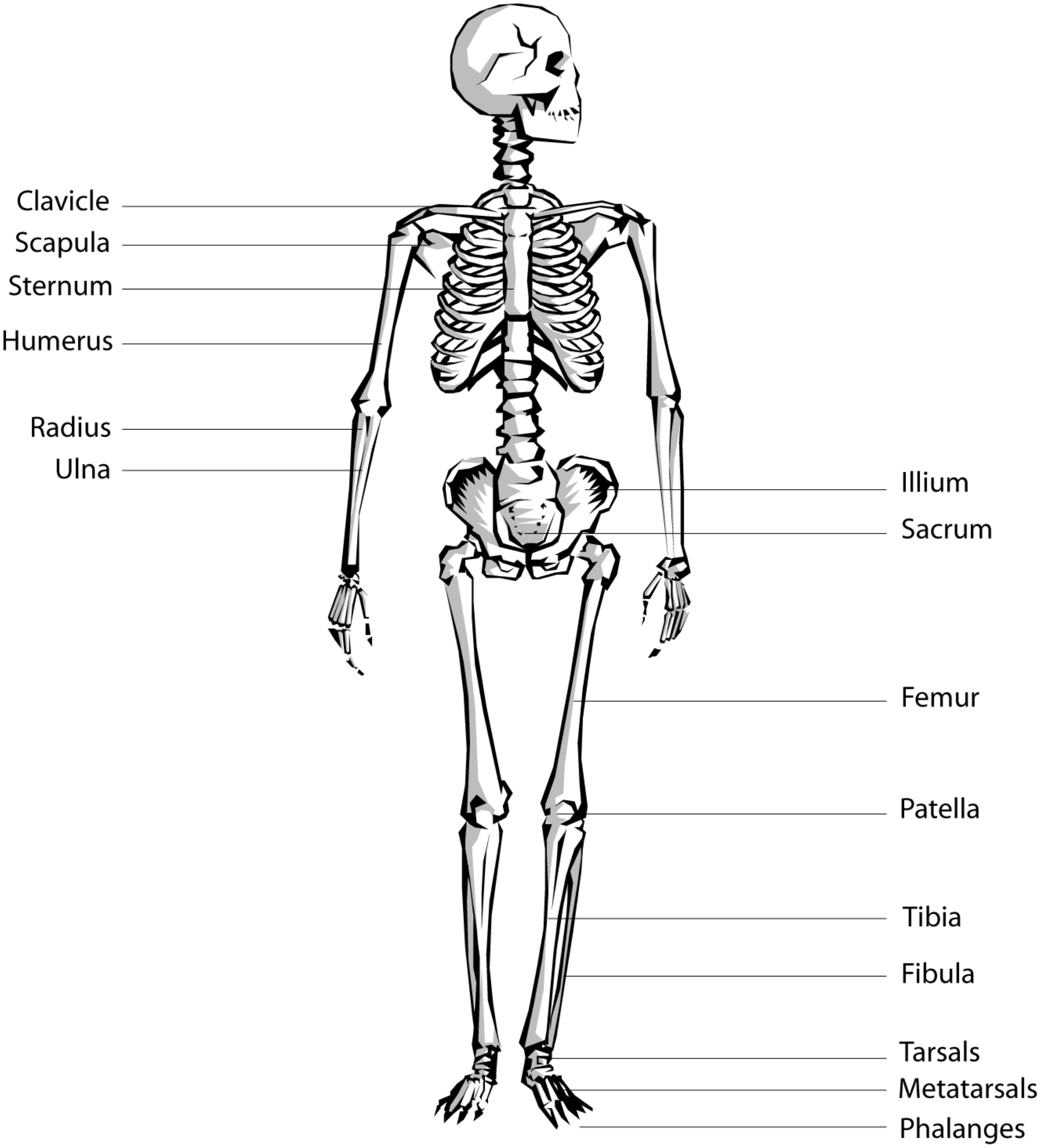
scapula (shoulder blade): the large, flat, triangular bone that forms the back part of the shoulder.

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.


Clavicle
Scapula
Sternum
Humerus
Radius
Ulna
Illium
Sacrum
Femur
Patella
Tibia
Fibula
Tarsals
Metatarsals
Phalanges

Bones of the Skull and Face

frontal bone: forehead bone.

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

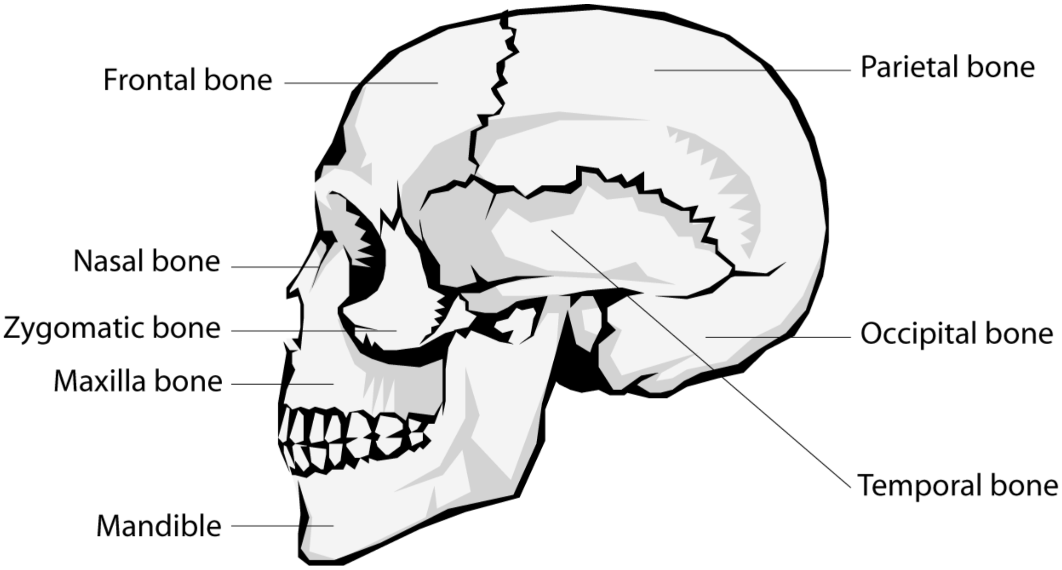
maxilla: the jawbone; it is the base of most of the upper face, roof of the mouth, sides of the nasal cavity and floor of the eye socket.

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

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

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

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



Bones of the 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.

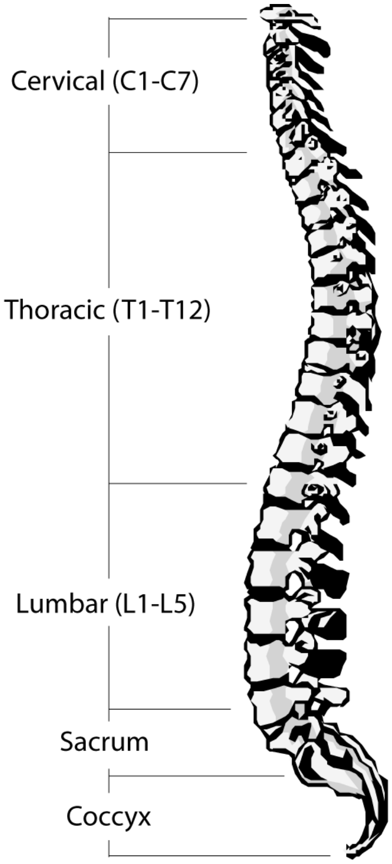
sacrum: five joined vertebrae at the base of the vertebral column (spine).

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.



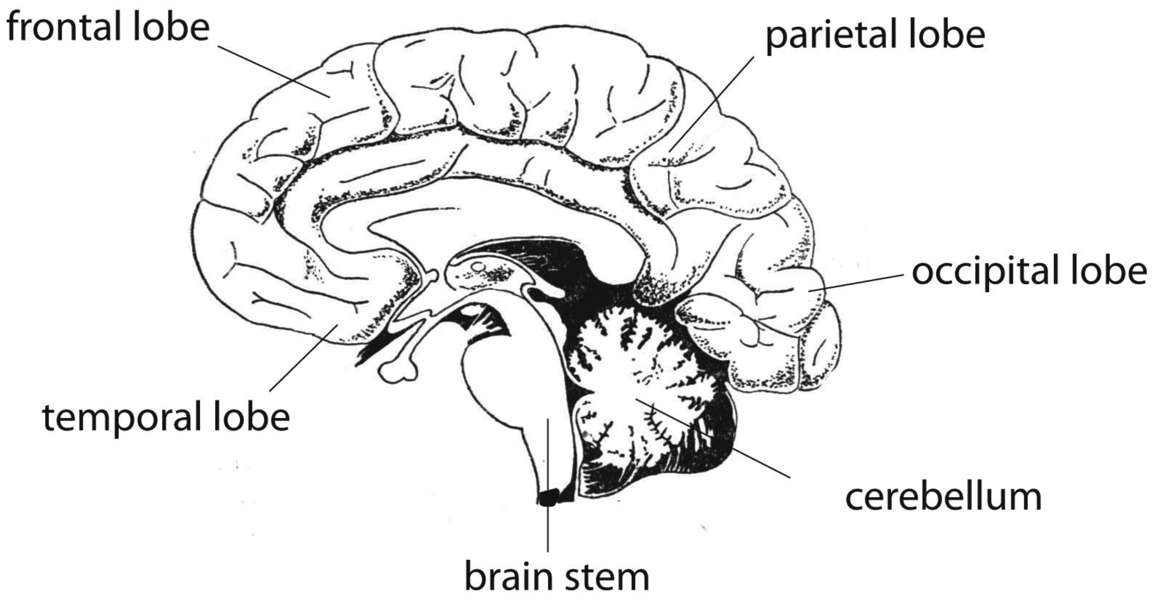
Parts of the Brain

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

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

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

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



Parts of the Digestive System and Abdomen

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

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

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

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

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

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

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

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

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

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

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

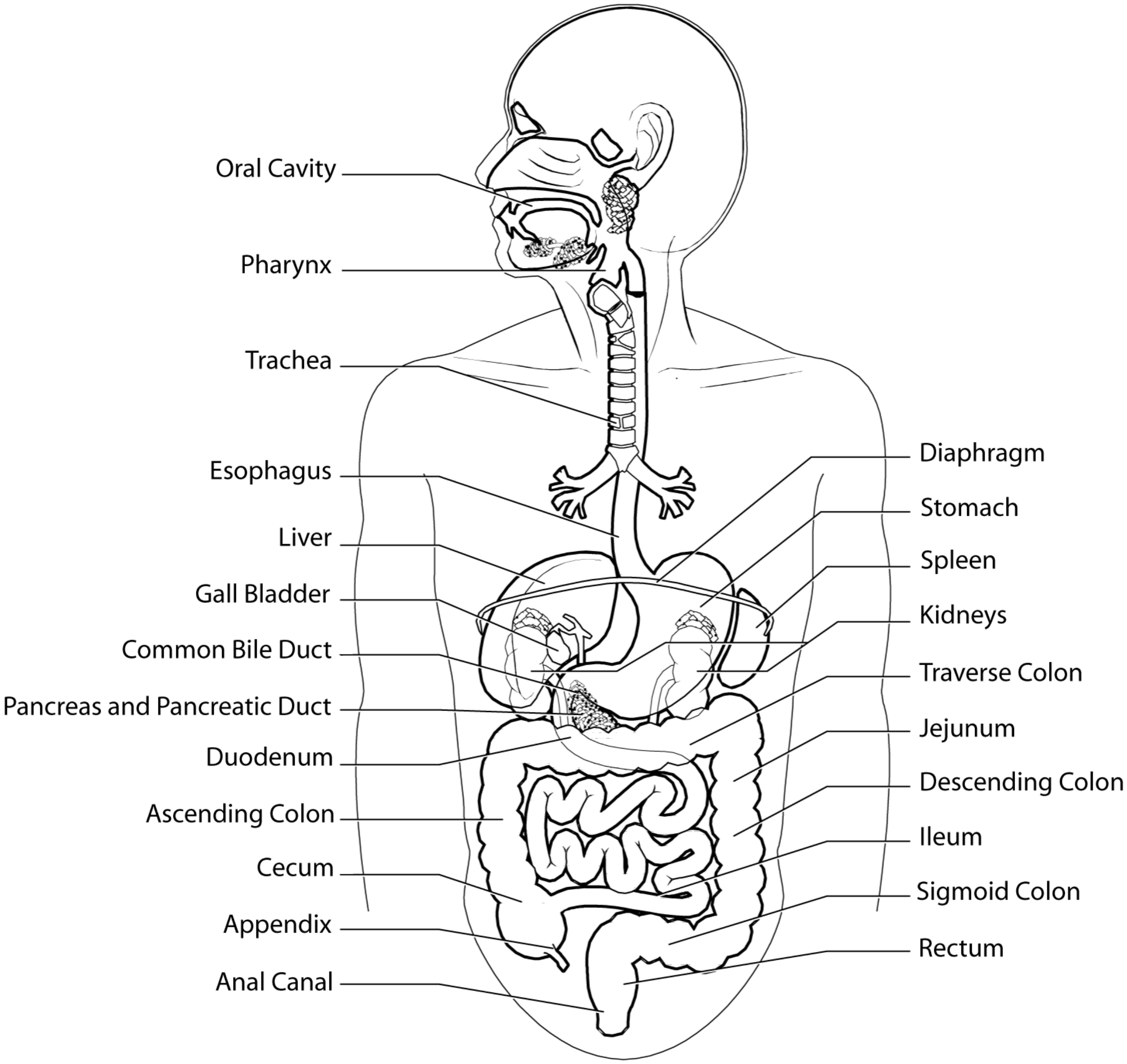
rectum: the lower part of the large intestine between the sigmoid colon and the anus.

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

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

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

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


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

Parts of the 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.

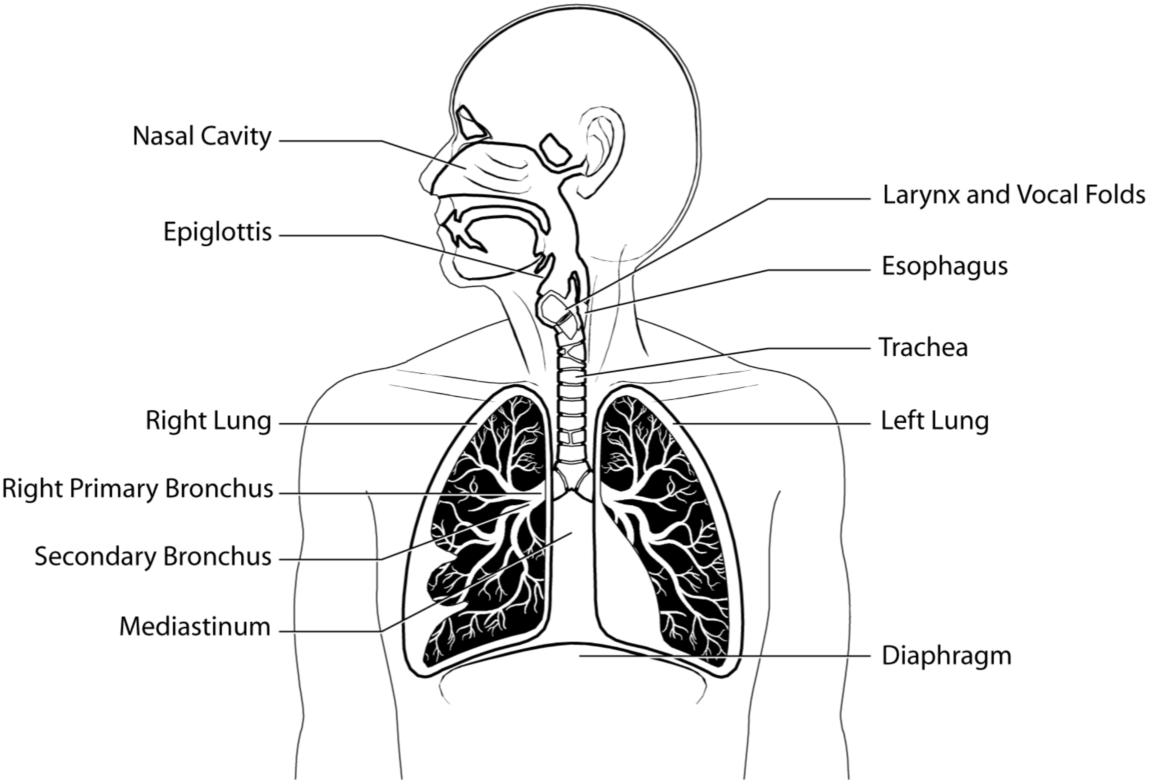
mediastinum: the part of the body between the lungs that contains the heart, windpipe, esophagus, the large air passages that lead to the lungs (bronchi) and lymph nodes.

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.



YOUR CHILD’S HEALTH JOURNAL

Names of Your Pediatric Trauma Team Members

Many doctors, nurses and other professionals will be taking care of your child. They are all part of the pediatric trauma team, led by the pediatric trauma surgeon.

Who are the Surgeons and the Advanced Care Practitioners on the Pediatric Trauma Service?

____

____

____

____

____

Who are the Physician Consultants? These are Pediatric Doctors who help with the diagnosis and treatment of specific types of injuries or needs.

Orthopedic Surgery ____

Neurosurgery ____

Plastic Surgery ____

Physical Medicine & Rehabilitation Doctor ____

Psychiatrist ____

Other ____

Other ____

Other ____

Who are the Nurses who are taking care of your child? ______________________________________

____

____

____

____

____

____

Who is the Trauma Survivor Network (TSN) Coordinator? ____________________________________

Who are the Child Life Specialists? ____

Who else in the hospital is helping in the care of your child?

Physical Therapist ____

Occupational Therapist ____

Speech Pathologist ____

Recreational Therapist____

Respiratory Therapist____

Prosthetist or Orthotist____

Healthcare Technicians ____

Social Worker ____

Clinical Care Manager ____

Chaplain ____

Financial Counselor ____

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. ____

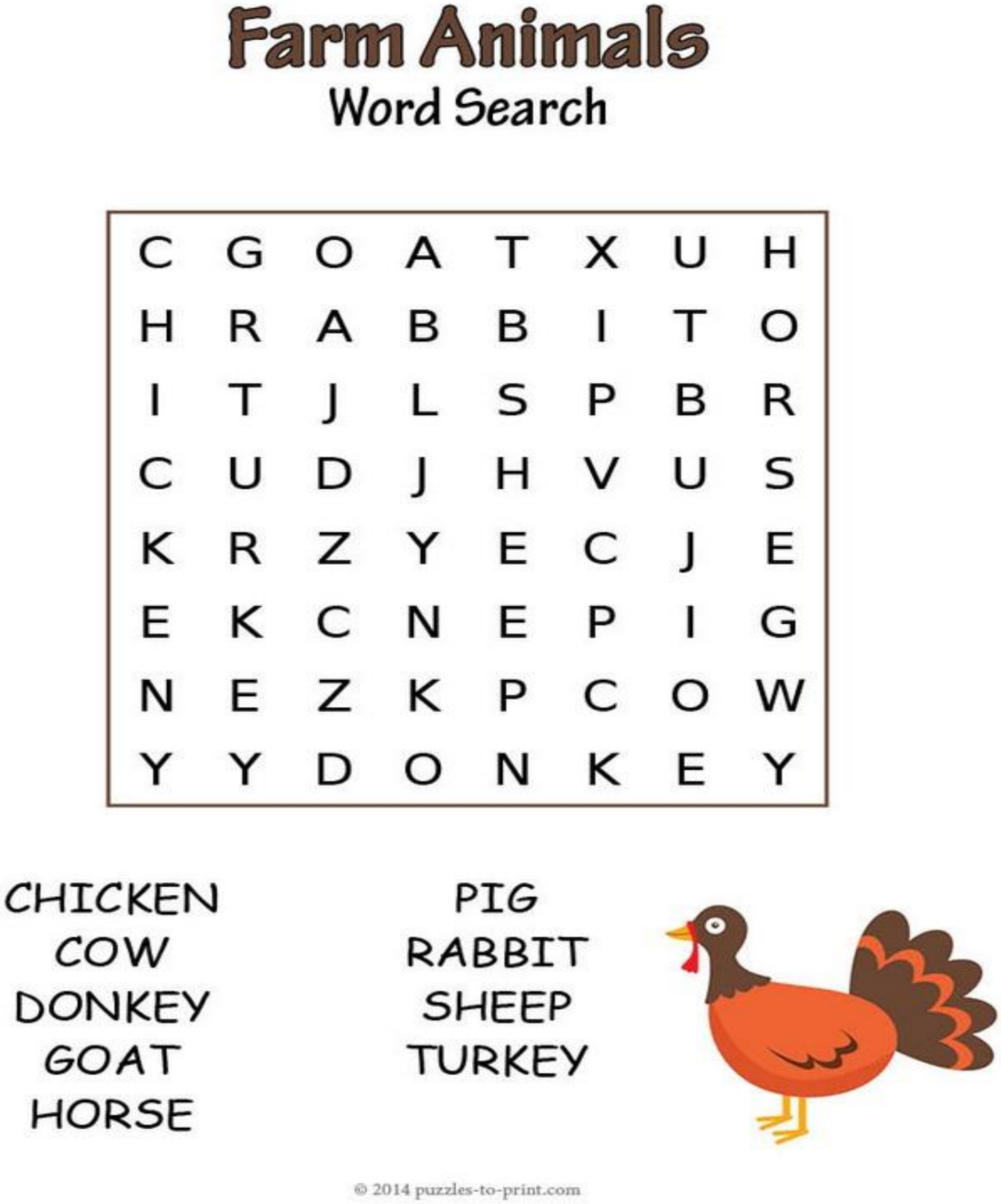
Questions to Ask

Take A Break

Play a Tune

O	X	B	E	N	O	H	P	O	X	A	S
T	R	I	A	N	G	L	E	M	A	X	A
T	E	P	M	U	R	T	A	C	Y	F	C
K	C	J	Q	K	F	R	C	L	A	L	L
Z	O	L	H	I	I	O	O	C	O	U	A
Y	R	U	O	M	R	P	I	J	L	T	R
P	D	G	B	D	H	N	N	T	L	E	I
I	E	A	I	O	O	A	I	U	E	M	N
A	R	O	N	M	B	P	R	B	C	U	E
N	N	E	R	Z	Y	C	R	A	S	R	T
O	S	A	O	R	G	A	N	A	D	D	F
T	H	R	A	T	I	U	G	O	H	I	K

ACCORDION
BANJO
CELLO
CLARINET
DRUM
FLUTE
GUITAR
HARMONICA
HARP
MARIMBA
ORGAN
PIANO
RECORDER
SAXOPHONE
TRIANGLE
TRUMPET
TUBA
XYLOPHONE



Farm Animals

Word Search

C	G	O	A	T	X	U	H
H	R	A	B	B	I	T	O
I	T	J	L	S	P	B	R
C	U	D	J	H	V	U	S
K	R	Z	Y	E	C	J	E
E	K	C	N	E	P	I	G
N	E	Z	K	P	C	O	W
Y	Y	D	O	N	K	E	Y

CHICKEN
COW
DONKEY
GOAT
HORSE
PIG
RABBIT
SHEEP
TURKEY


Breathe

Notes

ATS
American Trauma Society

What ATS Is: The American Trauma Society (ATS) is a national leader for trauma care and injury prevention. We have been an advocate for trauma survivors for the past 50 years.

What We Do: Our mission is: Saving Lives. Improving Care. Empowering Survivors.

For more information: Visit **amtrauma.org**

Connect with ATS: On Facebook, Instagram, Twitter, and LinkedIn.

trauma survivors
network
provided by ATS
survive. connect. rebuild.

What TSN Is: The Trauma Survivors Network (TSN) is a program of the American Trauma Society.

What We Do: The TSN offers support services to survivors and their families together with local trauma centers. The TSN helps trauma survivors and families to: Survive. Connect. Rebuild.

For more information: Visit **TraumaSurvivorsNetwork.org**

Connect with TSN: On Facebook, Instagram, and Twitter.

Developed for You

This handbook is provided as a public service by the American Trauma Society and YOUR TRAUMA CENTER. The handbook is based on a Trauma Handbook developed by the Inova Trauma Center at the Inova Fairfax Medical Campus in Falls Church, Virginia.