

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

trauma survivors  
**network**  
provided by **ATS**

# HANDBOOK FOR Trauma Patients & their Families

This handbook has been developed for you by Denver Health Ernest E. Moore Shock Trauma Center in collaboration with the Trauma Survivor Network (TSN) of the American Trauma Society. We hope this information will help you and your loved ones during the hospital stay.

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

We also encourage you to visit the TSN website at [www.traumasurvivorsnetwork.org](http://www.traumasurvivorsnetwork.org) to learn about the services this program provides. You can also use this website to keep your friends and family informed during your loved one's hospital stay.



## ABOUT US

### EARNEST E. MOORE SHOCK TRAUMA CENTER

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

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

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

### OUR SERVICES

- Denver Health's Level 1 Trauma Center (also known as the Rocky Mountain Regional Trauma Center) is a 24-hour, comprehensive, trauma institute led by trauma surgeons and acute care surgeons, and consisting of leading expert physicians:
- **Trauma surgeons** – Responsible for the initial evaluation, resuscitation and overall care and management of the acutely injured patient. Trauma surgeons identify and manage all life and limb-threatening injuries in conjunction with other sub-specialties. They operate on all injuries to internal organs of the chest and abdomen.
  - **Oral and maxillofacial surgeons** – Evaluate and manage acute injuries to facial and jaw bones.
  - **Neurosurgeons** – Evaluate and manage acute traumatic brain, spine and spinal cord injuries from life-threatening bleeding and fractures to minor concussions, in addition to elective specialty practice including disorders of the neck and back, and brain tumors.
  - **Ophthalmic surgeons** – Evaluate manage trauma to the eye, including globe rupture, retinal detachment and penetrating injury.
  - **Orthopedic trauma surgeons** – Acute bony fractures are expertly managed by an internationally renowned team of orthopedic surgeons. The team includes surgeons with additional fellowship training in orthopedic trauma and sports medicine.
  - **Plastic and reconstructive surgeons** – Treat facial, ear and hand injuries, head and neck reconstruction, oculoplastic surgery and hand replantation.
  - **Hand and limb microvascular replantation surgeons** – Treat patients with the most severe hand injuries, including replantation of traumatic amputations, soft tissue reconstructions and vascular repair.
  - **Vascular surgeons** – Treat major vascular injuries and assist in the care of the acutely hemorrhaging patient. Vascular surgeons can frequently manage these patients with minimally invasive methods by applying endovascular techniques.
  - **Urologic surgery** – Treat all areas of urologic trauma, including kidney, bladder and genital injury.



# TABLE OF CONTENTS

## ARRIVAL

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

## STAY

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

## FOR YOUR COMFORT

- 13. Local Lodging, Dining and Additional Resources 29

## DISCHARGE

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

## RECOVERY

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



# ARRIVAL

## 1. INTRODUCTION

**WE ARE HERE TO HELP** Trauma is an unexpected occurrence. Hardly anyone thinks, "I'm going to get hurt today." A sudden injury, being in the hospital and going through recovery can cause anxiety, fear and frustration. You may feel confused and frightened by some things you hear and see. You may not understand some words that people use. This experience of advanced medical care may be a whole new world for you.

We hope that the information in this book will help you better cope during this difficult time. It includes basic facts about the most common types of injuries and their treatments, the patient care process, and hospital services and policies.

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

## 2. IMMEDIATELY AFTER THE INJURY

### ARRIVAL AT THE HOSPITAL

Here is what has happened so far...

Most likely you or your loved one was brought to the Emergency Department by an ambulance or helicopter. The trauma staff can tell you which service brought you or your loved one to the hospital.

During the transport, the rescue crew was in radio contact with the hospital. They gave information about you or your loved one's injuries. This allows the team at the trauma center to be ready to provide treatment as quickly as possible.



#### THE TRAUMA TEAM TYPICALLY INCLUDES:

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

The team is ready 24 hours a day, seven days a week. Also, board-certified specialty doctors are on call to help with care.

### INITIAL ASSESSMENT

Trauma care at the hospital begins in the Emergency Department (ED). It includes:

- An exam to find life-threatening injuries
- X-rays, ultrasound and perhaps a CT scan so that doctors can better understand the extent of the injuries
- If needed, transfer to the OR for surgery. The OR is staffed by an expert team.
- Transfer from the admitting area, ED or OR to a unit in the hospital.

### HOW THE HOSPITAL CARES FOR THE FAMILY

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

### WHY A PATIENT MAY HAVE A FAKE NAME

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

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

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



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

## 3. VISITORS ARE IMPORTANT

Visiting is a time to be with your loved one, ask questions, and meet with staff. Research shows that comforting visits from friends and family help most patients to heal. Family and close friends know the patient better than anyone else and can make a difference in treatment. Visiting is often a good time to begin learning how to take care of your loved one at home.

You may have to wait before you can visit your loved one. Visits are often limited for patients with brain injuries because they need quiet to recover. General visiting hours are from 10 a.m. to 8 p.m. Visiting hours and rules may differ from unit to unit; please check with the nurse about specific hours and rules.

### FAMILY WAITING ROOMS

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

### ADDITIONAL GATHERING AREAS

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

### OTHER AMENITIES

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

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



#### 4. THE HEALTH CARE TEAM NEEDS A FAMILY'S HELP

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

##### TAKE CARE OF YOURSELF

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

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

##### ASK FOR HELP FROM YOUR FAMILY AND FRIENDS

Do not hesitate to ask for help. Make a list in the back of this book so you will be prepared to accept help when friends offer. Friends often appreciate being able to help and be involved in the patient's care. Please visit the Denver Health website, as well as the Denver Health Trauma website for more information.

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

##### ASK QUESTIONS AND STAY INFORMED

The trauma team knows how important regular updates are to family and friends. The family is an important part of the health care team. It helps if you choose one person from your group to represent the family. This allows staff to focus on caring for the patient instead of repeating the same updates.

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

**When you think of questions during the day, write them down.** Be sure to ask your doctor these questions when you see them. You will want to ask questions until you understand the diagnoses and options for treatment. It's all right to ask the same question twice. Stress makes it hard to understand and remember new information. Ask until you understand. Write down what you are told so you can accurately report the information to other family members. We have provided space throughout this handbook to write down your questions and the answers.



#### HELP MAINTAIN A RESTFUL AND HEALING PLACE

When you are visiting, please talk in a quiet voice. Patients need quiet and families deserve your courtesy. To help maintain a healthy environment for patients and their families, the hospital counts on your help. Please:

- Observe the visiting hours for the area you are visiting.
- Do not sleep in patient rooms or waiting rooms unless you have permission.
- Respect other patients' right to privacy.
- Leave the patient room or care area when asked by hospital staff.
- Knock or call the patient's name softly before entering if a door or curtain is closed.
- The medical record is a private document.
- Wash your hands before you go into a patient's room and when you come out.
- Do not visit if you are not feeling well or have an illness that could be transferred to our patients.
- Talk with the patient's nurse before bringing any children under the age of 16 into a patient's room.
- For the safety of young children, provide adult supervision in all areas of the hospital.
- Respect the property of other people and of the hospital.
- Do not ask other patients and families about private details of their care.
- Respect the rights of all patients and hospital staff.

## HOSPITAL RESOURCES

##### INTERPRETER SERVICE

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

##### SERVICES FOR INDIVIDUALS WITH HEARING IMPAIRMENTS

- Denver Health offers the following services free of charge for the hearing impaired:
  - Qualified sign language interpreters for persons who are deaf or hard of hearing.
  - A twenty-four hour (24) telecommunication device (TTY/TDD) which can connect the caller to all extensions and portable (TTY/TDD) units.
  - Flash Cards, alphabet boards, and other communication boards.
  - Readers and taped material for the blind and large print materials for the visually impaired.
  - Assistive devices for persons with impaired manual skills.
- Please ask your care team for more information

##### VOLUNTEER SERVICES

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

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





# STAY

## 5. WHERE PATIENTS STAY WHILE IN THE HOSPITAL

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

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

The hospital staff does its best to let family and friends know when a patient is moved from one unit to another. If your loved one has been moved and you do not know where he or she has gone, please call the hospital operator at 303-436-6000. Make sure to leave your contact information with the nursing staff so they have a working contact number.

These are the hospital units that care for trauma patients:

### TRAUMA INTENSIVE CARE UNIT (ICU)

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

### STEP-DOWN UNIT

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

### MEDICAL AND SURGICAL CARE UNITS

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

### PEDIATRIC INTENSIVE CARE UNIT/ PEDIATRIC FLOOR

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

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



## A TYPICAL DAY IN THE ICU

Most patients are attached to equipment that gives doctors and nurses important information.

This allows them to make the best decisions. The equipment;

- Monitors patients
  - Delivers medicine
  - Helps patients breathe.
- Do not worry if you hear alarms. Some alarms do not need immediate attention. The staff knows which ones to respond to.

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

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

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

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





## HELPING CHILDREN

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

## CHILD LIFE AND EDUCATION

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

Child life services:

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



## 6. WHO TAKES CARE OF THE PATIENT

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

### ANESTHESIA AND PAIN MANAGEMENT SPECIALISTS

These specialists are specially trained to work with patients who have are in pain. They create a plan to ease pain and improve quality of life. Treatments may include:

- Medications
- Implanting pumps or nerve stimulators
- Physical therapy or behavioral programs.

### CHAPLAIN

Chaplains have special skills to help people during times of illness. They meet the spiritual needs of patients and families from many different religions. Chaplains visit all who want spiritual support.

This department provides:

- Pastoral care visits
- Pastoral counseling
- Worship
- Memorial services
- Support groups

Pastoral Care can be contacted by phone at 303-602-4500. You can also make a request through the medical team.

### CLINICAL NURSE SPECIALIST

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

### CLINICAL TECHNICIAN (CNA)

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

### DIETITIAN

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

### GERIATRICIAN

Geriatricians are doctors that to treat older adults.

### NEUROSURGEON

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

### NURSE

Nurses manage care and recovery of patients. They talk with the trauma team about the patients' care.

### NURSE PRACTITIONER

Nurse practitioners are nurses who have advanced training and manage patients along with the doctor. Trauma nurse practitioners do:

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

### OCCUPATIONAL THERAPIST

Occupational therapists help the patients regain strength for daily events. This includes:

- Getting out of bed
- Eating
- Dressing
- Using the toilet and bathing.
- They also recommend equipment that can help patients.

### ORTHOPEDIC SURGEON

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

**ORTHOPEDIC TECHNICIAN**

- Orthopedic technicians do the following:
  - Cast/broken bones
  - Change wound dressings
  - Set up and maintain treatment equipment such as traction
  - Place splints on injured arms and legs

**PHARMACIST**

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

**PHYSIATRIST OR REHABILITATION**

**MEDICINE PHYSICIAN**

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

**PHYSICAL THERAPIST**

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

**PROCEDURE NURSE**

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

**PSYCHOLOGIST**

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

**PSYCHIATRIST**

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

**RESIDENT**

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

**RESPIRATORY THERAPIST**

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

**SOCIAL WORKER/ CARE MANAGEMENT**

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

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

**SPEECH AND LANGUAGE THERAPIST**

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

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

**TRAUMA SURGEON**

Trauma surgeons are doctors who have years of training in trauma surgery. A trauma surgeon is in the hospital 24 hours a day. They will oversee the total care of you or your family member in the hospital. They regularly visit patients to check on their progress and coordinate with other members of the trauma team.

**PEDIATRICIAN**

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

**PATIENT TRANSPORT**

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

**UNIT SECRETARIES**

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

**STUDENT NURSES**

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

**TRAUMA NURSE COORDINATOR**

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

**TRAUMA SURVIVORS NETWORK COORDINATOR**

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

**TRAUMA SURVIVORS NETWORK PEER VISITORS**

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



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

**- STEVE,**  
Trauma Survivor



## 7. PATIENT RIGHTS AND RESPONSIBILITIES

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

### PATIENT RIGHTS

DHHA respects, protects, and promotes patient rights.

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

#### All DHHA patients have the right to:

1. Receive a copy of their rights as a patient and have it explained in a language and manner the patient understands when receiving care or by request.
2. Receive care and treatment that is respectful, recognizes the patient's dignity, cultural and personal values, and religious beliefs, promotes a positive self-image, and provides for the personal privacy of the patient to the extent possible during the course of treatment.
3. Receive care and access to DHHA programs free from restrictions based on age, race or ethnicity, color, national origin, religion, culture, socio-economic status, sex, sexual orientation, gender identity or expression, genetic information, or mental or physical disability.
4. Get information about medical conditions and care in a manner the patient understands—regardless of language spoken, impairment, or disability—including receiving auxiliary communication aids or translation services through a qualified medical interpreter as needed.
5. Be told the status and outcomes of medical care, including any unanticipated outcomes of care.
6. Understand and participate in the creation and implementation of treatment, pain management, and hospital discharge plans.
7. Make informed decisions about treatments and procedures the patient may receive as a part of care, including getting information about the potential benefits, risks, and side effects. The patient's right to make informed decisions about his or her care also includes the right to request treatment, drugs, tests, or procedures the patient believes are necessary, to change his or her mind about having a procedure done, and to refuse treatment.
8. Choose whether or not to participate in research or clinical trials and have DHHA respect all participants' rights during the research.
9. Know the name, professional status, and experience of physicians or other health care providers who provide care, treatment, and services.
10. Know that DHHA is a teaching facility and some care may be provided by health care providers in training.
11. Get care that is right for the patient and his or her family's emotional, spiritual, and developmental needs.
12. Have DHHA notify the patient's personal physician and/or a person of the patient's choice when the patient is admitted to the hospital or when his or her illness worsens.
13. Allow a family member, friend, or other individual to be present for emotional support during the course of the patient stay unless it infringes on others' rights, safety, or is medically or therapeutically contraindicated.
14. Have a personal representative (as allowed under state law) remain informed and make direct care decisions about his or her care because of a mental or physical condition. This person may also exercise the patient's rights to access his or her health information.
  - a. Personal representatives may include:
    - i. Medical Durable Power of Attorney;
    - ii. Legal guardian;
    - iii. Parent(s) of a minor child;
    - iv. Executor, administrator, or conservator of a decedent's estate;
    - v. Proxy decision-maker.
15. Expect that DHHA will follow the law and its policies and procedures on medical record confidentiality and access, including the following:
  - a. Provide a Notice of Privacy Practices that explains how DHHA protects patient health information and patients' rights to their health information.
  - b. Allow patients to access, request changes to, and obtain information on disclosures of their personal health information, as described in the Notice of Privacy Practices.
  - c. Allow patients access to information contained in their medical records within a reasonable time frame.
  - d. Allow patients to give or withhold consent for DHHA to make or use pictures, recordings, or other images for purposes other than patient care.
16. Receive billing information upon request, including:
  - a. Estimated charges for non-emergent services prior to receiving the care or treatment. The estimated charges may be based on an average patient with a similar diagnosis.
  - b. Help applying for insurance or financial aid programs.
  - c. Help with understanding the patient share of the cost of medical services, such as insurance deductibles and copays.
  - d. A copy of DHHA's general billing procedures.
  - e. An itemized bill.
  - f. Answers to questions about a bill for services.
17. Request access to and have help in getting guardianship and advocacy services, conservatorship, and/or child or adult protective services.
18. Get care in a safe setting that is free from neglect, exploitation, and verbal, mental, or physical abuse.
19. Except for persons in custody, be free from the use of seclusion and restraints of any form that are not medically necessary or which are used as a means of coercion, discipline, convenience, or retaliation.
20. Have personal wishes followed for life support and organ gifts.

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d. Allow patients to give or withhold consent for DHHA to make or use pictures, recordings, or other images for purposes other than patient care.

e. Estimated charges for non-emergent services prior to receiving the care or treatment. The estimated charges may be based on an average patient with a similar diagnosis.

f. Help applying for insurance or financial aid programs.

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h. A copy of DHHA's general billing procedures.

i. An itemized bill.

j. Answers to questions about a bill for services.

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n. Have personal wishes followed for life support and organ gifts.

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21. Create advance directives. An advance directive is a legal document that allows a patient to give directions about future medical care or to direct another person to make medical decisions for the patient if the patient cannot make decisions him/herself. Advance directives include Living Wills, CPR Directives, and Medical Durable Powers of Attorney and Medical Orders for Scope of Treatment (MOSST) forms.

22. Have persons providing care comply with advance directives when they are valid, apparent, and available. The patient must be informed when an advance directive cannot be followed. For patients undergoing anesthesia or invasive procedures who have CPR Directives, a decision should be reached with the patient prior to the procedure as to whether the CPR status will be temporarily suspended during the procedure. If no clear decision as to CPR status is reached prior to the procedure, the CPR Directive will be suspended during anesthesia/the procedure and during immediate recovery, but typically not longer than 24 hours following the procedure.

23. Voice complaints and give feedback freely without fear that it will result in coercion, discrimination, retaliation, or an unreasonable interruption in care.

24. Receive information about DHHA's complaint resolution process and file a concern with:
 

- a. Denver Health Patient Advocates. Call 303-602-2915 or write to 777 Barnook Street, MC 0295, Denver, CO 80204. The patient has a right to have the concern reviewed and to receive a response that explains the outcome or resolution of the review, the steps that were taken to investigate the complaint, and the name of the person who investigated on the patient's behalf.
- b. Colorado Department of Public Health and Environment. Call 303-692-2800 or write to 4300 Cherry Creek Drive South, Building A, 2nd Floor, Denver, CO 80206.
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- d. The Joint Commission. Call 800-994-6610 or write to the Quality Monitoring Office, One Renaissance Boulevard, Oakbrook Terrace, IL 60181.
- e. The U.S. Department of Health and Human Services, Office for Civil Rights (for privacy-related or discrimination related complaints). Call 303-844-2024 (TDD 303-844-3439) or write to 999 18th Street, Suite 417, Denver, CO 80202.
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## 10. COMMON TRAUMATIC INJURIES AND THEIR TREATMENT

Injuries may be due to blunt or penetrating forces. Blunt injuries occur when an outside force strikes the body. These injuries occur as a result of a motor vehicle crash, a fall or an assault. Penetrating trauma occurs when an object, such as a bullet or knife, pierces the body. Sometimes, patients have both types of injuries.

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



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

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

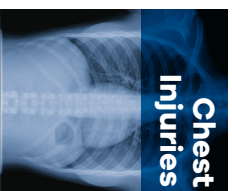
A traumatic brain injury that is described as "mild" implies that there was little or no loss of consciousness at the time of injury. These types of injuries often are not reported or treated. Neurological exams may appear normal, which makes it hard to diagnose the injury, but symptoms often show up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

### DIAGNOSIS AND EVALUATION

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

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

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



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

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

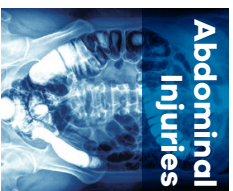
### DIAGNOSIS AND EVALUATION

Doctors often use a chest X-ray or CT scan to find out more about the injury. They can tell how the lung is using oxygen by taking some blood from an artery. They may need to open the chest to examine and treat the injury.

### TREATMENT

The goals are to increase oxygen to the lungs, control pain and prevent pneumonia. Doctors and nurses may ask the patient to cough and do deep-breathing exercises, which help the lungs heal. They will also tell the patient to stop smoking. The doctor will order drugs to treat pain and soreness.

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



**Blunt or penetrating trauma to the abdomen can injure such organs as the liver, spleen, kidney or stomach. The injuries may be:**

- Lacerations (cuts)
- Contusions (bruises)
- Ruptures (severe tearing of the tissue)

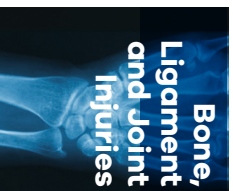
#### DIAGNOSIS AND EVALUATION

There are many ways to diagnose an abdominal injury, including:

- physical examination
- CT scan
- a blood count to check hemoglobin and hematocrit, two measures of blood loss
- ultrasound
- surgery called a laparotomy in which the surgeon makes an incision in the abdominal area

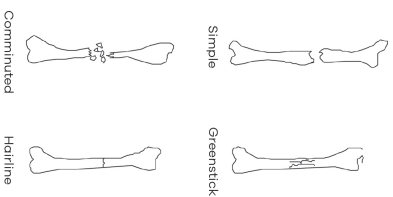
#### TREATMENT

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



**Blunt and penetrating trauma can harm bones, ligaments and joints. Types of fractures or broken bones include:**

- **Open or compound fracture:** a broken bone pushes through the skin; it is serious because the wound and the bone may get infected.
- **Closed fracture:** the broken bone does not pierce the skin.
- **Greenstick fracture:** a bone is partly bent and partly broken; occurs most often in children.
- **Spiral fracture:** a break that follows a line like a corkscrew.
- **Transverse fracture:** a break that is at right angles to the long axis of the bone.
- **Comminuted fracture:** a bone that is broken into many pieces.
- **Hairline fracture:** a break that shows on an X-ray as a very thin line that does not extend entirely through the bone; all parts of the bone still line up perfectly.



Doctors can usually see whether most bones are broken by using regular X-rays. However, for other bones, doctors may use a CT scan. To find out if there is any damage to joints or ligaments, doctors may do a magnetic resonance imaging scan (MRI).

**DIAGNOSIS**

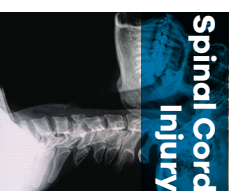
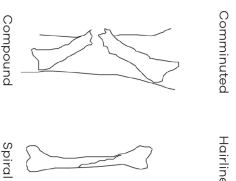
Doctors can usually see whether most bones are broken by using regular X-rays. However, for other bones, doctors may use a CT scan. To find out if there is any damage to joints or ligaments, doctors may do a magnetic resonance imaging scan (MRI).

**TREATMENT**

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

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

The doctor takes the fixator off after the fracture heals.



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

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

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

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

#### DIAGNOSIS AND EVALUATION

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

#### TREATMENT

In the first 12 hours after a blunt spinal cord injury, doctors often give steroids to the patient to reduce spinal cord swelling and improve recovery from the injury. If the spinal cord was cut in two, no treatment can reduce paralysis.

Patients need special attention to bladder and bowel function and skin care. They may need surgery to give support to the spine. Surgery may not change paralysis but will allow the patient to sit up. Talk with the surgeon about the goals of surgery. In any case, getting out of bed improves healing and the sense of well-being and lowers the risk of pneumonia, pressure sores and blood clots.

Patients with spinal cord injuries receive special attention to prevent pressure sores and a condition called autonomic dysreflexia:

- Pressure sores (also known as pressure ulcers or decubitis) are breakdowns in the skin caused by constant pressure on one area and decreased blood flow from not moving. Pressure sores can occur on the bottom, hips, back, shoulders, elbows and heels. Skin redness is the first sign that a sore may be starting, so it is important to check the skin every day to prevent these sores. If a sore occurs, it can take many months to heal or even need surgery. Moving the patient from side to side and propping up the feet can help prevent pressure sores.
- Autonomic dysreflexia may occur when the spinal cord injury is at or above the T6 level. It means that messages about blood pressure control are not being sent as they should be. As a result, when blood pressure goes up due to pain (for instance), it may not return to normal once the pain is treated. High blood pressure can cause a stroke, so it is very important to know the warning signs and find the cause. Signs of autonomic dysreflexia include headache, seeing spots or blurred vision, sweating, or flushing (redness) of the skin.



## 11. GLOSSARY OF COMMON MEDICAL TERMS

### PROCEDURES

**craniotomy:** making a surgical incision through the cranium (the part of the skull that encloses the brain); usually done to relieve pressure around the brain.

**craniectomy:** removing part of the skull bone to give the brain more room to swell. This type of surgery may also be done when a clot is removed. The skull bone is replaced when the patient is better (usually several months later).

**gastrostomy:** surgery to make an opening into the stomach to place a feeding tube. This surgery is often done at the bedside. The feeding tube is usually temporary. The doctor may remove it when the patient is able to eat food.

**jelunostomy:** 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.

### 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.

**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.

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

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

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

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

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

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

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

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

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

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

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

### ANATOMY

#### BONES, SKELETAL

**acetabulum:** the hip socket.

**carpals:** the eight bones of the wrist joint.

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

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

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

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

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

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

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

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

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

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

**pubis:** the bone at the front of the pelvis.

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

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

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

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

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

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

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

#### BONES, SKULL AND FACE

**frontal bone:** forehead bone.

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

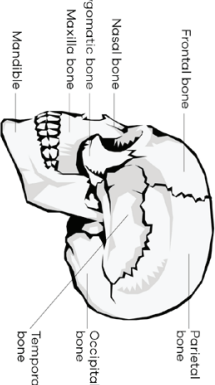
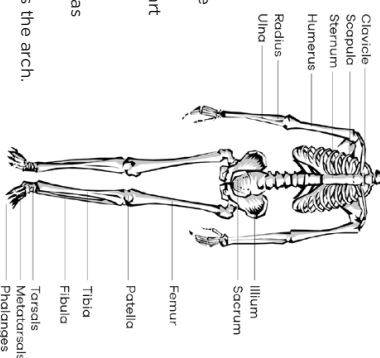
**maxilla:** the jawbone; it is the base of most of the upper face, roof of the mouth, sides of the nasal cavity and floor of the eye socket.

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

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

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

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



**BONES, SPINE**

**atlas:** the first cervical vertebra.

**axis:** the second cervical vertebra.

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

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

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

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

**sacral vertebrae:** the vertebrae that form the sacrum.

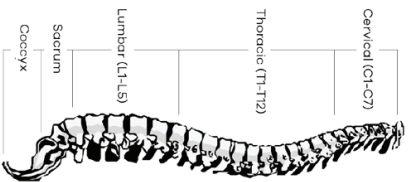
**sacrum:** five joined vertebrae at the base of the vertebral column (spine).

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

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

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

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



**BRAIN**

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

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

**cerebrum:** the largest part of the brain, with two halves known as hemispheres; the right half controls the body's left side and the left half controls the body's right side.

Each hemisphere is divided into four lobes:

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



**DIGESTIVE SYSTEM AND ABDOMEN**

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

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

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

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

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

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

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

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

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

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

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

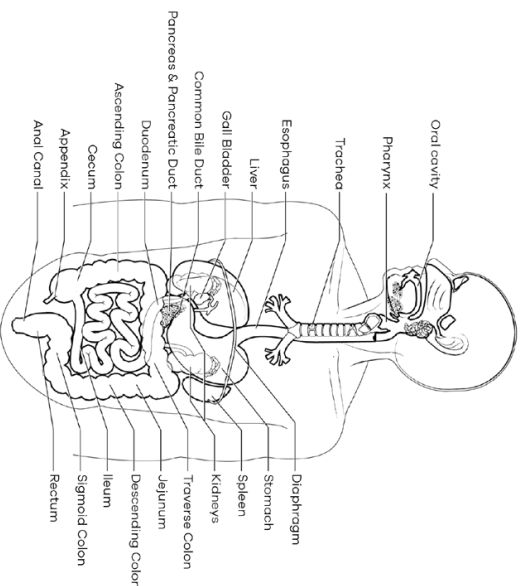
**rectum:** the lower part of the large intestine between the sigmoid colon and the anus.

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

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

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

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





**RESPIRATORY SYSTEM**

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

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

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

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

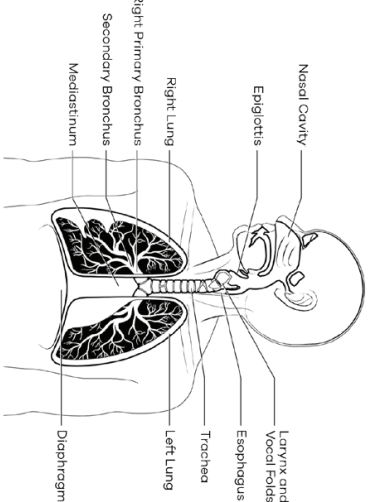
**mediastinum:** the part of the body between the lungs that contains the heart, windpipe, esophagus, the large air passages that lead to the lungs (bronchi) and lymph nodes.

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

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

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

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



**12. INSURANCE AND DISABILITY INFORMATION**

**INSURANCE AND DISABILITY**

Insurance coverage for trauma patients can be very complex. A financial counselor can help with insurance and payment questions.

**FINANCIAL ASSISTANCE**

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

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

**DFAP Medical Care**

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

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

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

**DFAP Dental Care**

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

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

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

### MEDICAID

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

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

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

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

### DISABILITY PAYMENTS

Payments to help a patient through long-term or short-term disability are different. Patients or family members are responsible for applying for these payments. Your social worker or case manager can answer basic questions.

### APPLYING FOR SHORT-TERM DISABILITY

Your loved one may be entitled to short-term disability through an employer. If you are applying for short-term disability, please remember:

- Sign everything on the form that needs to be signed, and identify the fax number at work where the forms should be sent (usually the Human or Personnel Services office).
- Ask the nurse where to leave the forms so the doctor can get them. It is best to submit these forms while your loved one is still in the hospital.
- Doctors complete the forms in their offices. The office staff returns the papers to you to submit to the employer, or the doctor may choose to fax the forms directly to the employer.
- For questions about your forms, contact the Trauma offices as 216-778-4979 or your physician's office number. Completion of these forms typically takes 7-10 business days.

### SOCIAL SECURITY

Social Security pays benefits to people who cannot work because they have a medical condition that is expected to last at least one year or result in death. The Social Security Web site ([www.ssa.gov](http://www.ssa.gov)) is easy to use if you apply for Supplemental Security Income (SSI). You can call 800-772-1213 or call your local Social Security office. It takes many months to process an application, so it is a good idea to get started quickly.

### LETTERS FOR EMPLOYERS, SCHOOLS AND OTHERS

The hospital has letters to send to employers, schools or courts to inform them that you and your loved one are in the hospital. Your nurse can tell you how to get these letters. They are available only while you are in the hospital. After discharge, you will need to contact your doctor's office directly.



FOR YOUR  
COMFORT

LOCAL LODGING, DINING AND ADDITIONAL RESOURCES



## DRIVING DIRECTIONS & PARKING

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

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

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



## SELF-SERVICE PARKING

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

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

Denver Health offers valet parking services to patients and visitors. Valet services are available at the entrance of Pavilion B and cost \$5 per car. Valet services are available Monday through Friday during the following hours:

- Car Drop Off | 8 a.m. - 4 p.m.
  - Car Pick Up | 8 a.m. - 9 p.m.
- Security will have keys after 9 p.m.

## PUBLIC TRANSPORTATION

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

## LOCAL INFORMATION

### HOTELS

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

<p><b>The Inn at Cherry Creek</b> From \$199/night 233 Clayton St. Denver, CO 80206 303-377-8577</p>	<p><b>TownPlace Suites Marriott</b> From \$59/night* (within walking distance to Denver Health) 685 Speer Blvd. Denver, CO 80204 303-722-2322</p>	<p><b>Hilton Garden Inn - Denver Downtown</b> From \$199/night 1400 Welton St. Denver, CO 80202 303-603-8000</p>
<p><b>JW Marriott Denver - Cherry Creek</b> Saturday- Sunday: \$229/night Monday- Friday: \$269/night 150 Clayton Lane Denver, CO 80206 303-316-2700</p>	<p><b>Candlewood Suites</b> From \$89-\$164/night 895 Tabor St. Golden, CO 80401 303-232-7171</p>	<p><b>Hyatt Place Denver - Cherry Creek</b> From \$219/night 4150 E. Mississippi Ave. Glendale, CO 80246 303-782-9300</p>

\*rates vary depending on length of stay

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

<p><b>Courtyard Marriott Denver - Downtown</b> 934 16th St. Denver, CO 80202 303-571-1114 1-800-321-2211</p>	<p><b>Hyatt Denver Tech Center</b> 7800 E. Tufts Ave. Denver, CO 80237 303-779-1234</p>	<p><b>The Curtis Denver - A DoubleTree by Hilton</b> 1405 Curtis St. Denver, CO 80202 303-571-0300</p>
<p><b>Embassy Suites Denver - Downtown</b> 1420 Stout St. Denver, CO 80202 303-592-1000</p>	<p><b>Residence Inn City Center</b> 1725 Champa St. Denver, CO 80202 303-296-3444</p>	<p><b>The Oxford</b> 1600 17th St. Denver, CO 80202 303-628-5400 1-800-228-5838</p>
<p><b>Holiday Inn Denver - East</b> 3333 Quebec St. Denver, CO 80207 303-321-3500 1-800-315-2621</p>	<p><b>Staybridge Suites Denver - Cherry Creek</b> 4220 E. Virginia Ave. Glendale, CO 80246 1-800-225-1237</p>	<p><b>Hyatt Place Denver - Downtown</b> 440 14th St. Denver, CO 80202 303-839-3100</p>



















# RECOVERY

## 17. YOUR RESPONSE TO YOUR LOVED ONE'S INJURY: GRIEF AND LOSS

Just as our bodies can be traumatized, so can our minds. Trauma can affect your emotions and will to live. The effect may be so great that your usual ways of thinking and feeling may change. The ways you used to handle stress may no longer work.

Patients may have a delayed reaction to their trauma. In the hospital, they may focus on their physical recovery rather than on their emotions. As they face their recovery, they may have a range of feelings, from relief to intense anxiety.

Family members also may go through a range of emotions between first hearing the news of the injury and on through the patient's recovery.

Trauma patients and their families often feel loss on some level. The loss may relate to changes in health, income, family routine or dreams for the future. Each person responds to these changes in their own way. Grief is a common response. When it does get better, it can delay recovery and add to family problems. Knowing the early signs of depression and post-traumatic stress syndrome (PTSD), is important.

### **COPING WITH LOSS**

The stress that goes with trauma and grief can affect your health. It can also affect your decision making during the first several months after the trauma. It is important for you to try to eat well, sleep and exercise. If you have any long-term health problems, such as heart disease, be sure to stay in contact with your doctor.

Part of recovery involves using the help of others. You can also find a support system. This can be a friend, family member, a member of the clergy, a support group, or another person who has experienced similar loss. Not everyone knows what to say or how to be helpful. Some people avoid those who have experienced a trauma in their family because it makes them uncomfortable. It may take some time to find friends or family who can be good listeners.

### **WHEN A PATIENT DIES**

Few things in life are as painful as the death of a loved one. We all feel grief when we lose a loved one. Grief is also a very personal response. It can dominate one's emotions for many months or years. For most people, the intensity of initial grief changes over time. It may take both time and help to move from suffering to a way of remembering and honoring the loved one.

### **WHEN IS IT A GOOD IDEA TO SEEK PROFESSIONAL HELP?**

Sometimes grief overwhelms us. This is when professional help is useful. You may need help if:

- The grief is constant after about six months
- If there are symptoms of PTSD or major depression
- If your reaction interferes with daily life

Your doctor can help you identify local services available for support, including the Trauma Survivors Network.

## 18. IS IT STRESS OR POST-TRAUMATIC STRESS DISORDER?

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

- Sadness
- Anxiety
- Crying spells
- Sleep problems
- These emotions are perfectly normal.
- Anger
- Irritability
- Grief or self-doubt

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



**WHAT IS PTSD?**

PTSD is a type of anxiety that occurs in response to a traumatic event. It was first described in combat veterans. Now we know that PTSD occur in everyday life. PTSD has defined symptoms that are present for at least four weeks.

After a trauma, people may have some PTSD symptoms, but that does not mean they have PTSD. PTSD means having a certain number of symptoms for a certain length of time.

There are three types of PTSD symptoms:

TYPE	SYMPTOMS
<b>Hypervigilance</b>	<ul style="list-style-type: none"> <li>Having a hard time falling asleep or staying asleep</li> <li>Feeling irritable or having outbursts of anger</li> <li>Having a hard time concentrating</li> <li>Having an exaggerated startle response</li> </ul>
<b>Re-experiencing</b>	<ul style="list-style-type: none"> <li>Having recurrent recollections of the event</li> <li>Having recurrent dreams about the event</li> <li>Acting or feeling as if the event were happening again (hallucinations or flashbacks)</li> <li>Feeling distress when exposed to cues that resemble the event</li> </ul>
<b>Avoidance</b>	<ul style="list-style-type: none"> <li>Avoiding thoughts, feelings, conversations, activities, places or people that are reminders of the event</li> <li>Less interest or participation in activities that used to be important</li> <li>Feeling detached; not able to feel</li> </ul>

Only a mental health professional can diagnose PTSD, but if a friend or family member notices any of the symptoms, it may be a sign that help is needed.

**19. WISDOM FROM OTHER TRAUMA PATIENTS AND THEIR FAMILIES**

**Dates and times for medical procedures, tests or even discharge from the hospital are not set in stone.**

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

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

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



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

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

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

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

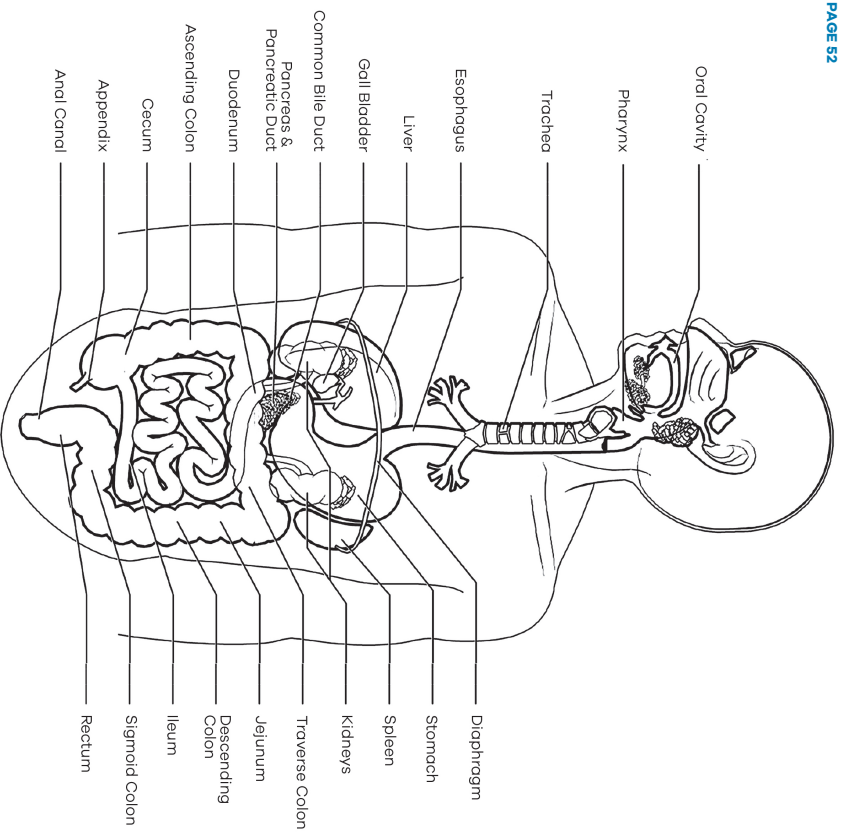
**Take notes.** Ask a family member or friend to keep a journal of what happens during your hospital stay. These notes may be interesting to you in the future.

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










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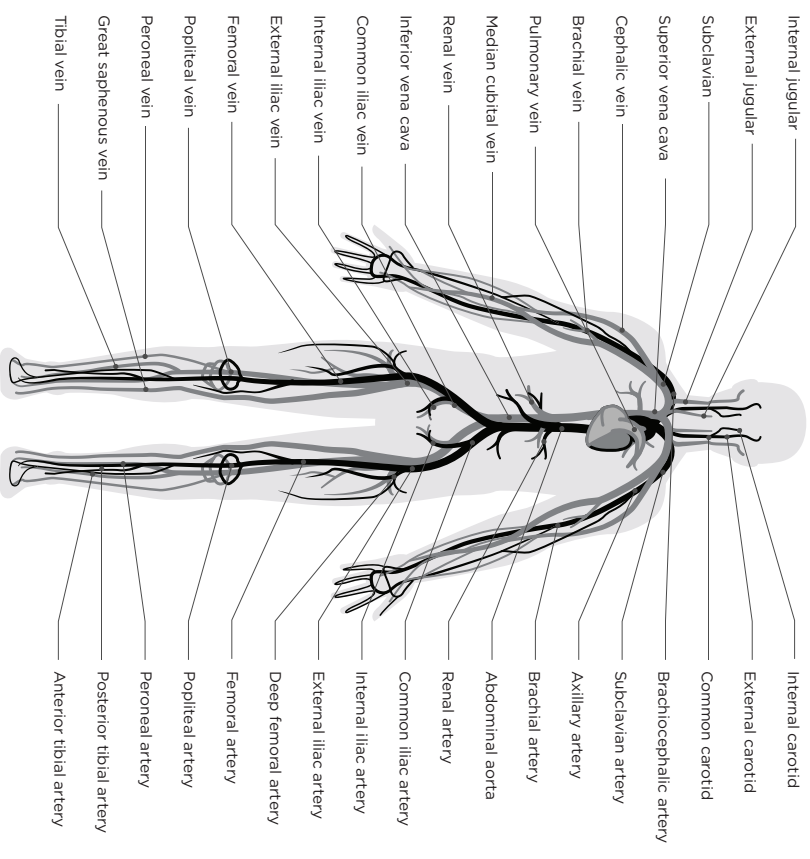
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This booklet is provided as a public service by the American Trauma Society and Denver Health Medical Center. The booklet is based on a Trauma Handbook developed by the Inova Regional Trauma Center at the Inova Fairfax Hospital and Inova Fairfax Hospital for Children in Falls Church, Virginia.

