Handbook for Pediatric Trauma Patients and their Families

Intermountain® Healthcare

trauma survivors network provided by ATS

Introduction

This handbook has been developed for you by Primary Children's Hospital 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 of making information easy to find, follow, and relate to. We hope this information will help you and your child during your hospital stay and ongoing recovery.

At the back of this handbook, there is room for you to take notes, document information about your child's injuries, your child's providers and write down questions for your healthcare team. You can use this information to ensure your questions are answered before you leave the hospital.

We encourage you to visit the TSN website at TraumaSurvivorsNetwork.org for on-line resources, survivor and family/friend stories, and support from the TSN program. Each facility has its own TSN Coordinator that can help you navigate the TSN site and available resources.

Table of contents

ARRIVAL

YOUR CHILD'S STAY

COPING WITH A TRAUMATIC EVENT

YOUR CHILD'S DISCHARGE AND RECOVERY

ADDITIONAL RESOURCES AND INFORMATION

Arrival

Welcome to Primary Children's Hospital

We are here to help

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.

It is hard to see your child in pain – either physical or emotional. Feel free to ask questions.

At Primary Children's Hospital, we want to provide care that meets the needs of our patients and their families. Our simple philosophy of The Child First and Always®, informs every decision we make and how we care for patients and families. Whether your child is being cared for at a Primary Children's campus or staying close to home, you and your child matter. 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 best.

Who we are and what we do

Primary Children's Hospital is a Level 1 Pediatric Trauma Center, certified by the American College of Surgeons. This designation ensures that injured children will receive expert care at Primary Children's Hospital. We are the only Pediatric Trauma Center in the Intermountain West and serve patients in Utah, Nevada, Wyoming, Idaho, Montana and Colorado. For more than 95 years, we have been helping children, families, and communities across the western United States. Primary Children's Hospital also provides care through extensive telehealth resources. Depending on your child's condition, telehealth resources may allow you and your child to receive expert medical care while staying close to home.

What to Expect

Arrival at the hospital

Your child may have been brought to the Emergency Department (ED) by an ambulance, helicopter, or private vehicle.

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. This is an alias that allows the hospital staff to care for your child as soon as possible. An example of a trauma name is "ZZZPC, XTEST." The Trauma name is replaced with your child's information when the healthcare team decides it is time to do so. If you have questions about your child's trauma name, please ask your healthcare team.

The initial assessment: Finding out what is wrong and deciding what to do next

Trauma care at the hospital may begin in the ED. There is a dedicated team of trauma providers in the ED. There are also doctors and nurses from other areas of the hospital who will come to the ED 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, CT scan or other imaging tests to better understand the injuries
- Lab work, intravenous (IV) fluids, medications, or blood products
- Procedures for broken bones, torn skin, or to place a medical device
- Transfer to the operating room (OR) for surgery
- Admission to the Pediatric Intensive Care Unit (PICU) or an inpatient unit for on going care

Your Child's Stay

While in the Hospital

Your child and the healthcare team

During your child's stay, the healthcare teams assigned to your child's care will visit every day. This is called "rounds." Some of those teams include the trauma, critical care, or medical specialty teams. Every team and healthcare provider should introduce themselves and tell you why they are in your child's room. They will perform exams, check your child's 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 the discussion 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. Not all injuries require this level of care.

- 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, procedures, or operations.
- Visitors may be asked to leave the room for a period of time. This is to give your child more privacy or rest, or to perform certain procedures. Please do not be offended or upset about this request. Your child's journey to recovery is always the healthcare team's focus.

Your child's care in the PICU

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

Medical equipment can:

- Monitor your child
- Help your child breathe
- Deliver medicine
- Prevent injury

The medical team knows which medical equipment alarms to respond to immediately. Please ask your nurse if you have any questions about the equipment being used or the alarms they make.

In the Pediatric Inpatient Unit:

There are multiple inpatient units that specialize in different types of medical care. Your healthcare team will determine which unit is appropriate for your child's care.

- If a child no longer requires intensive care, they may be transferred to a pediatric inpatient unit.
- Children may be admitted directly to an inpatient floor where the staff have specialty training to care for children who have suffered a traumatic injury, have had surgery, or require rehabilitation.

Your child's care while on an inpatient unit:

Your child's healthcare team will continue to direct care during their stay on an inpatient unit. Your child's healthcare team may change based on what their needs are. The healthcare team will make goals related to pain control, nutrition and mobility for example. As your child reaches these goals, the healthcare team will prepare you and your child for discharge.

In the Pediatric Rehabilitation Center:

Due to their specific injury, your child may need further therapy before they are ready to go home.

Therapy 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 2 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. Please ask your healthcare team to discuss the best options for your child.

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 healthcare 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 by following these rules.

- Observe the visiting hours and any quiet times for the area you are visiting. Visitor policies change frequently. Please check with your healthcare team for the current policy.
- 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.
- 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 is 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. Please let your healthcare team know if you have concerns.

A way to set up an on-line visiting page: Families can use on-line 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 on-line resources to help support communication in this way.

Your Healthcare Team

Pediatric trauma team members

Advanced Practice Providers (APPs) are licensed medical professionals with advanced training — usually nurse practitioners and physician assistants. They work with the trauma team to take care of your child. APPs perform assessments, order tests and medications. They communicate any changes in a child's care management with other team members. APPs will assist with your child's care every step of their stay.

Chaplains and **Spiritual Care Providers** are available to listen and provide spiritual and emotional support to people of all faiths and spiritual backgrounds. Please ask your healthcare team if you'd like a visit from the Chaplain.

Child Life Specialists are experts in child development who work to ensure that life remains as normal as possible for children in a healthcare setting. Their mission is to make the healthcare experience easier for pediatric patients and their families through education, preparation, and play. Child Life Specialists:

- 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.

Forever Young Zone (Child Life Specialist play area) located on the 3rd floor of Primary Children's Hospital

Critical Care Technicians and **Patient Care 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. These technicians work under the direction of a nurse or a doctor.

Dietitians are licensed professionals who make sure your child has the nutrition needed to heal and grow during every stage of their hospital stay.

Hospital School Teacher works with your child while they are hospitalized. You can discuss plans for school while in the hospital and after discharge. They can help evaluate your child for the need of an Individualized Educational Plan (IEP). If needed they can also help create a 504 plan that would allow accommodations for disabilities.

IV Team is a special team of nurses and technicians that work with your healthcare team to assist in the placement, care and management of all types of intravenous catheters.

Nurse Case Managers can ease the change from hospital to home. They can help address barriers to care. They can help arrange home health and equipment needed at home. They also help prepare discharge plans and refer care to community agencies. Nurse Case Managers will work with you and your healthcare team to coordinate your care after discharge.

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

Pediatric Trauma Surgeons are doctors who have years of training in pediatrics, trauma and surgery. They are responsible for managing your child's care. The Pediatric Trauma Surgeon may consult with other specialists to provide the best care for your child. They are part of the Trauma Team and will round on your child frequently. There is a Pediatric Trauma Surgeon in the hospital 24 hours a day.

Phlebotomist is a trained professional that specializes in obtaining blood samples from your child using various techniques.

Physical Therapists (PTs) are licensed professionals that help children to regain their strength and movement after an injury or operation. They will work with your healthcare team to help your child achieve their goals.

Radiology Technicians take specialized images of your child's injuries. X-rays, CT scans, MRIs and Ultrasounds are some examples. A radiologist, a doctor who specializes in reading these images, will provide your healthcare team with information about your child's injuries.

Registered Nurses (RNs) are licensed medical professionals. They provide the day-to-day care, treatment, administer medications and aid in the recovery of your child. They communicate with the doctors and APPs to manage your child's care.

Respiratory Therapists (RTs) are licensed medical professionals that have specialty training to help your child with their breathing. RTs provide breathing support through various methods, breathing treatments and therapies.

Social Workers are licensed professionals that provide support and resources to families throughout their hospital stay. Social workers help patients and family members adjust to the injury. Hospital social workers specialize in medical and crisis counseling. They can help patients and families with resources both within the hospital and in the community.

Social Workers are licensed professionals that provide support and resources to families throughout their hospital stay. Social workers help patients and family members adjust to the injury. Hospital social workers specialize in medical and crisis counseling. They can help patients and families with resources both within the hospital and in the community.

Speech and **Language Therapists** are licensed professionals who work with children to help them regain their ability to speak or communicate. Speech therapists may also evaluate and assist your child with swallowing and feeding. They will work with you and your healthcare team to address concerns and needs.

Trauma Survivors Network 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. Anyone (patient, mom, grandma), can create a TSN account to access these resources free of charge.

Wound Team is a trained team of nurses that assess, track and provide care for all wounds and openings on your child's skin.

Coping with a Traumatic Event

Age Appropriate Ways To Help Children Cope

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. Allow your child to ask questions. Do not assume that they aren't aware of the event. Kids see and hear a great deal and it is better to be honest and upfront with them even with difficult news. If you need help discussing a topic with your child, you can request a child life therapist's assistance and expertise.

Choose 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. Seek help from your family doctor or from a mental health professional, right away, if any of the following things happen:

- The anxiety or other issues do not get better
- Hear voices
- See things that are not there
- Becomes excessively worried
- Has temper tantrums
- Hurts themselves or others (head banging, punching, or kicking, for example)

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.

Talking with kids in words they understand

How you talk with your child about their 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 or your healthcare team.

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 they are in the hospital. Let your child know that they did nothing wrong. Explain why the hospital stay is necessary in terms they can understand.

Ages 4 to 6

- **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 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.

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 and your healthcare team. They can lead you to local counseling resources, support groups, and peer to peer support for adults and kids.

What Is Post traumatic 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 [hi-per-VIJ-eh-lenss] (extremely alert or watchful)

- 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. When someone has had a traumatic brain injury, TBI, they can also have some of these symptoms. It may take the help of a specialist to determine the best course of treatment.

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 while experiencing grief and loss:

- **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. 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.

Your Child’s Discharge and Recovery

After the Hospital: Planning for Discharge

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 Nurse 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.

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 had…" 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:
    - Pay close attention.
    - Refrain from making any judgment.
    - Restate what you think you heard your child say.
    - Ask questions to clarify anything you feel you missed.

2-1-1 Give help. Get help.

What Is 211?

- 211 is an easy-to-remember, 3 digit number that connects people to the services they need, such as housing and utility assistance, food resources, legal aid and more.
- 211 is:
    - Free, confidential and for everyone.
    - The number to call to give help and get help.
    - An invaluable resource in the aftermath of a disaster.
    - A simple way to find assistance you from organizations throughout Utah.

Support for Caregivers and Parents

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 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 is 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.

Additional Resources and Information

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, common treatments and what to expect. If you have questions, please ask your healthcare team. There is a place at the end of the book to write down your questions down.

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.

Above: Layton Hospital emergency department

Abdominal injuries

Blunt or penetrating trauma to the abdomen can injure such organs as the liver, spleen, kidney, stomach, pancreas, intestines, bladder, or possibly spine or pelvis. 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.

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.
- **Hemothorax:** blood pools in the chest cavity, often due to rib fractures.
- **Pneumothorax:** air collects in the chest cavity due to an injured lung.
- **Pulmonary contusion:** bruising of the lung. If severe, it can be life threatening because bruised lung tissue does not use oxygen well.

Head injuries

A traumatic brain injury (TBI) is an injury to the brain due to blunt or penetrating trauma. There are many types of brain injuries:

- **Cerebral concussion or mild traumatic brain Injury:** brief loss of consciousness after a blow to the head. A head scan does not always show this injury. A mild concussion may produce a brief period of confusion. It is headache, repetitive speech, inappropriate words, and even possibly seizure activity. It is also common to have some loss of memory about the events that caused the injury.
- **Moderate to severe TBI:** TBIs can vary in severity depending on how the body responds to the mechanism of injury. Moderate and Severe TBIs can affect a patient's ability to talk and swallow, their thinking, their ability to perform every daily tasks, and their ability to walk and move.
- **Cerebral contusion:** contusion means bruising, so a cerebral contusion is bruising of the brain; this can occur with or without 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:** are cracks in the bones of the skull caused by blunt or penetrating trauma; the brain or blood vessels may also be injured. There are 4 types of skull fractures:
    - Linear - is a break in the skull that does not move the bone. This is the most common type of skull fracture.
    - **Depressed** - describes a break in the skull that includes a sunken or pushed in area.
    - **Basilar** - describes a break in the bottom of the skull. Your child may also have bruising around their eyes or behind their ears with this type of fracture.
    - **Diastastic** - this type of break occurs along the sutures of the skull. Sutures are where the skull bones meet and fuse during development.

The treatment for the skull fracture may include surgery and will depend on what type of skull fracture, where it is located, and how your child is doing. If your child complains of a salty taste in the throat or if you notice a clear drainage from your child's nose, ears or mouth please notify your healthcare team.

- **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.

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. This means the patient has cannot move the arms and legs. Injury at or above the C4 level affects breathing and patients often need assistance breathing.
- **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.

Community pharmacy is located on the first floor of Primary Children's Hospital

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 procedure is done in the OR. The feeding tube can be moved when the child is eating and drinking adequately.

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 nose, mouth and lungs. Suction is used to remove fluid in many procedures including 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. The tracheostomy tube may be removed when the patient can breathe on his or her own and can cough up secretions.

Medical tests

Skeletal Survey: a series of radiographs or XRAYs, performed systematically to cover the entire skeleton. It's objective is to accurately identify focal and diffuse abnormalities of the skeleton and to differentiate them from developmental changes and other anatomic variants that may occur in infants and children.

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.

Arterial line: is a thin, flexible tube that is placed into an artery. It helps doctors and nurses check your blood pressure and take blood samples.

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 protective device 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.

Chest tube: a surgical drain that is inserted through the chest wall in order to remove air, blood, or other drainage from the chest.

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.

Incentive spirometer: is a handheld device that can help lung recovery following trauma, surgery or a lung condition. Using the device can keep lungs active, free of fluid, and help improve breathing.

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 medications 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 medications 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.

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

SCD: Sequential Compression Devices, SCDs, are "sleeves" that wrap around the legs and inflate with air one at a time. SCDs improve blood flow in the legs and are used to prevent deep vein thrombosis, (DVT), or blood clots.

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.

MRI Machine at Primary Children's Hospital

Bone (skeletal) anatomy

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).

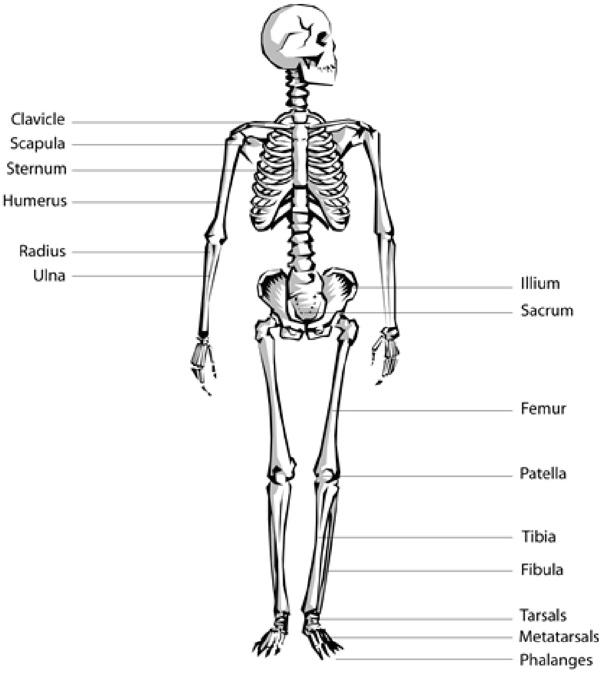
Scapula (shoulder blade): the large, flat, triangular bone that forms the back part of the shoulder.

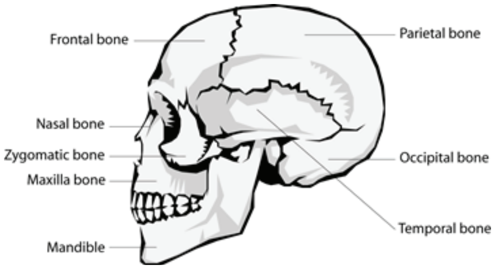
Sternum (breastbone): the narrow, flat bone in the middle line of the chest.

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.





Skull and face bones

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.

Spine bones

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.

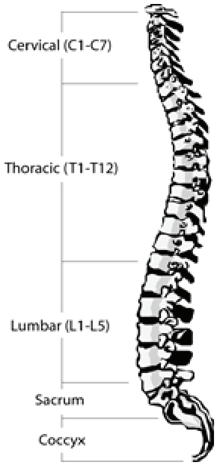
Sacrum: five joined vertebrae at the base of the vertebral column (spine).

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.

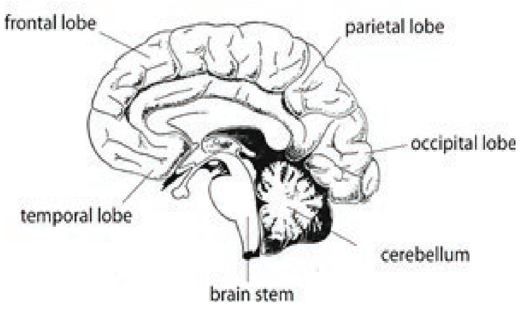


Brain

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.

- **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 thing 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.

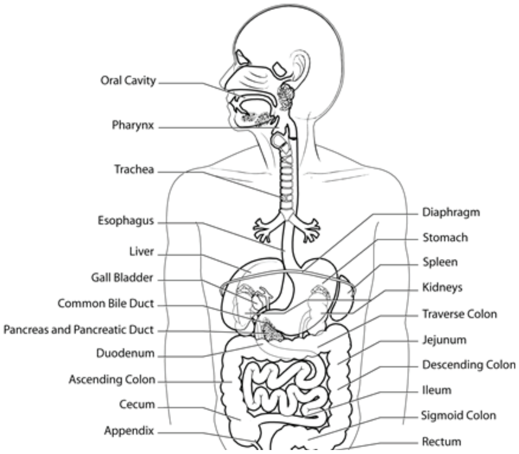
Rectum: the lower part of the large intestine between the sigmoid colon and the anus.

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.

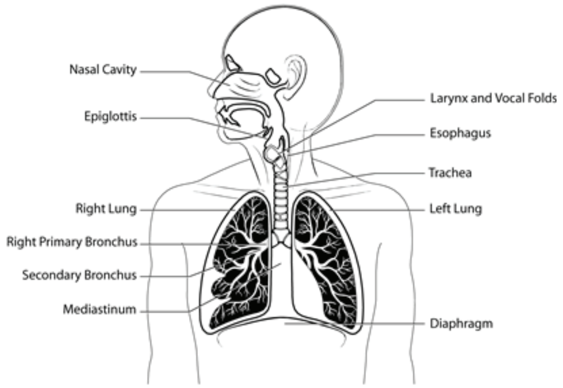
Lung: one of two organs in the chest that delivers oxygen to the body and removes carbon dioxide from it.

Mediastinum: the part of the body between the lungs that contains the heart, windpipe, esophagus, the large air passages that lead to.

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 (bronchi).



Names of providers

Many doctors, nurses and others will be taking care of your loved one. They are all part of the trauma team, led by the trauma surgeon.

Our board-certified surgeons provide 24-hour coverage of the trauma center. They are called the attending trauma surgeons. We may also train future surgeons. They are known as surgical residents. Other members of the trauma team and their roles are listed at the beginning of this handbook.

Who are the attending trauma surgeons and residents?

____

____

____

Who are the physician consultants? These are doctors who help with the diagnosis and treatment of specific types of injuries.

Orthopedic Surgery ______________________________

Neurosurgery ______________________________

Spine Surgery ______________________________

Plastic Surgery ______________________________

Rehabilitation ______________________________

Behavioral Health ______________________________

Intensivist ______________________________

Otolaryngology (Ears, Nose, Throat ENT) ______________________________

Other ______________________________

Other ______________________________

Who are the nurses who are taking care of your loved one? ______________________________

____

____

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 loved one?

Physical Therapist ______________________________

Occupational Therapist ______________________________

Speech Pathologist ______________________________

School Liaison ______________________________

Social Worker ______________________________

Eligibility Counselor ______________________________

Other ______________________________

Other ______________________________

Other ______________________________

Injuries and procedures

List of major injuries:

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

List of major procedures

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

Questions to ask the doctors and nurses

Things I need to do or get

Remember to ask others for help

Additional notes

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.

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

For more information: Visit www.amtrauma.org or scan the QR code below:

SCAN ME

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. There are services to provide emotional support, resources for recovery, and to connect you with other trauma survivors or family members of survivors. Learn more about the TSN program or access TSN online services at www.TraumaSurvivorsNetwork.org.

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

For more information: Visit www.TraumaSurvivorsNetwork.org or scan the QR code below:

SCAN ME

DONOR CONNECT
GIVE HOPE. HEAL LIFE.

What Donor Connect is: Donor Connect is an organization that facilitates, coordinates, registers, and advocates for donors and donor families in the Mountain West. DonorConnect also manages the Yes Utah and Yes Idaho donor registries.

For more information: Visit www.donorconnect.life or scan the QR code below:

SCAN ME

Other resources:

Preparing your child for an inpatient visit:

SCAN ME

Supporting your child in recovery:

SCAN ME

Support for caregivers and parents:

SCAN ME

Helping children deal with grief:

SCAN ME

Use active listening skills:

SCAN ME

Helping Children Cope After a Traumatic Event:

SCAN ME

Intermountain®
Healthcare

This booklet is provided as a public service by the American Trauma Society and Intermountain Healthcare. 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.

BK_1003/05-22