Your Stay on the Trauma Unit (F4/4)
Welcome to the University of Wisconsin Hospitals and Clinics Trauma Unit.

Welcome to the University of Wisconsin Hospital & Clinics Trauma Service. We are honored to be serving you and your family members. Our primary goal is to provide you with the best trauma care possible during you or your family member’s stay.

The University of Wisconsin Trauma Service has a tradition of providing excellent care. There are many consulting services in addition to your Trauma Team who will be checking in with you during your stay to coordinate your care and help you to have the best physical and psychological recovery.

We are providing you with this Trauma Booklet to you to provide education about your injuries, how to care for yourself both in the hospital and when you go home, as well as the discharge process. Also included in the booklet is information about your Health Care Team and the different services you may see at the University of Wisconsin Hospital and Clinics.

We hope you find the booklet helpful. Feel free to speak with us at any time about your care, concerns or suggestions. Our goal is to make sure your patient experience at UWHC is excellent, regardless of the reason for your stay.

Sincerely,

Your Health Care Team

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Your Health Care Team

During your stay in the hospital you will see many people who are part of the team caring for you. Together we will create a care plan that we will update and change as needed. You are a vital member of the team. If you have any questions or concerns let one of the team members know. Our number one goal is to help you feel confident and comfortable from the day of admission until discharge. Here we will tell you more about what each team member does. Knowing who and when to call with questions or concerns may be helpful.

**Doctors:** You will meet a number of doctors. Although there are many, the main (Attending) doctor will be a Trauma Surgeon, who will oversee your care. You will also get to know Resident doctors.

### Attending Trauma Surgeons

Dr. Agarwal  
Dr. Faucher  
Dr. Gibson  
Dr. Ingraham  
Dr. Jung
  
Dr. Liepert  
Dr. O’Rourke  
Dr. Scarborough

### Advanced Practice Nurses: These nurses have advanced training. They are Nurse Practitioners or Clinical Nurse Specialists. They are experts in their fields of nursing. They will support the staff nurses and provide expert knowledge to improve your care.

**Nurse Practitioners**

Tatum Curry  
Kelly Laihes  
Amy Stacey  
Jen Yeager

APNP  
APNP  
APNP  
APNP

**Clinical Nurse Specialist**

Alazda Kaun, MS, RN, CNRN

**Clinical Nurse Manager**

Alysia Hanson, RN, MSNc, PCCN
Primary/Team Nurse is registered nurse (RN) who is assigned to care for you 24 hours a day on the unit. Your nurse will assess your pain, symptoms, provide medication, and discuss your needs and concerns. He or she works with you and all members of your health care team including your doctors, social worker, case manager, pharmacist, therapists and anyone else involved in your care to help you express your needs and concerns. He or she then works with you to create a plan for your day and plan for your stay. Let your nurse know what is important to you. This will help him or her to take better care of you. Your nurse is the “go-to” person for any questions you have about your care and will direct your questions to the correct member of your health care team.

Nursing Assistants (NA) work closely with your nurse to help care for you by taking vital signs, walking, bathing, and helping you use the bathroom.

Each day as you get better, nurses and nursing assistants teach you how to care for yourself. You can expect to see 2-3 Nurses and 2-3 NAs in a 24-hour period. They will intentionally round on you every hour during the day and every two hours at night to check in and see if you need anything. Use the call light to let us know of any other needs, questions, or concerns you may have in between rounds.

Nurse Case Managers assist you with discharge planning. This process begins on the day of admission and lasts until discharge. They will review your medical records and meet with you to form a discharge plan. The Case Manager will answer questions about the trauma plan of care and talk with Doctors, Nurse Practitioners, Therapists, Home Care Providers and Rehabilitation or Skilled Nursing Care Facilities.

Social Workers assist in finding available resources, assist with insurance issues, and help with financial concerns. They also assist in filling out Power of Attorney for Health Care paperwork or setting up legal guardianship.

Pharmacists will review both your home and hospital medicines when you arrive at the hospital. They teach patients and families how to prepare medicines, the dosing schedule and possible side effects before discharge. On your discharge day, they will again review any changes with you including new medications you need to take at home.

Dieticians assist in helping you meet your nutritional needs. They assess and keep track of your nutritional status and provide feedback to you and the trauma team. They promote nutritional goals, and teach and guide you during trauma recovery.

Orthopedic Doctors specialize in broken bones. These doctors work closely with the trauma team to develop a plan of care for your broken bones.
**Neurosurgery Doctors** specialize in brain injuries. If you have a head injury or brain bleed, these doctors work closely with the trauma team to develop a plan of care for your head injury.

**Neurospine or Orthospine Doctors** specialize in fractures of your spine. If you have a broken bone in your spine, these doctors will work closely with the trauma team to develop a plan of care for your spine fractures. They may recommend no intervention, bracing the injury, or surgery depending on the severity of the injury.

There are also other specialty doctor teams who may be consulted by the trauma team. The facial trauma team specializes in facial fractures. The ophthalmologist may come to assess your vision if you have any eye injuries. All these teams work closely with your trauma team to develop a plan of care to help your injuries heal.

**Therapists:**

**Respiratory Therapists (RT)** assess and treat breathing problems caused either by the trauma or those that you may have had before. They are experts in caring for your airway and the ventilator (breathing machine) and work closely with your trauma team.

**Occupational Therapists (OT)** focus on self-care skills and other daily tasks. They will help you regain upper body movement, overall function, teach new techniques or provide adaptive equipment to help you perform normal daily tasks. They will help find resources for home and help decide whether you will need further rehab on a Rehab Unit or in a Skilled Nursing Facility.

**Physical Therapists (PT)** assess and treat problems with movement or balance. The PT works on sitting, walking, balance, and strength. They will teach you how to begin moving again on your own, as you are able. They will help find resources for home and help decide whether you will need further rehab on a Rehab Unit or in a Skilled Nursing Facility.

**Speech Language Pathologists (SLP)** will assess and treat changes in speaking and thinking skills. This includes trouble with word finding, focus, understanding language, and recall. They assist patients who have trouble speaking because of muscle weakness in the face or tongue or because of a tracheostomy (breathing tube). They will help find resources for home and help decide whether you will need further rehab on a Rehab Unit or in a Skilled Nursing Facility.

**Swallow Therapists** will help those who can’t swallow or have trouble eating. They often are present at meal times to help patients learn to eat and swallow as before your injury.
Additional Support Staff

Pastoral Care Staff provide spiritual and emotional support for patients and their families. This support is offered to people of all faiths, and to those who do not belong to any religious group. Chaplains can be reached 24 hours a day.

Health Psychologists are experts in helping people to adjust to injury. They teach, counsel, and provide support and coping methods for both the patient and family. They also watch changes in patients’ behavior, thinking and mood. They help patients deal with the psychological impact of trauma.

Radiology staff are involved in the diagnostic evaluation of the trauma patient. Radiology staff includes those who take X-rays, CT scans, and MRI scans.

Phlebotomists draw blood for lab testing.

Orthotics custom fit a variety of braces for trauma injuries.

AODA Physicians and Counselors are the team who cares and counsels patients with substance abuse or dependence concerns.

Visitor Policy

F4/4 Nurses Station Phone Number: (608) 890-6400
Visiting Hours 8am - 9pm. Visitors are guests of you and your family.

Primary supports
We support a patient and family centered approach to care. As you are part of the team, we ask that you provide us with the names of the people who you want involved in planning your care. Primary supports are people who provide you with the support you need and are relatives, best friends, spouses, or partners. Primary Supports are welcome to come to the hospital at any time, but this decision is up to you, the patient or your patient representative.

A Primary Support person is allowed to stay overnight in your room with you. If you have more than one Primary Support person, we ask that only one person stay overnight in the room at a time. The person that stays overnight must be 18 years of age or older. If you know that someone will be staying with you, tell your nurse and we will provide a cot for sleeping, as long as one is free. Also, your support person must have a visitor pass to allow them to stay after hours. Ask your nurse how to get one.

There may be times that visits are not allowed due to nursing cares being carried out, especially in the IMC. If this is the case, we will ask your visitors to wait in the waiting room and we will let them know when it is okay to visit.
Parking and Validation
For every patient, there is one parking pass that is available to be used during your hospital stay. You will need to go to the admissions desk to get your pass validated. If you have questions, please ask your nurse or the health unit coordinator.

Emotional Changes
You may be feeling worried, sad, angry, or scared. These and many other feelings can occur while in the hospital. It takes time to deal with your health problems, treatment, and the new changes in your life. Every person copes in their own way. Some have found it helpful to talk about their feelings with the people close to them and to ask for their support. Talk to your doctor, nurse, chaplain or other members of the Health Care Team as you are comfortable. We can connect you with helpful resources at UW Hospital and support groups in the community.

Confidential Patients
Some patients may choose to have no visitors and no phone calls - we call this a "confidential patient.” Some reasons for this are:

- You don’t want others to know you are in the hospital
- You do not feel safe
- You were a victim of a crime
- You were involved with a crime

If you choose to have this confidential status, the staff will flag your name in the computer, and your name will not be posted in any public area or at the nurse’s station. This means that if someone calls and asks about you or what room you are in, staff will reply, “I have no record of that patient being in our hospital.” Any mail, gifts, and flowers that are sent to you while you are in the hospital will also be returned to the sender.

If there are certain people that you would like to visit, you must inform those visitors of your room number and phone number. If at any time you change your mind about being a confidential patient, talk to your nurse and your status will be changed in our system. At that point we could tell your visitors or those who call the desk, your room and phone number.
Your Hospital Stay on the Trauma Unit

Trauma patients may come from the Emergency Department, Operating Room, or the Intensive Care Unit (ICU). Once you arrive on F4/4, you will meet your Nurse and Nursing Assistant, learn about your room, and get settled in. Your family and friends are welcome to visit you in the room as well.

Your vital signs (temperature, heart rate, blood pressure, breathing rate, oxygen level) will be checked often, even through the night, until your doctor decides that less frequent vital signs are needed. The nurse will perform an assessment of you when you are admitted, which includes Health Assessment questions and a complete physical exam.

Intentional Rounding
Your nurse will check on you often, at least every hour to start with. During the hours of 6am to 10pm, a staff member, most likely your Nurse or Nursing Assistant, will check on you each hour. During these checks, staff members will check to see if you need anything such as pain medication, going to the bathroom, repositioning, or anything else. In addition the staff members may also perform routine tasks such as dressing changes or give you medicine. From 10pm to 6am a staff member will check on you every two hours. If you are sleeping during this time, the staff member will not disturb you. We always want you to use your call light if you need something or someone right away in between intentional rounding.

Equipment
At first, most trauma patients will have the tubes and equipment listed below.

- **Intravenous (IV) Line**: Most often placed in your hand or arm to provide fluids and medicine until it is safe for you to take food and drink by mouth.
- **Nasal Cannula**: A tube under your nose to give you oxygen.
- **Pulse Oximeter (Pulse ox)**: A plastic clip or sticker placed on your finger or toe that tells us your oxygen level.
- **Telemetry (Tele)**: A small battery pack with five electrode wires that attach to small stickers on your chest. This allows doctors and nurses to keep track of your heart rate and rhythm continuously. While on telemetry, you will need to stay on the unit.
- **Cervical Collar (C-collar)**: A collar around your neck to prevent you from moving your neck. All trauma patients are treated as if there is a spinal injury until the doctors look at the spine scans and determine if there is an injury or not.
- **Foley Catheter (Foley)**: A catheter (tube) to drain urine from your bladder.
- **Elastic stockings (TEDs) and leg wraps (SCDs)** that inflate and deflate to improve blood flow in your legs to prevent blood clots.
**Length of Stay**
The standard length of stay is hard to predict for Trauma patients, but there are goals that need to be met before discharge. These include:
- You are able to eat food and drink liquids
- You can move around safely
- You have a return of bladder and bowel function
- You have reasonable pain control with oral medicines
- PT, OT and Speech Therapists feel you are safe to be discharged
- You will also have a Discharge Checklist in your room to help you understand what needs to be completed before you can leave the hospital.
Together, with you and your family, we will decide when you will be discharged so that you can plan for this day and time. We will work with you to help you meet all of your goals in order to be discharged home. Some patients may need more time to recover from injury, and may need a stay in a Rehabilitation Center, a Skilled Nursing Facility, or a Traumatic Brain Injury Center. We will discuss discharge options with you and those involved in your care as those needs become clear to your Health Care Team.

**Spine Precautions**
All trauma patients are treated as if there is a spinal injury until their spine x-rays or CT scans are read by the attending radiologist. This may not take place until the next day. It will depend on what time of day you are admitted.

*Cervical (C) Spine Precautions*
A brace is placed on the neck to be worn at all times until an attending radiologist has reviewed the spine imaging and a physical exam of the neck is performed. Most patients are placed in a temporary collar called a Philadelphia (Philly) collar. If there’s a bone or ligament injury found in the neck, a patient may then need to wear a PMT collar. If you need to wear either of these collars, no pillows are allowed under the head, no lifting your arms above your head, and no lifting greater than 10 pounds.

*Thoracic (T) and Lumbar (L) Spine Precautions*
You are to remain flat on your back at all times unless you are lying on your side and straight alignment is maintained with pillows until an attending radiologist has reviewed the spine imaging. Depending on the type of T or L spine injury you have, you may need to either lie flat or have your head of the bed less than 30 degrees. Your doctors and nurses will let you know your restrictions.
Progression of Activity

No Spine Injury Found

Getting out of bed is a vital part of getting better. Once your spine imaging is reviewed, you will be allowed out of bed. You should not attempt to get out of bed on your own. Nursing staff or physical therapists will help you out of bed for the first time as sometimes you may get dizzy or lightheaded and may feel weaker than before the accident.

Proven Spine Injury

If you are found to have a spine injury, you may need to wear a brace to keep your spine aligned. Once your brace is placed, x-rays need to be done to check that your spine stays aligned in your brace. After these x-rays are completed, you need to remain in precautions until a spine doctor has reviewed the x-rays. If your spine is stable, you will be allowed to advance your activity. If your spine is unstable, you may need surgery. Your Spine Team will discuss this with you.

Coughing and Deep Breathing

Your nurse will ask you to breathe deeply, cough, and use an incentive spirometer. You may try to avoid deep breathing because it can be painful but deep breathing is very important to help you prevent pneumonia. Pain medicine can be given to help control your pain while deep breathing.

To cough and deep breathe

1. Place a pillow over your chest or abdomen to lessen the pain when coughing.
2. Breathe in deeply and slowly through your nose. Hold it.
3. Exhale slowly through your mouth.
4. Repeat two more times.
5. Breathe in again and hold it, and then cough.
6. Repeat every hour while you are awake.

Incentive Spirometer

1. Exhale and place your lips tightly around the mouthpiece.
2. Take a slow deep breath. Slowly raise the Flow Rate Guide between the arrows.
3. Hold it. Continue to inhale, keeping the guide as high as you can for as long as you can, or as directed by your nurse or respiratory therapist.
4. Exhale and relax. Remove the mouthpiece and breathe out as usual.
5. Slowly, repeat 10 times per hour while you are awake.
**Diet**
When you are not eating or drinking you will be given IV fluids (fluids through your veins) to keep you hydrated. To keep your mouth moist, you may use swabs dipped in ice chips and water. Your nurses and doctors will listen for sounds from your abdomen, ask if you are passing gas or stool, ask if you have any nausea or vomiting, and ask about your appetite. All of this helps the Health Care Team know if the bowels are starting to function or “wake up.” If you had surgery, you can expect that your bowel function will not return for a couple of days, often 3-5 days later.

When you are healthy enough to begin eating, start slowly by drinking clear liquids. This includes juice, jello, broth, popsicles, etc. Then move on to full liquids such as milk products, creamed soups, pudding, Ensure® drinks, or protein shakes. If this goes well you may advance to “real food.” For some that will be a general diet, in which you can eat what you’d like. The best way to advance your diet is to start out slow and then progress. Eat only what feels good and tastes good. If you begin to feel sick to your stomach or full, you should stop eating and tell your nurse.

If you followed a special diet at home (Diabetes, Low Sodium, Lactose Free, etc) or have food allergies, please talk to your Health Care Team about this to ensure we provide you with the same diet during your stay.

**Foley Catheter**
You may need to have a urine catheter (Foley) placed. This tube sits in your bladder to allow for a constant draining of urine out of your bladder and into a bag. You may still have the urge to pass urine. If you have a full feeling let your nurse know right away as your catheter may need to be repositioned to allow it to drain. Your Foley will remain in place until the doctors decide the best time for it to be removed. After your Foley is removed, we will still need to record the exact amount of urine output so we ask that you empty your bladder using the collection device that sits in the toilet or a urinal. Sometimes patients cannot pass urine when the Foley is removed. Your bladder function will be assessed every 4 - 6 hours. If you are unable to empty your bladder fully, you may need to undergo straight cathing. Straight cathing is where a catheter is inserted in your bladder allowing it urine to drain out and is then removed. If this happens often, a Foley catheter will likely need to be placed again. You may be placed on a medicine to help you urinate. If you need a Foley catheter at discharge, your nurse will teach you how to care for your Foley at home and you will be set up with outpatient follow up.
Compression Stockings (TEDs or Ace wraps) and Sequential Compression Devices (SCDs)
To prevent blood clots, the doctor may order you to wear compression stockings on your legs while you are in the hospital. This puts pressure on the deep veins and helps with blood flow. You will wear these stockings all day and night except for an hour during the day when we give your legs a break. During the time you are lying in bed, you also will wear SCDs that provide a constant massage to your lower legs. This helps blood return to your heart. If we are not able to fit you with the proper TED hose, your nurse will wrap your legs with ace bandages to control any swelling you may have in your legs.

Chlorhexidine Gluconate (CHG) Bathing
While in the hospital, CHG soap (Hibiclens®) will be used for bathing. This special soap is used because it reduces the numbers of germs on your skin for a longer period of time compared to other soaps. According to the Centers for Disease Control and Prevention (CDC), studies show that your chance of getting a hospital acquired infection (HAI) is lower when the number of germs on your skin is lower. It is important to use the CHG soap because it reduces your chance of getting an HAI which could lead to a longer hospital stay. Most of the time, CHG is not needed at home. However, sometimes patients do need to bathe daily at home with CHG soap (Hibiclens®). Your doctor or nurse will tell you if you need to use CHG at home.

How to bathe with CHG Soap (Hibiclens)
- If you have any open skin areas, check with a nurse before using CHG (Hibiclens®) to shower.
- Wash your hair using regular shampoo. Then rinse your hair.
- Wash your face using the Aloe Vesta® 3 in 1 Foam or Johnson’s Baby Bath®.
- Use CHG (Hibiclens®) like you would use a liquid soap. Put it directly on your skin and wash gently.
- Rinse well with warm water.
- Do not use your regular soap after you use the CHG (Hibiclens®) soap.
- Dry your skin with a towel.
- If you need to use a lotion, only use the Aloe Vesta®, Cetaphil®, or Aquaphor® lotion given to you by the hospital. This is important because the use of other lotions does not allow CHG to do its job in killing germs.
- If you have any skin irritation (skin that is red, itchy, or burns), rinse the CHG (Hibiclens®) off your skin and let your nurse know right away.

Medicines
A pharmacist will visit with you to confirm the medicines you took at home. Nurses will give you medicines throughout the day. At first, when you are not able to eat or drink, some of the medicines you take at home may be given to you in
your IV. Not all medicines come in IV form. Others may be held until your doctor feels they are safe to begin taking again. Once you are eating and drinking, your medicine will be switched back to pill form.

You will likely get medicines in the hospital that you may or may not have taken at home. Below is a list of common medicines given to trauma patients:

- **Bowel medicines** – medicines taken to prevent constipation. They may be in pill form or given by rectum. There are many causes of constipation in the trauma patient, such as limited mobility, use of narcotics, and direct effects from the trauma. Medicines that may be given include Docusate®, Senokot®, Milk of Magnesia, Miralax®, Bisacodyl suppositories, Fleet enema, or magnesium citrate.

- **Blood thinners** – medicines that prevent blood clots from forming. Most patients are given a blood thinner (heparin or Enoxaparin®) as a shot in their fatty tissue - either in the abdomen or the back of the arm. Some patients may need blood thinners on a long-term basis and will be started on Coumadin® (warfarin) pills. While you are on blood thinners, you will need your blood drawn often to check your blood counts.

- **Stomach ulcer prevention** – At first you will not be able to eat or drink so you may be prescribed anti-ulcer medicine. This includes Ranitidine® and/or Pantoprazole®. If you were not taking these before your trauma, they will likely be stopped when you are discharged.

**Pain Medicine**
Good pain control helps you heal faster, leave the hospital sooner, and prevent problems. Drug and non-drug treatments can help prevent and control pain. You will be asked to rate your pain on this scale:

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<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
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<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Pain</td>
<td>Mild</td>
<td>Moderate</td>
<td>Severe</td>
<td>Worst Pain</td>
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Your pain control goal should be at a level that will allow you to deep breathe, eat, be active, take part in therapy, and sleep. This may mean that you may not be pain-free but your pain should not prevent you from being able do these things. We need to ask you what your pain level is, so that we know how well the medicine is working. Tell us about your pain and above all, tell us if it is not going away. Do not worry about being a “bother.” Pain medicine may cause you to become drowsy, dizzy, or lightheaded and you are the only one who can tell us about your pain, so be honest so we can help keep your pain controlled and side effects managed. Below are some pain treatment options.
**IV Pain Medicine**

If you are not ready to eat or drink you will be offered IV pain medicine to help control your pain. The most common drugs used are morphine and hydromorphone. IV pain medicine tends to work quickly, but it wears off faster than pain pills. Once you are eating food, you will be started on oral pain pills and your IV medicine will be stopped.

**Patient Controlled Analgesia (PCA)**

Some patients will be placed on Intravenous Patient Controlled Analgesia (PCA). This device allows you to give your own dose of pain medicine instead of by your nurse. PCA is used because the patient is the best judge of how much pain they are feeling. Each person may need a different amount of medicine to relieve their pain. PCA allows you to take the medicine when you feel you need it. To receive a dose, all you need to do is press the green button. When you press the button, pain medicine goes into your IV. Your nurse will let you know how often you can push your button to get pain medicine. You can only get pain medicine when the green button is lit, so you cannot overdose with the PCA. For your safety it is vital that only you, the patient, press the button to receive pain medicine. Your nurse will check with you to make certain you are comfortable and that you are using the pump as you should. Please tell your nurse how your pain medicine is working so they can make changes if needed. When you are eating again, your PCA will be stopped and you can ask for pain pills.

**Patient Controlled Epidural Analgesia (PCEA)**

Some patients will have an epidural with Patient Controlled Epidural Analgesia (PCEA) to help control pain. A very small catheter is placed in your back (between your vertebrae or back bones) and is set to give you constant pain medicine through your epidural space. You may also have a button to push as needed every 30 minutes. This button helps to control your pain and cannot be overused; the machine will not let you. For your safety it is vital that only you, the patient, press the button to receive pain medicine. Anesthesia doctors will see you every day and check the medicine in the epidural and to make sure it is working as it should. If your pain is still not under control, the anesthesia doctors will discuss ways to improve it. While you have an epidural, the nurses will check on you every 2 hours (even through the night). You may also need to have a urine catheter (Foley) in place until the epidural is removed.

If you have both an epidural (PCEA) and PCA, use the epidural first. The epidural button is black, and does not change colors when you push the button. *For your safety it is vital that only you, the patient, press the button to receive pain medicine.*
Oral pain pills
Your nurse will explain the pain pills your doctor has prescribed for you. This includes the drug, dosage, and frequency of administration. Long acting pain medicine (OxyContin® or MS Contin®) are typically scheduled twice a day. Short acting pain medicine (Oxycodone®, Norco®, Percocet®) are given on an as needed basis - you need to ask for these pain medicines when you feel that you need them. We suggest that you ask for pain pills when you first notice the pain. Do not wait. The pain pills take 30-45 minutes to start working. Do not drive, operate machinery, or drink alcohol while taking pain medicine. If you take the medicine for pain as prescribed, it is rare to become addicted. If you are concerned about addiction, talk with your Health Care Team.

Nonpharmacologic Pain Relief
This would include: relaxation, imagery, distraction, skin stimulation, hot and cold compresses, music, massage, and acupuncture. Music therapy has been shown to decrease pain, pain medicine use, anxiety, and distress. UWHC provides a music channel to all patient rooms. Also F4/4 provides TVs with USB ports that are able to play music of the patient’s choice. You may choose to bring in an iPod from home for use while in the hospital. Ask your nurse about alternative pain therapy that is offered. Some may include a personal cost to the patient such as massage.

Common Injuries and Treatment

Mild Traumatic Brain Injury
A mild traumatic brain injury (MTBI) occurs when someone loses consciousness for less than 20 minutes after being struck in the head. The person may not be able to recall being struck in the head for as long as 24-48 hours after the injury. The patient is often in the hospital less than 48 hours or may not be hospitalized at all.

What will my recovery be like after a MTBI?
Some people, but not all, will suffer a post-concussion syndrome. Post-concussion syndrome symptoms may include:

- A headache that doesn’t go away no matter what you do for it.
- Feeling dizzy
- Feeling tired
- Irritability or less able to handle frustration
- Forget things
- Have trouble paying attention
- Take longer to do what used to come easily
- Problems with sleep
- Feeling anxious or depressed
- Trouble keeping track of more than one task at one time
Post-concussion syndrome may begin within days or weeks of the injury and may last for weeks to months. Most symptoms are gone within 6 months. Often families will have more trouble coping than the person with the MTBI.

Ask your doctor when you can return to work as this is different for everyone. You must avoid:

- Contact sports such as football, rugby, and ice hockey
- Drinking alcohol
- Riding a bicycle or skating without a helmet

It is crucial that you avoid a second brain injury because it could make it even harder for you to be able to handle daily life.

If you notice any of the post-concussion syndrome symptoms getting worse or if you are having trouble taking part in your normal activities, call your doctor. The doctor may order more tests or arrange for an occupational, physical, or speech therapist to help you return to normal.

**Spine Fractures**
Spine fractures are breaks in the bones of the cervical, thoracic, or lumbar spine. You may be managed in one of three ways:

- Further x-rays at follow-up clinic appointments
- Use of a brace
- Surgery to repair the injury

*If you notice any changes in numbness or tingling, or changes in how your bowel and bladder work, let your health care team know right away.*

Most patients with spinal fractures are treated with brace therapy to help align the spine and heal the fracture. There are many different types of braces. If a brace is needed, an orthotics specialist will come and fit you with your brace. Staff will provide you with an educational *Health Facts for You* handout specific to your brace and will teach you how to properly use your brace prior to discharge.

**Rib Fractures**
Rib fractures can be very painful, but the pain gets better with time. Pain medicine will not take all of the pain away. You may have more pain when breathing deeply and coughing. The main treatment for rib fractures is pain relief and clearing your lungs to prevent pneumonia. There is no brace that heals rib fractures. It is vital that you use your incentive spirometer. It helps to take deep breaths. You will be asked to cough and deep breathe, even though it hurts. Splinting your chest over the broken rib using a pillow can help you cough and deep breathe more easily.
Liver Laceration
The liver secretes bile which breaks down the fat in food. It also filters harmful toxins from the blood. It has many other functions. A liver laceration is a tear that causes bleeding. It can be large or small. It may need to be repaired in surgery. The tests that you may have done include: CT scan, MRI, or FAST. Treatment includes:

- Frequent blood draws. These tests can reveal if the liver is still bleeding. If these remain stable, surgery may not be needed. If your blood counts start to decrease, surgery may be needed to repair the tear.
- Frequent abdominal exams.
- You may be on bed rest. This helps to keep the tear from getting bigger. It also prevents more bleeding.
- You may not be allowed to eat until your health care team decides whether you will need surgery or not.

Spleen Laceration
The spleen filters the blood. It helps to keep your body healthy by clearing blood-borne bacteria. A spleen laceration is a tear that affects the main blood vessels to the spleen. A tear can be any size from small to large. The risk with a spleen tear is that it may bleed, requiring surgery to remove the spleen. Treatment includes:

- Frequent blood draws. If your blood counts remain stable, surgery may not be needed. If your blood counts start to decrease you will be watched further or more tests may be done. Some people require surgery to have the spleen removed in order to stop the bleeding. If a spleen needs to be removed, a person can still lead a long and healthy life.
- Frequent abdominal exams.
- You may be on bed rest to prevent the tear from getting bigger or causing more bleeding.
- You may not be allowed to eat until your doctor decides whether you will need surgery or not.

Kidney Contusion/Hematoma/Laceration
A kidney contusion or hematoma is a bruise to your kidney. A kidney laceration is a cut in the kidney wall. Treatment includes:

- Frequent blood draws. If your blood levels remain stable, surgery may not be needed.
- We will also be checking your kidney function tests (BUN/creatinine) often.
- You will have a Foley catheter placed so we can measure your urine output. A Foley is also used to see if you are passing blood through your urine. In some cases, doctors will order bladder irrigation. This is a constant flushing of the bladder. Your nurse will let you know if the doctors decide to do this.
Bladder Rupture
Bladder rupture is caused by blunt or piercing injury. A rupture is a tear to the bladder wall. Symptoms of a bladder rupture include: lower abdominal pain or tenderness, bloody urine, trouble passing urine or no urine output. Common tests that will be run are a CT scan and a cystogram. Treatment includes:
- Surgery to repair the rupture
- Foley catheter placed in the ER or during surgery; remains in place until bladder is healed, often for a number of weeks after discharge

Bony Fractures
A fracture is a break of a bone in the body. The symptoms of a bone fracture may vary. It depends on the type of fracture, location, and how severe the break is. Symptoms of a fracture include a deformed body part, pain, swelling, bruising, bleeding, and trouble moving the body part. Tests used to find a fracture include an x-ray, physical exam, and/or CT scan. Treatment of a bone fracture also varies based on the fracture, location, and severity. Treatment includes:
- Immobilization of the fracture, either with a cast or splint.
- Some doctors will apply traction to the bone to help align the bones before surgery.
- Compound fractures are treated with surgery, where the bones are secured using screws and plates. Then they are splinted to help provide support during the healing process.
- Some bone fractures will require you to receive antibiotics. If this is the case your doctor or nurse will let you know.
- While your bones are healing, you will need to limit your lifting or putting weight on the injury. Elevate the injured area if possible and apply ice to the injured body part if swelling occurs.

Road Rash and Abrasions
Abrasions (road rash) are surface injuries to the skin and the tissue below it. It is caused by rubbing or scraping. Road rash should heal within 2 weeks if you take good care of the wounds and keep them clean.

Daily Wound Cares
1. Wash your hands with soap and water before touching your wound.
2. Remove old dressing. Do not soak in water to remove. When a dry dressing is removed, it cleans away dead tissue and debris.
3. Wash your wounds gently once a day with antibacterial soap such as Dial® and a clean washcloth. Wash off creams, soft scabs, and any loose dead tissue. You may have a small amount of bleeding.
4. Rinse your wounds well with plain water.
5. Dry off the skin around the wound with a towel.
6. Apply a thin layer of Bacitracin® to all open wounds.
7. Apply a thin layer of moisturizing lotion to all healed areas of skin that
surround the open wound.
8. Apply Cuticerin® or Aquaphor® (non-stick) gauze to all open wounds.
9. Secure dressing with gauze as needed.

Signs of Infection
- Increased redness and swelling around the wound
- Foul smelling drainage or pus from the wound
- Flu-like symptoms (fever, chills, nausea or vomiting and muscle aches)

Care of Healed Skin
- The skin is healed when it appears dull pink or red, is not moist or
  weepy, and no longer stings when you touch it. Newly healed skin needs
  creams applied to prevent drying and cracking.
- Apply creams free of alcohol such as Elta® lite, Aquaphor®, Eucerin®, or
  Nivea® as often as needed to keep the skin moist and soft.
- Once your wound is healed, stop using the Bacitracin®, Cuticerin® or
  Aquaphor® gauze and gauze dressings.

Tobacco Use and Wound Healing
Smoking or tobacco use causes blood vessels to become smaller. The smaller
vessels have a hard time bringing oxygen, nutrients, and healing factors to the
wound. This can cause the wound healing process to take longer. Carbon
monoxide is a poison produced by tobacco that enters your blood cells. This
poison lowers the level of oxygen in your blood. When you use any form of
tobacco (smoking or chew), the risk of a wound infection will increase. Tobacco
use also effects how fast your bones will heal. Quitting smoking is the best thing
you can do to help your wound and bones heal faster, safer, and with fewer
problems. If you’d like to quit, please let your nurse know and we can get you
information on smoking cessation.
**Potential Problems after Trauma**

**Infection**
Common sites of infection include: wounds, any foreign device (Foley catheters, IV lines, drainage tubes, etc). Signs and symptoms of a wound or site infection include areas of redness, swelling, drainage, or odor. Other symptoms may include pain not controlled by pain medicine and fever over 100.4°F for 2 times taken four hours a part. Signs of a urinary tract infection (UTI) include frequency, urgency, burning with urination, foul smelling urine, or cloudy urine. Please tell your health care team if you have any of the above signs or symptoms of infection.

**Prevention is key.** You and your family can do a lot to prevent the spread of infection in hospitals, clinics, and communities. The key is to use safety measures known as standard precautions. Hand hygiene is the number one way used to prevent the spread of germs. You should encourage your visitors and expect your health care team members to use alcohol gel or wash their hands with soap and water before they enter your room and after they leave to help prevent the spread of germs.

**Blood Clots**

**DVT (Deep Vein Thrombosis)** is a blood clot that forms in the deep veins of the body, mostly in the legs. DVTs alone are not life threatening unless the clot breaks free and moves to the lungs where it can lodge in blood vessels there. This is called a **PE (Pulmonary Embolism) and it can be dangerous.** The risk of getting a PE is fairly low. We work to prevent DVTs or a PE by having you wear compression stockings, SCDs, and take frequent walks. This helps to increase blood flow in your legs and decrease your chances of a blood clot. Your doctor will prescribe a blood thinner (heparin or enoxaparin) that is often given as a shot in your abdomen or the back of your arm.

**Constipation**
Many things can cause constipation in the trauma patient. Some of these causes are surgery, the type of injury, being less active and use of pain medicine. Pain medicine slows down bowel movements moving through the colon. This causes the stool to become hard. If you have hard stools, they are fewer in number, or you have trouble passing them, then you have constipation.

While in the hospital, you will be given daily bowel medicines. These may include: stool softeners, Miralax®, Milk of Magnesia®, suppository, enemas, or magnesium citrate. We want you to return to the bowel routine you had at home. Our goal is for you to have a bowel movement at every day to every other day.
Once you are home, you will need a plan to avoid constipation. Stick to the plan as long as you are taking narcotic pain medicine. Review your plan with your doctor or nurse. Here are some things that may be part of your plan. (If you need to follow a special diet, talk to your doctor before making any changes.)

- Eat foods that have helped you to relieve constipation in the past.
- Eat foods high in fiber, as long as they have been approved by your doctor. This includes foods such as uncooked fruits, raw vegetables, and whole grains and cereals. Try prune juice. If you are not hungry, do not force yourself to eat fiber.
- Drink plenty of liquids. Eight to ten 8-ounce glasses of fluid each day will help keep your stools soft. Warm liquids often help your bowels to move.
- Exercise as much as you are able each day or at least every other day. Increase the amount you walk as you can. Check with your doctor or nurse about the exercises that are best for you.
- Plan your bowel movements for the same time each day, if you can. Set aside time for sitting on the toilet.
- Aim for a bowel movement every day or every other day.

### High fiber food

<table>
<thead>
<tr>
<th>Cereals &amp; flours</th>
<th>Bran cereals, whole-wheat bread, rye bread and crackers, wheat germ, corn, cornmeal, wild rice, brown rice, barley</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fruits</td>
<td>Fresh, canned, or dried fruits, especially those with skin or seeds (apples, plums, pears, peaches, tomatoes, berries, raisins, and dates)</td>
</tr>
<tr>
<td>Vegetables</td>
<td>Any raw or cooked vegetable (not overcooked) such as carrots, cabbage, peas, dry beans, and lentils</td>
</tr>
</tbody>
</table>

### What about stool softeners and laxatives?

Many people taking pain medicine need the help of a stool softener. This may not work alone. You may also need a gentle laxative. Be sure to check with your doctor before taking any of these on your own.

Your doctor or nurse may suggest taking a laxative on schedule rather than waiting for constipation to occur. There are many types and brands of laxatives, and most do not need to be prescribed. Talk to your doctor about which may work best for you.

### What about bulk laxatives and fiber, like Metamucil?

Bulk laxatives and fiber like Metamucil absorb water and expand to increase bulk and moisture in the stool. If your constipation is from taking pain medicine, this is not the best option to use. They should only be used if you are able to drink plenty of fluids throughout the day.
**Ileus**

An ileus is a blockage of the intestines (bowel). The ileus prevents movement of food, fluid, and gas through the intestines. An ileus may be caused by any type of surgery, pain medicines, lack of activity, or injury type. Being less active also may cause an ileus. Signs and symptoms include:

- Nausea
- Vomiting
- Stomach cramps
- Bloating
- Lack of bowel movements and gas

We treat an ileus by stopping food intake, giving you IV fluids, and we may place a nasogastric (NG) tube in your stomach to relieve any pressure and prevent vomiting. You should be as active as you can while being treated for an ileus. This helps your intestine to wake up. Signs and symptoms that your ileus has healed include normal bowel sounds, only small amounts of liquid coming out of your NG tube, passing gas, having bowel movements, decreased bloating, a soft abdomen, no nausea or vomiting, and being able to handle a clear liquid diet.

**Pneumonia**

Pneumonia is an infection of one or both lungs, often caused by bacteria, viruses, or fungi. While in the hospital other causes include fluid and atelectasis. Atelectasis is a partial collapse of the lung that can be caused by a blockage of the air passages. It occurs in trauma patients due to immobility and not being able to clear lung secretions due to injuries. To help prevent pneumonia:

- Cough & deep breathe
- Use the incentive spirometer every hour while awake
- Get out of bed and walk in the halls when able
- Use pain medicine to help you cough and deep breathe
- Work with therapies (Physical, Occupational, and Respiratory Therapy);

Treatment includes antibiotics, incentive spirometry, PEP (positive expiratory pressure), CPAP (continuous positive airway pressure), oxygen, and walking.
**Discharge Process**
The length of your hospital stay depends on your trauma. Your discharge plan will be based on your injuries, the amount of care you will need at discharge, and therapy recommendations.

**Discharge Home**
The standard length of stay is hard to predict for trauma patients, but there are certain goals that you will need to meet before discharge. To help plan and prepare for leaving the hospital, we will discuss a discharge date with you each day. Please understand this date may change. When you are ready to go home, we will work with you to set a time for your discharge that is convenient for you and your family. Our goal is to have you leave the hospital within 30 minutes this discussed discharge time.

You can help in your discharge process by telling us early if you have any special circumstances about your discharge, such as having a long ride home or limits to times when you can be picked up. This will help coordinate your discharge time as well as your discharge appointments to the best of our ability.

We will review a Discharge Checklist with you similar to the following:

- You and your Doctor and/or Nurse Practitioner discussed your discharge plan
- You are able to eat food and drink.
- Your pain is under control with oral pain medicine.
- You are able to urinate and have had a recent bowel movement.
- You have met with the social worker and/or case manager regarding home health, medical equipment, outpatient therapy, and/or rehab program if needed.
- You are able to move around safely and have been cleared by Physical Therapy and Occupational Therapy if applicable.
- Speech therapy has met with you (if needed) and say you are okay to go home.
- You have transportation home.

Once these standards are met, your trauma doctor or nurse practitioner will write an order for you to be discharged. After these orders are written, the following needs to take place:

- All of your follow-up appointments have been made.
- The Pharmacist has met with you and provided you with education about your discharge medicines. He or she will also give you all your written prescriptions.
- Your After Care Hospital Plan (ACHP) has been reviewed with you by your nurse. This includes your activity orders, lifting restrictions, your diet at home, wound care teaching, follow-up appointments, any special instructions, and phone numbers to call if you have questions or concerns.
Activity Restrictions after Discharge
Slowly increase your level of activity based your restrictions written in your discharge instructions. Check with your doctor if you are not sure an activity is right for you. Listen to your body. Let comfort be your guide. If it hurts, stop.

Check with your doctor about:
• When you can return to work
• When you can resume having sex
• Driving - Do not drive if you are taking pain medicine

Going to a Facility
Some patients who are not safe to be at home will be transferred to a Rehabilitation or Skilled Nursing Facility where further care is given. The table below lists some of the rehab options that you may need.

<table>
<thead>
<tr>
<th>Inpatient Rehab</th>
<th>You would transfer to a hospital rehab center that would provide intense therapy.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Patients need to meet strict standards to be accepted into this type of program (such as, being able to do three hours of therapy a day).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Long-term acute care (LTAC) nursing facility</th>
<th>You would stay at an acute care hospital.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not able to do three hours of therapy (see above).</td>
</tr>
<tr>
<td></td>
<td>These patients still have complex health care needs but are not eligible for the option above.</td>
</tr>
<tr>
<td></td>
<td>Those with ongoing breathing problems may need this type of placement.</td>
</tr>
</tbody>
</table>

| Skilled Nursing Facility                | Patients are stable but still need more therapy and being discharged home is not possible. |

| Outpatient Therapy                     | Patients would receive therapy during scheduled clinic visits, but would live at home. |

<table>
<thead>
<tr>
<th>Home Care</th>
<th>A therapist comes to the home to provide therapy.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Consists of Nursing/PT/OT. Infrequent visits.</td>
</tr>
</tbody>
</table>
Follow Up Appointments
If you are discharged during the week, UWHC staff will make your appointments for you. They will be listed on your discharge sheet with the date, time, and Physician or Nurse Practitioner you will be seeing in clinic. We will also list a phone number for you to call if you need to change your appointment. If there is more than one clinic visit to schedule, our staff will try to arrange them for the same day. This may not always be possible because not all doctors work in the clinic on the same day.

If you are discharged on the weekend, your appointments may not be scheduled for you because most clinics are closed on weekends. The clinic should call you and set up these appointments, but if they do not call, please call the clinic on Wednesday. Your discharge sheet will list what doctor you need to follow up with, when they would like you to return to clinic, and the clinic phone number.

When to Call the Doctor
- Acute shortness of breath
- Unusual pain that you haven’t had before
- Pain not controlled by pain medicine
- Nausea and vomiting that does not stop
- Abdominal bloating or distention
- Severe fatigue that doesn’t go away
- Signs of infection: redness, warmth, swelling, foul odor or drainage
- Fever of 100.4°F or 38°C for 2 readings taken four hours apart.
- Any unusual or prolonged bleeding

Important Phone Numbers
Trauma Clinic ......................................................... 608-263-7502
Burn Clinic .............................................................. 608-263-7502
Neurosurgery Clinic ................................................ 608-263-7502
Orthopedics Clinic ................................................. 608-263-7540
Plastics Clinic .......................................................... 608-263-6782
ENT Clinic .............................................................. 608-263-6190
Ophthalmology Clinic ............................................. 608-263-6414
Outpatient Pharmacy ............................................. 608-263-1280
Hospital Paging Operator ....................................... 608-263-0486
Patient Relations ..................................................... 608-263-8009
Toll-Free ................................................................. 1-800-323-8942
UW Emergency Room ............................................ 608-262-2398

If you think you are having emergency symptoms, call 911.
Here are my Questions??

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person’s health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright ©2/2016. University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#7289.