



Handbook for Trauma Patients and Caregivers

This handbook has been developed for you by **The Johns Hopkins Hospital** in collaboration with the Trauma Survivors Network (TSN) of the American Trauma Society. We hope this information will help you and your loved ones during the hospital stay. To learn more about the services the network provides, please visit the TSN website at traumasurvivorsnetwork.org.

The Johns Hopkins Hospital is a 1,000-bed academic and healthcare facility in East Baltimore. Johns Hopkins is one of the world's leading hospitals in trauma care, seeing more than 2,800 trauma patients each year. As a level 1 trauma center, Johns Hopkins can provide care in every phase, from prevention to acute injury and rehabilitation. As a level 1 trauma center, the care we provide includes:

- Around-the-clock hospital coverage by general and trauma surgeons, with immediate access to trauma-related specialty care including orthopedic surgery, neurosurgery, vascular surgery, anesthesiology, emergency medicine, radiology, internal medicine, plastic surgery and critical care medicine
- Prompt response by specialties including interventional radiology, pulmonary medicine, cardiac surgery, hand surgery, obstetrics, thoracic surgery and urology
- Referral resources for nearby communities
- Specialized trauma nursing care
- Leading injury prevention and public education for neighboring communities
- Comprehensive quality assessment and improvement program
- Exceptional teaching and research by offering ongoing professional development opportunities for staff and publishing at least 20 peer-reviewed articles or journals

Johns Hopkins addresses all types of injuries — the most common are due to falls, motor vehicle collisions and gunshots . The institution has an overall survival rate of 90%

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1. INTRODUCTION

WE ARE HERE TO HELP

Trauma is when something bad suddenly happens. Most people don't think, "I'm going to get hurt today." Getting hurt and going to the hospital can make you feel scared and worried. You might feel confused and frightened by some things you see and hear. You might not understand some of the words people use. All of this is normal. This experience with a medical team may be new to you. We hope this handbook helps you during this difficult time by explaining what you may see and hear, as well as providing resources for you and your family to use throughout the recovery phase.

HOSPITAL

You or your loved one were probably brought to the emergency room (ER) by an ambulance or helicopter. During the ride, the rescue team talked to the hospital with a special radio and gave the hospital information about the injuries. This helped the trauma team get ready to help as quickly as possible.

The trauma team members

- Trauma Surgeons
- Emergency Doctors
- Nurses
- Respiratory Therapists
- Pharmacists
- Radiology Staff Members
- Social Workers

Based on your unique needs, the doctor will perform an examination and conduct tests to determine the best way to help. These tests might include X-rays, ultrasounds and computerized tomography (CT) scans so the doctors can see what happened. Sometimes, they will need to take you or your loved one to surgery right away to treat the injuries.

WHY A PATIENT MAY HAVE A FAKE NAME

Sometimes, when a patient comes to the hospital, we do not know their name or identity, but we still need to treat the patient right away. We give the patient a made-up name to keep track of the tests and reports. We use names such as “Jump Doe” or “Delta Tango.” The fake name might, at first, make it hard for a loved one to find the patient. When the hospital staff knows the real name, it uses that name. Patients who are victims of a crime will keep the made-up name for their safety.

2. VISITORS ARE IMPORTANT

Visiting is a time to be with your loved one, to ask questions and to meet with staff. Research shows that comforting visits from friends and family members help most patients to heal. Family members and close friends know the patient better than anyone else and can make a difference in treatment. Visiting is also often a good time to begin learning how to take care of your loved one at home. Scan the following QR code for up-to-date visitation guidelines at The Johns Hopkins Hospital.



WE ARE HERE TO HELP

Feel free to ask any staff member or doctor for assistance in locating a patient room, department, or other area. All of them wear name badges for easy identification.

3. WHERE PATIENTS STAY

After the patient sees a doctor in the ER, the patient may be admitted and moved to another part of the hospital. The unit the patient goes to is determined by the person's medical needs. For example, some patients go to the intensive care unit (ICU) because their injury is severe and it requires frequent monitoring. Other patients do not require ICU care and are admitted to the "floor," where they will be monitored every two to four hours. A patient will only progress to the next level of care when the team is confident that the patient is medically stable and ready to do so. The hospital staff does its best to communicate a patient's location, but if a loved one is unsure where to find the patient, the visitor should call the hospital operator at **410-955-5000**.

» Intensive Care Unit

Patients in the ICU receive care from a team of doctors and nurses who are trained to help people who are hurt badly. Sometimes, the impact of an injury makes someone very sick, even if they were healthy before the injury. The patient will likely be on machines that continuously monitor heart rate, blood pressure and oxygen. The ICU doctors and nurses may use special devices such as ventilators, cardiac monitors and invasive catheters to help stabilize the patient. They also use special medication that goes through the veins or ventilators to help with treatment. The medical team's job is to make sure patients are medically stable. Once the patient is recovering well, the doctors will begin working with different treatments (physical therapy, occupational therapy, speech therapy, etc.) to help during the healing process. When intensive monitoring is no longer needed, it is time for the next part of the recovery.

A Typical Day in the ICU

Most patients in the ICU are connected to machines that provide important information. These machines help doctors and nurses monitor the patient. They also help deliver medication and, sometimes, help the patient breathe. Do not worry if you hear alarms. Some alarms do not need immediate attention. The staff knows which ones to check.

The trauma team visits the patient each day, which is called “rounding.” During the rounds, the team conducts exams and checks on the progress and patient’s care plan. Family members are encouraged to be involved in the patient’s plan of care. Physical therapists, occupational therapists and nursing staff members work together on the unit to help patients begin to move normally and regain strength.

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

» Step Down Unit/Floor

As patients in the ICU get better, they are often moved to a step down/floor unit. This is a great sign that typically means they are recovering well. These patients no longer require frequent monitoring or invasive treatment. Their vital signs will be taken about every four hours, and the patients will work closely with their nurse and will receive physical therapy, speech therapy or occupational therapy if recommended by their practitioner.

Patients who do not need intensive care, may be admitted directly to a step-down unit.

4. WHO TAKES CARE OF PATIENTS?

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

Team/Service	Role	Dress
Anesthesia and Pain Management	During surgery, you may meet anesthesiologists or a certified registered nurse anesthetist (CRNA). These special doctors help ease the pain with medications, infusion pumps or physical therapy.	Regular Clothes or Royal Blue Scrubs
Case Management	Case Management Team Members help in areas such as insurance, obtaining supplies for home and arranging care after the patient leaves the hospital.	Regular Clothes
Chaplains	Chaplains visit patients and families who want spiritual support.	Regular Clothes
Clinical Technicians	They help nurses with patient care by performing tasks such as starting IVs, drawing blood, inserting catheters and helping patients move.	Army Green Scrubs
Clinical Customer Service Representative	The patients and families with questions about the hospital and the hospital stay	Standard Uniform: Khaki Pants and Light Blue Collared Shirt

Dieticians	They work with the care team to plan meals for patients and help with feeding tubes.	Gray Scrubs
Break the Cycle- Hospital Violence Intervention Specialist	They are a team of community health workers and social workers who work with patient who have been violently injured using trauma informed care and to assist with needs up to 18 months	Regular Clothes
Nurses	Nurses provide medicine, change bandages, and teach patients and families about their care	Navy Scrubs
Nurse Practitioners	They are nurses with advanced training. Nurse practitioners and the doctor manage care by performing physical exams, ordering tests, prescribing medication, and referring patients to specialists.	Light Blue Scrubs
Occupational Therapists	They help patients become stronger to perform daily tasks such as getting dressed and bathing.	Maroon Scrubs
Physical Therapists	They help patients become stronger and move better.	Maroon Scrubs
Patient Transport	Members of this team help move patients between parts of the hospital for tests and procedures.	Brown Scrubs

Pharmacists	Pharmacists are experts in medications who help choose the right medication to meet the patient's needs.	Light Green Scrubs
Respiratory Therapists	They help address breathing problems.	Teal Scrubs
Social Workers	They help patients and families adjust to an injury and help connect them to local resources.	Regular Clothes
Speech and Language Therapists	These therapists help patients with speech and swallowing problems.	Maroon Scrubs

5. COMMON INJURIES AND TERMINOLOGY

Injuries can happen from two types of force: blunt or penetrating. Blunt injuries occur when something hits the body from the outside, such as during a car crash, fall or assault. Penetrating trauma happens when something sharp, like a bullet or knife, pierces the body. Sometimes, people have both types of injuries.

This part of the handbook addresses common injuries and how they are sometimes treated. The trauma team can give you more specific details about your/your loved one's injuries and the plans for treatment.

❖ Head Injuries

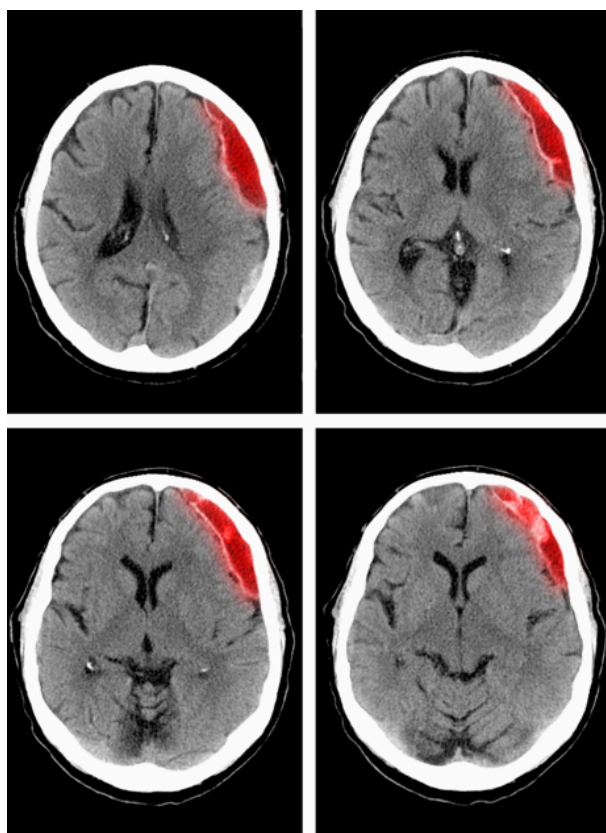
You may hear a head injury called a “TBI” (traumatic brain injury). This can be caused by blunt or penetrating trauma. Doctors often order brain scans (CT scans) if they think the brain is injured. These scans will show if there is swelling, bleeding or a blood clot. There are different types of brain injuries. See below.

- o **A concussion** is caused by a hit to the head. It is very common to have memory loss or confusion after a concussion. Recovery typically lasts a

few days.

- o **A cerebral contusion** is bruising of the brain. Cerebral contusions are often caused by powerful forces to the head that cause the brain to hit the skull.
- o **A skull fracture** is a crack in the bones of the skull. Sometimes, there are also injuries to the brain's blood vessels.
- o **A hematoma** is a blood clot in or on top of the brain. Usually, this is from a head injury that tore one or more of the brain's blood vessels. This can occur in different places in/on the brain:
 - **A subdural hematoma** is an injury to a vein outside of the brain that causes a blood clot, which often places pressure on the brain.
 - **An epidural hematoma** is an injury to an artery outside the brain that causes a blood clot to form and put pressure on the brain.
 - **An intracerebral hematoma** is an injury to any blood vessel inside the brain that causes the brain itself to bleed.

Subdural Hematoma:



Diagnosis and Treatment:

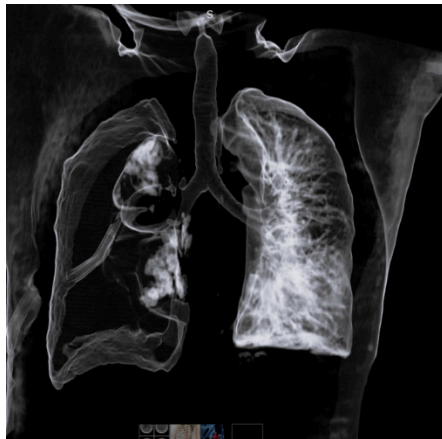
Diagnosis	Treatment
The trauma team watches someone with a head injury very closely, including: - o Checking pupils with a light - o Checking level of consciousness - o Using the Glasgow Coma Scale (GCS) to determine the injury level - o Checking the patient's reaction to touch, including dull, sharp or tingling feelings	Doctors base treatment for a brain injury on the type and location of the injury. Treatments might include: - o Drugs to lower brain pressure or anxiety, or to change fluid levels in the brain - o Monitoring and measuring brain pressure and/or draining fluid to lower the pressure - o Craniotomy – a surgical procedure performed in the operating room to open the skull to remove a clot or lower brain pressure

❖ Chest Injuries

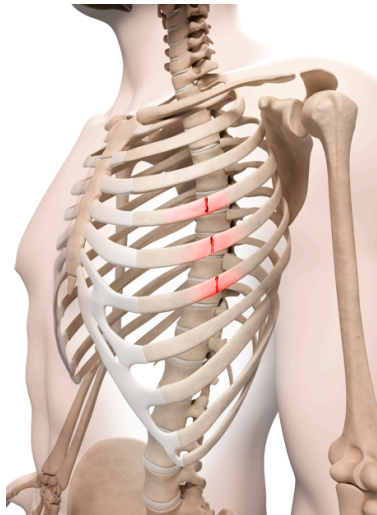
Chest injuries can be very serious because they can affect your heart and lungs. The main goal of early care is to help with breathing and blood flow. The following are types of chest injuries.

- o **Rib Fractures:** These are the most common chest injuries. They can be very painful but usually get better on their own in three to six weeks without needing surgery.
- o **Flail Chest:** This happens when two or more ribs are broken in two or more places, causing the chest wall to work incorrectly during breathing.
- o **Hemothorax:** This is when blood collects in the chest after injury.
- o **Pneumothorax:** This is a condition in which air collects in the chest after injury.
- o **Pulmonary Contusion:** This is bruising of the lung. It can be serious because if the lung tissue is damaged, the lungs may not be able to use oxygen as well as before.

Pneumothorax



Rib Fractures:



Diagnosis and Treatment:

Diagnosis	Treatment
Doctors often use a chest X-ray or CT scan to learn more about the injury. They check how well the lungs are using oxygen by taking blood from an artery. This test is called an arterial blood gas. Sometimes, doctors need to perform surgery to see and treat the injury.	The goal of chest injury treatment is to get more oxygen to the lungs, control pain and reduce the risk of pneumonia. Doctors and nurses might ask the patient to cough and do deep breathing exercises to help the lungs get better. They also may provide medicine to ease the pain and soreness. It is important for the patient to help with healing. This lowers the chance of other problems such as pneumonia or a collapsed lung, which might require a ventilator to help the patient breathe.

❖ Abdominal Injuries

Injuries to the abdomen from a blunt or penetrating trauma can hurt organs such as the liver, spleen, kidneys or stomach. These injuries include:

- Lacerations (cuts)
- Contusions (bruises)
- Ruptures (tearing of tissues)

Diagnosis and Treatment:

Treatment depends on which organ is hurt and how bad the injury is. Sometimes, treatment includes surgery. Other times, doctors conduct “watchful waiting” and monitor symptoms without needing to perform invasive treatment.

❖ Bone, Ligament and Joint Injuries

Injuries to bones, ligaments and joints can occur due to a hit or trauma from something sharp. These injuries include the following.

- **Open Fracture:** A broken bone sticks out through the skin. This is serious because the wound or bone can become infected.
- **Closed Fracture:** The broken bone doesn’t go through the skin.
- **Comminuted Fracture:** A bone shatters into many pieces.
- **Hairline Fracture:** A break that shows as a very thin line on an X-ray

Diagnosis and Treatment

Diagnosis	Treatment
Doctors can usually see if bones are broken with an X-ray or CT scan. To look at injuries on a joint or ligament, the doctor may want you to get an MRI scan.	Treatment for a broken bone depends on how bad it is and where it is. Treatments for fractures include the following ○ A cast, sling or splint keeps the bone from moving so it can heal. ○ Closed reduction moves the bone back into place without surgery. The patient may require pain medicine during this procedure.

	- o Open reduction is surgery to put the bone back in place. Pins, wires, plates or screws keep the bone together. - o During an external fixator procedure, the surgeon places pins in the bone above and below the break, and connects it to bones outside the skin to help it heal.
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Hip Fracture



❖ Spinal Cord Injuries

Injuries to the spinal cord can happen from a hit or trauma from something sharp. There are two main types of spinal cord injury:

- **Quadriplegia.** This is when the spinal cord is hurt from the top of the neck bone to the first chest bone. The patient can't move their arms or legs. The injury can be severe enough to affect breathing and the patient might need a ventilator.
- **Paraplegia.** This is when the spinal cord is hurt from the second chest bone (T2) to the 12th chest bone. This causes paralysis of both legs and sometimes the chest and belly.

Diagnosis and Treatment:

Diagnosis	Treatment
Doctors use physical exams, X-rays, CT scans and MRIs to find a spinal cord injury. An X-ray may show damage near the bones and spinal cord, but the spinal cord itself will not be identified on the CT scans. CT scans and MRIs provide the best picture of the spinal cord and bones.	In the first 12 hours after a spinal cord injury, doctors may provide steroids to reduce swelling and help the patient recover. These patients need special care for their bladder, bowels and skin. They may also need surgery to support their spine-this may not correct the paralysis, but it might help the patient sit. Getting out of bed with a sling lowers the risk of pneumonia, pressure sores and blood clots. Patients with spinal cord injuries need special care to prevent pressure sores and autonomic dysreflexia (see definition below).

- **Definitions**

- o **Pressure sores:** These sores on the skin are caused by not moving enough. They can happen on the back, hips, shoulders, elbows and heels. Red skin is the first sign of sore, so it is important to check the skin every day. Pressure sores can take a long time to heal and may require surgery. Some exist long term and may not heal completely.
- o **Autonomic dysreflexia:** When pain occurs, the blood pressure can become too high and stay high, even when the pain is gone. Autonomic dysreflexia is when the body can't control blood pressure correctly. High blood pressure can cause a stroke, so it's important to know the signs and find the cause. Signs include headache, blurry vision, sweating and red skin.

6. COMMON WORDS IN THE HOSPITAL

COMMON PROCEDURES

Craniotomy: During this surgery, doctors make a cut through the skull to reach the brain. It is usually performed to relieve pressure around the brain.

Craniectomy: This is removal of part of the skull bone to give the brain more space to swell. This surgery might also be performed to remove a clot. The skull bone is put back when the patient gets better.

Gastrostomy: This surgery is performed to make a hole in the stomach to place a feeding tube. The feeding tube is usually not permanent.

Jejunostomy: This is surgery to make a hole in the small intestine to put in a feeding tube. Sometimes, the doctors choose to place the feeding tube here rather than directly in the stomach, to reduce the risk of the tube feeding into the lungs, or because of a stomach injury. If your doctor wants you to get this type of tube, do not be afraid to ask why.

Laparotomy: This surgery opens the belly so doctors can look at and treat organs, a blood vessel or arteries.

Tracheostomy: During this surgery, a cut is made in the throat near the windpipe (trachea) to put in a breathing tube to replace a breathing tube earlier place in the mouth

FREQUENTLY USED EQUIPMENT

Cervical collar (C-collar): This hard plastic collar is placed around the neck to keep it from moving. Most patients who doctors think may have a spinal injury wear a c-collar while being evaluated.

Foley catheter: This tube is placed in the bladder to collect urine.

Halo Brace: This device keeps the neck from moving when there is a cervical spine injury.

Intracranial pressure (ICP) monitor: This is a tube placed in the brain to measure pressure.

Nasogastric (NG) tube: This tube is placed in a patient's nose to provide medication and nutrition directly into the stomach. It can also be used to remove excess fluids from the stomach.

Triple lumen catheter: This is a line placed into a shoulder or neck vein to provide intravenous fluids and medications.

Tube feeding pump: This machine provides fluids and nutrition to the stomach or small intestine using an NG tube.

Ventilator: Sometimes called a respirator, this breathing machine helps a patient breathe,

7. AFTER THE HOSPITAL: DISCHARGE PLANNING

When you leave the hospital, you might need special care. It can include the following.

- Special Equipment
- Nursing Care
- Physical Therapy
- Occupational Therapy
- Speech Therapy
- Respiratory Therapy
- Dietitian Consults

A case manager or social worker will help make a plan. They might talk to your insurance company to see what it will pay for. They can also help arrange your care. If you don't have health insurance, a social worker or financial counselor can help you find assistance. If you are unsure who the case manager or social worker is while in the hospital, a nurse or doctor can put you in contact with them.

TYPES OF CARE

Everyone's needs and recovery are different. Many types of rehabilitation are possible. Your trauma team will tell you which type of care is best for you. The location and type of rehabilitation will be based on your medical needs and your type of insurance.

You may return home after the hospital stay and participate in rehabilitation with home care services or outpatient therapy. Or you may need to stay in an inpatient rehabilitation facility before receiving outpatient therapy at home.

Understanding Your Rehabilitation Journey: Acute, Subacute and Long-Term Care

» Acute Rehabilitation

What It Is: Acute rehabilitation typically occurs in a hospital or specialized facility. It is the most intensive level of care and is designed for patients who had a significant injury and need a high level of medical and rehabilitative support.

Expectations: During acute rehab, you will participate in several hours of therapy each day, including physical, occupational, and sometimes speech therapy. The goal is to help you regain as much function as possible in a short amount of time to return home safely. Once home, you will likely continue your rehabilitation with a home or outpatient therapist.

How It Differs: Acute rehabilitation is shorter and more intense than other levels of care. It's designed to help you recover quickly and safely, with the goal of transitioning to a lower level of care and go home as soon as possible.

» Subacute Rehabilitation

What It Is: Subacute rehab is less intensive than acute rehab, but it still provides a significant amount of therapy. This level of care is often performed in a skilled nursing facility or a rehab unit in a nursing home.

Expectations: You will receive therapy, but it will be less frequent — typically one to two hours per day. The focus is on steady progress, allowing your body more time to heal while working toward regaining independence.

How It Differs: Subacute rehabilitation is designed for those who do not need the intensity of acute rehab but do require medical oversight and rehabilitation. It's a step down in intensity but not in importance.

» Long-Term Rehabilitation

What It Is: Long-term rehab is for people who need ongoing support to manage their recovery and maintain their health. This is provided in a long-term care facility, or at home with outpatient therapy or through a home health care service.

Expectations: The focus is on maintaining the progress you've made and continuing to work toward your personal goals at a pace that suits your recovery. Therapy may be less frequent than in acute rehab, but it is a crucial part of your care plan.

How It Differs: Long-term rehabilitation sustains your recovery and supports your independence. Instead of receiving intense daily therapy, consistent, manageable steps are taken toward getting back your former daily life.

» Overall Goal of Rehab After Injury

The primary goal, regardless of the level of rehab, is to ensure that you regain as much independence as possible and **return home safely**. Each stage of rehabilitation is tailored to your individual needs, and we are here to support you every step of the way. Remember: Your safety and recovery are our top priorities.

» Progress and Setbacks

What to Expect: Rehabilitation is not always a linear process. There will be good days when you make significant progress, and there may be days when you feel like you've taken a step back. It's important to stay patient and motivated. Setbacks are normal parts of recovery, and your care team is here to support you through them. The focus is on long-term progress, not just day-to-day changes.

» Preparing for Discharge from Rehab

What to Expect: As you progress through rehab, there will be discussions about your discharge plan. This includes planning for continued therapy, follow-up appointments, and equipment or home modifications you may need.

Why It Matters: The goal is to ensure a smooth transition from rehab to home. Being prepared for discharge helps reduce stress and increases your confidence as you continue your recovery at home.

» Setting Realistic Goals

What to Expect: Rehabilitation is about setting achievable goals that move you closer to independence. Your care team will work with you to create short-term and long-term goals that are realistic and attainable.

Why It Matters: Setting and achieving goals is motivating and helps you see the progress you're making. It also helps you and your care team stay focused on what's most important in your recovery journey.

8. PERSONAL HEALTH INFORMATION

Use the following pages to list:

- Names of the doctors, nurses and others who are caring for your or your loved one
- Injuries and procedures
- Your questions
- Things you need to do and get

NAMES OF PRACTITIONERS

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

Who are your attending trauma surgeons and residents?

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

Orthopedic Surgery _____

Neurosurgery _____

Spinal Surgery _____

Plastic Surgery _____

Rehabilitation _____

Other Team Members:

Who are the nurses taking care of you or your loved one?

Who is the Trauma Survivors Network coordinator? _____

Who else in the hospital is helping in the care of you or your loved one?

Physical Therapist _____

Occupational Therapist _____

Speech Pathologist _____

Psychologist _____

Psychiatrist _____

Social Worker _____

Financial Counselor _____

Other _____

Other _____

Other _____

QUESTIONS TO ASK THE DOCTORS AND NURSES

[illegible]

9. YOUR RESPONSE TO INJURY: GRIEF

Just like our bodies, our minds can get hurt. Trauma can change how we feel and think. It can be so strong that the ways you used to handle stress might not work anymore. Sometimes, people don't feel the emotional effects of trauma right away. In the hospital, they might focus more on getting better physically. But later, they may feel many emotions, from relief to strong anxiety. Family members can also feel different emotions from the time they first hear about the injury until the person gets better. Patients who had trauma and the patients' families also report feeling a sense of loss. This can be due to changes in health, income, daily routines or future plans. Everyone deals with changes in their own way. Feeling sad or grieving is normal. But if that doesn't get better, it can slow down recovery and cause more problems for the family. It's important to know the early signs of depression and post-traumatic stress disorder (PTSD). PTSD is discussed more in section 10 of this handbook.

COPING WITH LOSS

The stress from trauma and grief can affect your health and decision-making for months after the trauma. It's important to try to eat and sleep well, and to exercise if you can. If you have any long-term health problems, make sure you stay in touch with your doctor. Part of getting better is accepting help from others. You can find support from friends, family, places of worship, support groups and people who have gone through something similar. Not everyone knows how to help or what to say. Some people might avoid you because they feel uncomfortable. It might take time to find friends and family members who are good listeners.

WHEN A LOVED ONE DIES

Losing a loved one is among the hardest things in life. Everyone feels grief differently. It can be very strong for months or years. For most people, the intense sadness changes over time. It can take time and help to move from feeling sad to remembering and honoring your loved one.

WHEN IS SEEKING PROFESSIONAL HELP A GOOD IDEA?

Sometimes, grief is too much to handle on your own. You might need professional help if the grief lasts longer than six months, if you have PTSD symptoms or major

depression, or if grief stops you from living your daily life.

10. STRONG EMOTIONS AFTER INJURY

Experiencing a traumatic injury can make you feel many emotions. Right after the injury, it is common to feel sadness, anxiousness, sleeplessness, anger, irritability and grief. These feelings are normal. For some people, these strong emotions get better over time. But for others, they stay the same or get worse. About one in four people feel so distressed that it is called post-traumatic stress disorder.

WHAT IS PTSD?

PTSD (post-traumatic stress disorder) is a type of anxiety that happens after a very scary or upsetting event. It was first noticed in soldiers, but we now know that it can happen to anyone. After trauma, many people have PTSD symptoms, but that doesn't mean they have the disorder. People with PTSD have a certain number of symptoms for at least 4 weeks. Only a mental health professional can diagnose PTSD, but if you or someone you know has the following symptoms, it might be a sign that help is needed.

There are three types of PTSD symptoms:

- **Hypervigilance (Being on High Alert)**
 - Difficulty falling asleep or staying asleep
 - Irritability or outbursts of anger
 - Difficulty concentrating
 - Getting startled easily
- **Re-experiencing (Reliving the Trauma)**
 - Repeating memories or thoughts about the event
 - Nightmares about the event
 - Feeling like the event is happening again (flashbacks)
 - Feeling upset when reminded of the event
- **Avoiding Reminders**

- Avoiding thoughts, feelings, conversations, activities, places or people that remind you of the event
- Losing interest in activities you used to enjoy
- Feeling detached or unable to feel emotions

11. HELPFUL TIPS FROM OTHER SURVIVORS

- » **Ask for Pain Medicine.** Don't be afraid to request medicine for pain. But remember that the staff must follow a process that might take some time. Your nurse will need to get approval before giving you medications.
- » **Get Involved in Your Treatment.** You have the right to know about your treatment options and to discuss them with your doctor. If you need a test, feel free to ask what it is for and what it might show
- » **Contact Your Insurance Company.** Get the name of the person to speak to at the insurance company and try to always talk with that person. The social worker or case manager at the hospital can help you find this person. It's easier for you and the insurance company when someone who knows your case handles it.
- » **Physical, Occupational and Speech Therapy Are Important.** Muscle weakness can happen. Any activity you can do will help you recover faster. Try to arrange taking
- » **Be Patient with Yourself.** Recovery doesn't always go in a straight line. You might feel good one day and then tired or cranky the next day. It's frustrating, but try to focus on your overall progress.

12. ABOUT THE AMERICAN TRAUMA SOCIETY

The American Trauma Society (ATS) helps people who had serious injuries. ATS knows that serious injuries are difficult, and it has teamed up with your hospital to help by:

- Teaching doctors and nurses how to support patients and families better
- Connecting patients with friends and support groups
- Helping survivors learn how to handle daily challenges
- Creating an online form for survivors and families
- Providing NextSteps classes for patients.

Visit traumasurvivorsnetwork.org to learn more about what TSN and The Johns Hopkins Hospital offer.