Handbook for Trauma Patients and their Families
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This handbook has been developed for you by Mount Sinai St. Luke’s Hospital in collaboration with the Trauma Survivor Network (TSN) of the American Trauma Society. We hope this information will help you and your loved ones during the hospital stay.

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

We also encourage you to visit the TSN Web site at www.traumasurvivorsnetwork.org to learn about the services this program provides. You can also use this Website to keep your friends and family informed during your loved one’s hospital stay.
WE ARE HERE TO HELP

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

We hope that the information in this booklet will help you better cope during this difficult time. It includes facts about the patient care process and hospital services and policies.

Mount Sinai St. Luke’s Hospital, a part of the Mount Sinai Health System, is a teaching affiliate of the Icahn School of Medicine at Mount Sinai. The Trauma Program at Mount Sinai St. Luke’s Hospital encompasses many different types of medical and surgical specialists who are necessary in the treatment of traumatic injuries. As a trauma center, we provide the highest level of care in adherence to the American College of Surgeons guidelines with trauma surgeons and a team of specialists available around the clock. The facility and its staff members stand ready 24 hours a day, every day. They receive, stabilize, and treat those whose lives are threatened by severe multi-system injury, orthopedic injury, spinal cord injury, and brain injury. Mount Sinai St. Luke's Hospital is linked to a continuum of services: resuscitation, stabilization, critical and intermediate care rehabilitation, home health and follow-up services. The trauma team under the guidance of Dr. Raymond Wedderburn is committed to continuous monitoring and improvement of our care and response to trauma.
ARRIVAL AT THE HOSPITAL
Here is what has happened so far …

Most likely your loved one was brought to Mount Sinai St. Luke’s Hospital by ambulance. The trauma staff can tell you which service brought him or her to the hospital, if you would like to know.

During the transport, the rescue crew was in radio contact with the hospital to give information about your loved one’s injuries and medical condition so that the team at the trauma center would be waiting and ready to provide treatment as quickly as possible.

The trauma team typically includes trauma surgeons, emergency doctors, nurses, a respiratory therapist, x-ray staff and a social worker. The team is ready 24 hours a day, seven days a week. Also, board-certified specialty doctors are on call to help with the care.

Mount Sinai St. Luke's Hospital receives its patients based on protocols at the scene that determine which hospital is most appropriate for the level of care needed. Patients found to have the most severe injuries and/or who have the potential for life threatening injuries are admitted based on these complex protocols. For example, a survivor of a high speed motor crash is triaged to Mount Sinai St. Luke's Hospital or another trauma center in New York City.

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

- An exam to find life-threatening injuries
• X-rays, ultrasound and perhaps a computed tomography (CT) scan so that doctors can better understand the extent of the injuries
• If needed, transfer to the operating room (OR) for surgery. The OR is staffed by an expert team that uses the latest surgical techniques.
• Transfer from the ED or OR to a unit in the hospital

HOW THE HOSPITAL CARES FOR THE FAMILY

All new patients will be taken to the Trauma Room for treatment and stabilization. When family members of a trauma patient arrive at Mount Sinai St. Luke’s Hospital, they will go to the main entrance on 114th Street to the front security desk. The security officer will have limited information about patients but can help you to locate your loved one. You will be directed to a waiting area that is appropriate to his or her location or the unit in which he or she has been transferred.

Many times you will be asked to wait in a waiting area while X-rays, CT Scans, tests, and other assessments are being done to find out their injuries. This takes some time to finish. We know how stressful this is for you. We appreciate your patience while you wait.

The doctor or nurse at the bedside can tell you how the patient is doing. They will let you visit as soon as possible, e.g. when the tests are done and the patient is ready.
WHY A PATIENT MAY HAVE A FAKE NAME

Sometimes the hospital does not know the name of a seriously injured person. So to make sure that doctors can match the right lab, x-ray and other reports with that patient, the hospital may give the person a fake name, such as “John Doe.”

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

If your loved one is a victim of crime, the hospital may keep this false name during the stay for safety.

"The nature of our spirit is to live … to fight for life. Our gifts cannot be taken away by any physical loss."

Tony, Trauma Survivor
After patients are evaluated by the trauma team and undergo initial surgery (if needed), they are moved to another unit in the hospital. Where they are moved depends on the type and severity of their injury.

Patients may first go to the intensive care unit. After they are stabilized, they may then move to another medical or surgical unit in the hospital. Patients are only moved from one unit to another if the trauma team believes it is medically appropriate.

The hospital staff does its best to let family and friends know when a patient is moved from one unit to another, but sometimes this can be overlooked. If your loved one has been moved and you do not know where he or she has gone, please call 212-523-4000 for information or go to the security guard at the information desk on the first floor entrance at 114th Street.

These are the hospital units that care for trauma patients:

**Surgical Intensive Care Unit (SICU)**

Patients in the SICU receive care from a team of doctors, nurses and other caregivers who are specially trained to take care of seriously injured patients. The team’s first step is to make sure your loved one is as medically stable as possible. Medically stable means that all body systems are working. As the patient is being treated, the team begins planning with the patient and family how to help the patient return to as normal a life as possible, as quickly and as safely as possible.
Medical and Surgical Care Units (8East)

8East is the main floor for injured patients no longer requiring intensive care. The staff is specially trained in the care of patients recovering from traumatic injuries and are sensitive to their needs. 8 East is usually the place where rehabilitation is started with a physical therapy and occupational therapy.

Post Anesthesia Care Unit (PACU)

This area is responsible for helping patients recover from surgeries. In addition, this unit may help to manage pain, help assess new patients, assist with difficult wound care and care for patients until an inpatient bed is available.
A TYPICAL DAY IN THE ICU

Most patients are attached to equipment that gives doctors and nurses up-to-the-minute information so they can make the best decisions. The equipment monitors patients, delivers medicine and helps patients breathe. Do not worry if you hear alarms. Some alarms do not need immediate attention, and the staff knows which ones to respond to immediately.

In the morning, the trauma team “rounds” to each patient’s bed to do exams, check progress and plan the patient’s care. It is important for a family member to be in the room during rounds to listen, ask questions, and take updates to the rest of the family. This time is valuable for everyone involved in the care of your loved one.

After rounds, doctors begin treatments. These might include making an opening through the throat into the windpipe (a tracheostomy), doing an exam of the breathing passages (bronchoscopy), or placing a feeding tube, chest tube or central line.

Physical and occupational therapists and nursing staff work together to help patients begin to move normally and regain strength. For instance, they may raise the head of the bed, turn a patient every two hours, or help a patient sit on the bed or in a chair.
WHO TAKES CARE OF THE PATIENT

The Trauma Team
Every morning the Trauma Team will make “rounds” which means that they will come as a group and visit their patients. The members of the team work together to come up with the best plan of care for each patient. The team will be happy to answer any questions and will work with the patient and family to help them through the recovery process. Many types of caregivers may take care of your loved one while he or she is in the hospital. Different patients will need different types of care. Here is a list of the kinds of doctors, nurses and other caregivers you may meet or hear about.

Trauma Surgeon
Trauma surgeons are physicians who have five years of specialized training in general surgery and usually additional training in trauma and/or critical care. A trauma surgeon is in the hospital 24 hours a day to deal with abdominal and chest injuries that cause damage to internal organs and to treat internal injuries not involving the brain, spinal cord or broken bones. A trauma attending surgeon will oversee the total care of you or your family member in the hospital. He or she regularly visits patients to check on their progress and coordinates with other members of the trauma team.

Resident
Residents are licensed physicians who are training in a chosen specialty. They provide routine patient care and keep the attending doctor informed of each patient’s progress.

Team Doctors: Fellows, Residents and Medical Students
Our surgical teams direct your specific care e.g. order medications, treatments and work with other doctors to make the best plan of care for you. When your doctors rotate, they will pass along your information to the next group of doctors. They will share information about your injuries, diagnosis, progress, and plan of care. They will answer questions you may have about treatments,
surgeries, medications, preventing complications, and follow-up care.

**Nurse**
Nurses manage the day-by-day treatment and recovery of patients and communicate with physicians and other caregivers about their patients’ care. RNs have anywhere from two to four years of educational experience and are state licensed. Nurses have specialized training depending on the area in which they work.

**Trauma Program Manager**
The Trauma Program Manager is a registered nurse who has a master’s degree and extensive expertise in trauma care. She monitors the patient’s plan of care and acts as a liaison between the patient, the patient’s family and the patient’s various caregivers.

**Clinical Pharmacist**
A clinical pharmacist is available to assist the Trauma Team in the use of the best medicines for the individual patient. They round with the team and may make suggestions on the best way to manage a certain kind of pain or the best antibiotic to treat an infection.

**Social Worker**
Social workers provide emotional support, guidance and education about how your loved one’s injury may impact you and your family. They help patients and family members adjust to the injury. Hospital social workers specialize in medical and crisis counseling, communication between patients and the medical team, and helping patients and families find and connect with services both within the hospital and in the community. The social worker also may help ease the change from hospital to home by:

- Working with your insurance company to ensure appropriate management of your benefits
- Getting supplies you will need at home
- Referring you to a home health agency if you need it
- Helping you get continued care with a specialist
- Coordinating your transfer to a rehabilitation facility
Chaplain
Chaplains are ministers who have special skills in helping people during times of illness. The chaplains in the Department of Spiritual Care & Education at St. Luke’s meet the spiritual needs of patients and families from many religious backgrounds, and visit all who desire spiritual support.

Chaplains are on call 24-hour-a-day, seven-days-a-week to offer spiritual support and comfort to you and your loved ones during your hospital stay. They are regularly on site from 9:00 am to 5:00 pm, Monday through Friday, and can be reached at 212-523-2016. If a chaplain is not immediately available, a non-emergency visit may be requested by leaving a message at that number. For emergencies on week nights or weekends, you or your nurse should dial the operator to contact the Chaplain On-Call.
When placing any call for a chaplain, please confirm that you are a patient (or concerned family-member/friend) at St. Luke’s, and provide: name, room number, religious affiliation (if any), and precise nature of need.

If a representative of your faith tradition is not on the Spiritual Care & Education staff, we will do everything we can to contact the appropriate clergy-person or to arrange a sacramental visit.

The Chapel is open from 6 AM to 9 PM and is located in the Muhlenberg Building. Ask the Guard at the entrance of 440 114th Street for directions. A Muslim Prayer Room is located to the right of the Chapel (down a short hall) in Room 125.

Dietitian
Dietitians, also called registered dietitians or RDs, are the food and nutrition experts. They work closely with the nurses and doctors in caring for patients. Good nutrition is important to help with the healing process. The dietitians evaluate the patient and make sure they are getting enough of the correct type of food. For example, if a patient has diabetes or requires tube feedings at home, the
dietitian explains the proper diet and provides information to the patient and family.

**Nurse Practitioner**
Nurse practitioners are nurses who have advanced training at the master’s degree level and who manage patients along with a physician. Trauma nurse practitioners do physical exams, order and interpret tests, prescribe medications and other treatments, and refer patients to other specialists, all in collaboration with a doctor.

**Geriatrician**
Geriatricians are doctors who are trained in either family practice or internal medicine and have specialized training in treating older adults.

**Anesthesia and Pain Management Specialists**
These specialists include specially trained physicians and nurses who work with patients who have acute or chronic pain. They create a treatment plan focused on easing pain and improving quality of life. Treatments may include medications, injecting certain nerves, implanting pumps or nerve simulators, and physical therapy or behavioral programs.

**Neurosurgeon**
Neurosurgeons are doctors who have seven or more years of specialized training in surgery for the brain or spinal cord.

**Orthopedic Surgeon**
Orthopedic surgeons are physicians who have five or more years of specialized training in repairing broken bones.

**Occupational Therapist**
Occupational therapists help the patients regain their ability to perform activities of daily living, such as getting out of bed, eating, dressing, using the toilet and bathing. They help patients get stronger, have better coordination and think more clearly about
their movements. They also recommend equipment that can help patients.

**Physiatrist or Rehabilitation Medicine Physician**
Physiatrists are doctors who use a number of tests and exams to plan a patient’s rehabilitation and prescribe devices such as wheelchairs, braces and artificial limbs. Their goal is to restore normal movement and improve a patient’s level of function and ability to live independently.

**Physical Therapist**
Physical therapists help patients regain their strength and movement, often under the direction of a physiatrist or other physician. They also help with stiff joints and other problems with moving. They will help the patient get out of bed and make sure that they are able to move about safely and make recommendations about the best kind of therapy to regain strength and balance.

**Psychiatrist**
Psychiatrists are medical doctors (MDs) who specialize in the evaluation, diagnosis, and treatment of mental and emotional disorders. Psychiatrists can prescribe medication.

**Respiratory Therapist**
Respiratory therapists provide breathing support and treatments. They have a two-year associate’s degree and are state licensed.

**Patient Advocate**
There are a variety of ways to have your questions or concerns addressed. If you have a concern about your medical care or provider and need special information or assistance, please contact the unit nurse manager or your doctor. We have Patient Advocates that are available if you do have a concern about your medical care or provider but do not wish to discuss it with your care team. You can reach the Office of Patient Relations at 212-523-3700 between the hours of 9 a.m. to 5 p.m. on weekdays. At other times, you can
leave a message or contact the charge nurse or nursing supervisor on duty.

**Nursing Assistant (NA)**

Nursing Assistant help nurses with a patient’s care. They assist in monitoring the patient’s vital signs and may also help get the patient out of bed or help with feeding. Nursing assistants work under the direction of a nurse or a doctor.
Visiting is a time to be with your loved one and also to ask questions and meet the staff. Research shows that comforting visits from friends and family help most patients to heal. Also, family and close friends know the patient better than anyone else and sometimes have information that can make a difference in treatment. Visiting is often a good time to begin learning how to take care of your loved one at home.

You may sometimes have to wait before you can visit if a nearby patient requires special care. Visits are often limited for patients with brain injuries because they need quiet to recover.

Wear your visitor badge where staff can see it, and remind your other visitors. Badges keep patients, staff and visitors more secure.

WE ARE HERE TO HELP

Feel free to ask any hospital employee or volunteer for help finding a patient room, hospital department or service. All our employees, physicians and volunteers wear photo identification badges.

Family Waiting Rooms

We have waiting areas for families and friends outside the units on every floor. There are On-Demand patient education channels (CCTV) in English and Spanish including a relaxation channel with ocean scenes. The remote control can access those channels.

Please remember that you share waiting rooms with other patients’ family members and friends. People can feel on edge, so extra courtesy is always welcome.
The primary job of the trauma team is to treat patients. We need your help in taking care of your loved one and making sure he or she gets the best care possible. Here are things you can do to help us and your loved one.

**Take Care of Yourself**
Worry and stress are hard on you, and you need strength to offer support to your loved one. The trauma team understands that this time can be just as stressful for family and friends as it is for patients. Be sure to continue taking any medicines that your doctor has prescribed for you. Take breaks. Go for a walk around the neighborhood or in the parks. Getting plenty of sleep and eating regular meals helps you think better, keep up your strength and prevent illness so you can be there for your loved one when you are needed.

**Ask for Help from Your Family and Friends**
Do not hesitate to ask for help. Make a list so you will be prepared to accept help when friends offer. Friends often appreciate being able to help and be involved in the patient’s care.

Visit the Trauma Survivor Network Web site at http://www.amtrauma.org/survivor/survivor and find out how you can create your own “Care Page” that makes it easy for you to communicate with friends and family outside the hospital and ask for their help when you need it.

**Ask Questions and Stay Informed**
Members of the trauma team know that family and friends are more comfortable when they know as much as possible about a loved one’s condition. And, the family is an important part of the health care team because you may have information that can make a difference in treatment and recovery.

It helps if you choose one person from your group (and another as backup) to collect everyone’s questions for the doctor or nurse and
to deliver the answers back to the group. Having one spokesperson allows staff to concentrate on caring for your loved one instead of repeating the same information over and over again to several different people.

When you think of questions during the day, write them down so that you can be sure to ask your doctor or medical team when you see them. As you listen carefully to the medical team, you will want to ask questions until you understand the diagnoses and options for treatment. It’s all right to ask the same question twice. Stress makes it hard to understand and remember unfamiliar information. Ask until you understand. And write down what you are told so you can accurately report the information to other family members.

**Help Maintain a Restful and Healing Place**
When you are in the hospital, please talk in a quiet voice and try not to make a lot of noise, especially around patients. They need quiet, and other families deserve your courtesy. To help maintain a healthy environment for patients and their families, the hospital counts on your help. Please:
- Observe the visiting hours for the area you are visiting.
- Do not sleep in patient rooms or waiting rooms unless you have permission.
- Respect other patients’ right to privacy and leave the patient room or care area when asked by hospital staff.
- Knock or call the patient’s name softly before entering if a door or curtain is closed.
- Remember that the medical record is a private document, ask a member of the trauma care team before reading it, and read it only when one of them can be with you to explain.
- Wash your hands before you go into a patient’s room and when you come out.
- Do not visit if you are not feeling well or have an illness that could be transferred to our patients. If you are not sure, please check with your health care provider.
- Consult with the patient’s nurse before bringing any children under the age of 12 into a patient’s room, and for the safety of
young children, provide adult supervision in all areas of the hospital.

- Respect the property of other people and of the hospital.
- Do not ask other patients and families about private details of their care.
- Be considerate of the rights of all patients and hospital staff by treating them with courtesy and respect, and help with the control of noise and the number of visitors.
Just as our bodies can be traumatized, so can our minds. Trauma can affect your emotions, spirit, will to live, dignity, sense of security, and beliefs about yourself and the world. The effect may be so great that your usual ways of thinking and feeling may change. The ways you used to handle stress may no longer work. Patients may have a delayed reaction to their trauma. In the hospital, they may focus on their physical recovery rather than on their emotions. As the reality of what has happened becomes clearer, they may have a range of feelings, from relief to intense anxiety to feelings of loss. Family members also may go through a range of emotions between first hearing the news of the injury and on through the patient’s recovery. Trauma patients and their families often feel loss on some level. The loss may relate to changes in health, income, family routine or dreams for the future. Each person responds to these changes in their own way and in their own time. Grief is a common response. When it does not resolve, though, it can hinder recovery and add to family problems.

COPING WITH LOSS
The stress that goes with trauma and grief can affect your health as well as your decision making during the first several months after the trauma. It is important for you to try to eat well, sleep and exercise. If you have any long-term health problems, such as heart disease, be sure to stay in contact with your doctor to ensure proper monitoring of your own health. Part of the work of recovery for you and your family is using the help others can give and finding a support system. This can be a friend or other family member, a member of the clergy, a support group, or another person who has experienced similar loss. Not everyone knows what to say or how to be helpful. Some people avoid those who have experienced a trauma in their family because it makes them uncomfortable. It may take some time to find friends or family who can be good listeners.
WHEN A PATIENT DIES
Few things in life are as painful as the death of a loved one. We all feel grief when we lose a loved one, but grief is also a very personal response. It can dominate one’s emotions for many months and, often, many years. For most people, the intensity of initial grief gradually changes over time. It may take both time and help to move from suffering and loss to a way of remembering and honoring the loved one that is less painful and disruptive.

WHEN IS IT A GOOD IDEA TO SEEK PROFESSIONAL HELP?
Sometimes grief overwhelms our ability to cope. This is when professional help is useful. You may need help if the intensity of grief is constant after about six months or more, if there are symptoms of posttraumatic stress disorder or major depression, or if your reaction interferes with daily functioning. The hospital social worker can give you a list of names for local providers.

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

If you need further services for a child or family, your medical team can provide referrals to support your family, so do not hesitate to ask. There are numerous services available and we will help you find what you need. One resource for children is A Caring Hand bereavement service. 212-229-CARE (2273)
Going through a traumatic injury can cause a range of strong emotions, including mental distress. For example, it is common for people to feel sad and anxious and have crying spells and/or sleep problems right after the injury. Other emotions such as anger, anxiety, irritability, grief or self-doubt may also surface. These emotions are perfectly normal. For some people, distress resolves over time. For others, it may hold steady or even increase. In about one out of four people, the distress is so severe that it is called post-traumatic stress disorder, or PTSD.

**WHAT IS PTSD?**
PTSD is a type of anxiety that occurs in response to a traumatic event. It was first described in combat veterans, but now we know that PTSD is also a common result of injuries that occur in everyday life. PTSD has defined symptoms that are present for at least four weeks. After a trauma, people may have some PTSD symptoms, but that does not mean they have PTSD. PTSD means having a certain number of symptoms for a certain length of time.

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

**GETTING HELP IF YOU ARE A VICTIM OF VIOLENCE**
Victims of violent crimes may have trouble coping. We can help during your loved one’s stay in the Trauma Center. The Crime Victims Treatment Center [cvtc@cvtcnyc.org](mailto:cvtc@cvtcnyc.org) can be notified to assist you. They can provide crisis intervention and advocacy to survivors of violent crime as well as provide acute crisis counseling, criminal justice advocacy, assistance with filing claims for reimbursement with the New York State Office of Victims Services, shelter placement and many other supportive services. For more information, [http://www.cvtcny.org/](http://www.cvtcny.org/)
Many people need specialized care after they leave the hospital. This can include special equipment or nursing care, physical therapy, occupational therapy or speech therapy.

A social worker will work with you to make a plan. They may talk with your insurance company to see what it will pay and also help you arrange for care. If you do not have health insurance, the social worker can help find out where you can apply for assistance.

**LEVELS OF CARE IN THE COMMUNITY**

Each person, each injury and each path to recovery is different. Your trauma team will tell you which is the best level of care for you and your loved one. A rehabilitation doctor will assess you or your loved one along with physical therapists to determine the best plan for recovery. Your social worker will help you find the care you need taking into account your insurance and your ability to pay.

Here are the levels of care:

**Rehabilitation hospital**

People who are able to do three hours or more of therapy each day may be able to go to an acute rehabilitation hospital. *Mount Sinai St. Luke’s Hospital* has a short-term rehabilitation unit. Patients in the 15-bed unit have daily access to the program’s intensive physical and occupational therapies, and speech-language pathology services. *Mount Sinai West* has another acute Rehabilitation unit that works cooperatively with the MSSL program and is another resource for our trauma patients.

*The Mount Sinai Rehabilitation Center* is located at 1450 Madison Avenue in NYC. The Mount Sinai Rehabilitation team typically consists of the patient and family members, a physiatrist (a physician specialty trained in physical medicine and rehabilitation), a rehabilitation nurse, physical therapist, occupational therapist, psychologist and social worker, drawing upon a variety of other
disciplines as needed, including speech language pathologists, recreation therapists, vocational counselors, prosthetists, orthotists and dieticians. The rehabilitation program has a Spinal Cord Injury Unit and Traumatic Brain Injury Unit, as well as a general medical rehabilitation unit.

**Helen Hayes Hospital** is located in West Haverstraw, NY, approximately 35 miles north of NYC in Rockland County. Helen Hayes treats patients with a variety of disorders, including: traumatic spinal cord and brain injury; stroke; hip fracture and joint replacement; cardiac and pulmonary disorders; multiple sclerosis, Parkinson's disease and other neurological disorders; osteoporosis; multiple fractures; orthopedic disorders and amputation.

**Burke Rehabilitation** provides inpatient and outpatient care for brain injury, spinal cord injury, amputation as well as orthopedic injuries. Burke Rehabilitation Hospital is located at 785 Mamaroneck Avenue in White Plains approximately 25 miles north of NYC in Westchester County.

**Subacute Rehabilitation Hospital**
People who are not yet well enough to do three hours of therapy each day but who still need daily physical, occupational and/or speech therapy may benefit from a short stay at a subacute rehabilitation facility. Such care is available locally at Amsterdam House, Mary Manning Walsh and Jewish Home Lifecare and many others.

**Home Care**
Some people can live at home with nurses and therapists coming to them. The social worker will arrange for these types of services and give you the name and phone number of a home health agency.

**Outpatient care**
People who are well enough to go out of their home for continued therapy will be given a prescription when they are discharged from
the hospital. This prescription is a doctor’s order for care that you will need to make your own appointments. The social worker can give you the names of providers near your home.

**Home with no home care**

Many people do not need home care from a nurse or therapist and are discharged to the care of family. The trauma doctor may tell you to come back to see him or her or to see your own doctor after you are discharged. You will need to make your own appointments with the physician’s office.

**IF YOU ARE UNINSURED**

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

Department of Patient Financial Counseling  
1111 Amsterdam Avenue at 114th Street  
New York, NY  
Phone: 212-523-2552

**LETTERS FOR EMPLOYERS, SCHOOLS AND OTHERS**

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

While you are a patient at this hospital, your rights as a patient include the right to:

- Considerate, respectful care that is sensitive to your religious and cultural traditions.
- A reasonable response to requests for care. The hospital will evaluate, treat, or refer you. If you are transferred, we will tell you why and what other choices you have. You will not be transferred until another facility accepts you and your physician approves the transfer.
- Information from your doctor to decide about treatment and procedures, except in emergencies.
- Assessment and prompt treatment of pain and other symptoms.
- Know if your treatment is part of a research study.
- Refuse treatment as allowed by law. Your doctor will tell you the effects of refusing treatment.
- Continued care, within reason. Upon discharge, you will be given the name, location, phone number, and hours of a doctor or clinic for follow-up.
- Involvement in decisions related to your care.
- Make decisions about future care should you become unable to communicate. You may choose someone to make health care decisions for you and protect your rights, as allowed by law.
- Privacy. Your history, exams, and treatment are confidential. Observers must have your permission to be present.
- Review your medical records and have them explained, unless restricted by law.
- Know about professional and financial ties between institutions and people caring for you.
- A safe and secure environment.
• An explanation if we restrict your visitors, mail, or telephone calls.
• An explanation of hospital rules.
• An examination and explanation of your bill, regardless of how it is paid.
• Access protective services. A social worker can help you get the services you need.

**PATIENT RESPONSIBILITIES**
To help us provide you with the safest care, your responsibilities are to:

• Provide correct information about your past and present health.
• Report any unexpected change in your condition and any apparent risks in your care.
• Tell staff if you do not understand your diagnosis, care, or treatment.
• Tell staff when you have pain or other symptoms as soon as they begin. Families are encouraged to speak up for the patient who is unable to do so.
• Ask questions when you do not understand explanations of the staff or what you are expected to do.
• Tell the staff if you cannot follow instructions, proposed treatment, or care plan. If your treatment cannot be changed and you decide not to follow the plan, you or your family are responsible for the outcome. You or your family are also responsible for understanding other treatment choices.
• Follow hospital rules and regulations. Hospital rules protect the rights and comfort of all patients.
• Show respect and consideration of other patients, staff, and hospital property. You are also responsible for your visitors’ behavior.
• Make arrangements for paying bills. Ask questions about your bill as soon as possible.
• Keep appointments, or call to cancel if you are unable to keep your appointment.
Whenever you come to the hospital, we will ask you for information that is appropriate to your care such as your name, address, date of birth, next of kin and information about your medical conditions and treatments. We may keep this information as paper records in your hospital notes or in a computer database. We also keep any X-rays and test reports on file for a limited period (usually eight years in the case of adults).

There are very strict laws about who may see this information:

• You are entitled to see your own medical records, although this may not be possible on the day of the request.
• Your own medical caregivers can see them.
• Some other members of the hospital staff may see the information for other reasons, such as for teaching purposes or to monitor care in the hospital.
• Your family and friends are not allowed to see your records unless you give specific permission.
• Whenever possible, we will ask you to give permission so we can share information with others in your family.
• Your legal representative or surrogate, if you have one, can see the information.

AUTHORIZATION FOR MEDICAL RECORDS
A patient may give someone else permission to see his or her medical records by completing an Authorization to Access Medical Record form. In some cases, you may need an attorney. For instance, you will need an attorney if your loved one is over 18 years of age, is unable to sign and no one has Power of Attorney for him or her.
In an ideal world, patients would always be able to make their own health care choices. When they are not able to do so, the trauma team will consult the patient’s Power of Attorney for Health Care. This is a person chosen by the patient who can make decisions that are in keeping with the patient’s wishes. This type of power of attorney only applies to health care. Another option is a court-appointed guardian, or conservator. This is a person named by the court, not the patient, to make choices about the patient’s health care.

When a Power of Attorney for Health Care or a court-appointed guardian is not available, the trauma team will consult a surrogate decision maker. This is an adult who has shown care and concern for the patient, knows the patient’s values and is reasonably available.

When a patient cannot make his or her own choices due to injury or illness, the medical team will choose one person to make all decisions for the patient. This choice is spelled out by law and is made in the following order:

- Husband or wife
- Adult child
- Parent
- Adult brother or sister
- Any other adult relative of the patient
- Any other adult friend who meets the above criteria

If you have questions about making decisions for the patient, please ask the trauma unit staff.
Dates and times for medical procedures, tests or even discharge from the hospital are not set in stone. There are usually many factors or people involved, and things do not always work out as planned. If you are scheduled for an MRI, for instance, but an emergency case comes in to the unit, we must handle the emergency first. Dates and times are targets, not guarantees.

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

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

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

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

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

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

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

† Ask for help. Being in the hospital disrupts every bit of your life – routines, schedules, relationships and plans. You are probably used to being very independent, but you now rely on other people for help. Your family and friends probably want to help out in any way they can. They only need your invitation.
HOTEL INFORMATION
For housing, you can request an apartment at 515 59th St. Reservations are made at chpguestreservations.org, by calling 212-523-2752 during business hours, or 212-523-5678 and ask for the Real Estate Services. Additionally, there are several hotels in the vicinity of Mount Sinai St. Luke’s Hospital. Marrakech Hotel will work with families of hospital patients.

- Marrakech Hotel on Broadway, 2688 Broadway, 212-222-2954 www.marrakechhotelny.com
- Morningside Inn, 235 West 107th Street, 212-316-0055
- Aloft Harlem, 2296 Frederick Douglas Blvd., 212-749-4000
- Astor on the Park, 465 Central Park West @ 107th St., 646-368-8939
- Broadway Tower, 216 W. 103rd St.,
- Broadway Hotel and Hostel, 230 W 101st St., 212-865-7710
- Royal Park Hotel, 258 W. 97th St., 212-665-7434
- Hotel Newton, 2528 Broadway & 95th St., 212-678-6500

FOOD SERVICES
- Strokos, corner of 114th St & Amsterdam Ave.
- Artopolis, Amsterdam Ave. btw 113th & 114th St.
- Community Food & Juice, Broadway btw 112th & 113th St.
- Hungarian Coffee Shop, Amsterdam Ave. & 111th St.
- V&T Pizzeria, Amsterdam Ave. btw 110th & 111th St.
- Chipotle Mexican, Broadway & 112th St.
- Nussbaum & Wu Café, Broadway & 113th St.
The American Trauma Society (ATS) is a leading organization for trauma care and trauma prevention in the United States. It has been the foremost advocate for trauma survivors and their families for the past 30 years, and it continues to seek optimal care for all trauma patients. The mission of the ATS is to save lives through improved trauma care and injury prevention. For details, go to www.amtrauma.org.

The ATS knows that a serious injury is a challenge for both the person who has been injured as well as family and friends. For this reason, the ATS has joined forces with your trauma center to help you through this difficult time. Along with scientists and doctors from across the country, it has developed the Trauma Survivors Network or TSN. The goal of the TSN is to help trauma survivors and their families connect and rebuild their lives. The TSN is committed to:

- Training health care providers to deliver the best support to patients and their families
- Connecting survivors with peer mentors and support groups
- Enhancing survivor skills to manage day-to-day challenges
- Providing practical information and referrals
- Developing online communities of support and inspiration for trauma survivors and their families

The TSN offers its services together with local trauma centers. These services include:

- A link to Web pages that help you communicate with friends and family about your loved one who has been injured
- An online library where you can learn from the experts about common injuries and how they are treated
- A copy of this Patient/Family Handbook, which tells you what to expect in the hours and days after an injury
- Access to experts talking online about trauma and its treatment
• An Online forum where trauma survivors and their families share experiences and provide support and hope to others.
• A Peer Visitation Program to link trauma patients with volunteer trauma survivors who have experienced the aftermath of a serious injury and are ready to listen
• Peer Support Groups to help trauma survivors connect with each other, share their experiences and derive strength, support and inspiration from each other
• The Next Steps program where trauma survivors work with other trauma survivors and a trained group leader to explore the ways their lives may have changed and learn how to move forward on the road to recovery.

Please take a moment to explore the TSN programs and services by visiting the Web site at www.traumasurvivorsnetwork.org. If you think we can help you—or if you want to help support and inspire others—join the TSN today! Joining takes only a minute of your time and is completely free.

"It takes time and everyone has their own pace of recovery, but be patient and hang in there. And remember there is support for you."

Stephanie, trauma survivor