Handbook for Trauma Patients and their Families
This handbook has been developed for you by the MUSC Health Level 1 Trauma Center 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.

At the back of this handbook, there is room for you to take notes and to write down questions for the MUSC Health staff. You can use this to make sure you get all your questions answered. Additional information is available at [MUSCHealth.org/trauma-survivors](http://MUSCHealth.org/trauma-survivors)

We also encourage you to visit the TSN website at [www.traumasurvivorsnetwork.org](http://www.traumasurvivorsnetwork.org) to learn about the services this program provides. You can also use this website to keep your friends and family informed during your loved one’s hospital stay.
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INTRODUCTION
We Are Here to Help
Trauma is an unexpected occurrence. Hardly anyone thinks, “I’m going to get hurt today.” A sudden injury, being in the hospital and going through recovery can cause anxiety, fear and frustration. You may feel confused and frightened by some things you hear and see. You may not understand some words that people use. This experience of advanced medical care may be a whole new world for you.

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

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

THIS IS A 1ST PRINTING OF OUR HANDBOOK. IF YOU HAVE SUGGESTIONS FOR IMPROVEMENT, PLEASE CONTACT US AT traumasurvivors@musc.edu OR 843-792-8401.

Patient Rights and Responsibilities
Please note, if you need assistance reviewing the following information, please contact MUSC Health Interpreter Services at 843-792-5078.

Our patients have the right to considerate, respectful care at all times and under all circumstances. MUSC Health develops and implements policies which respect the rights of all patients regardless of age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression.

Our mission at MUSC Health is to provide excellence in patient care, teaching and research in an environment that is respectful of others, adaptive to change and accountable for outcomes. As part of our teaching mission, residents and students may participate in your care along with your attending physician, registered nurses and other caregivers. Please speak with your nurse or doctor if you have any concerns.

MUSC Health provides Patient Rights and Responsibilities information to each inpatient, outpatient, and/or family, patient spokesperson or legal guardian. If the patient, patient spokesperson or legal guardian is unable to understand English, hospital personnel will ensure the patient receives information in a way they can understand.

More detailed information is available in the STAY section of this handbook, and at MUSCHealth.org/patients-visitors/patient-information/patients-rights.html

MUSC Health Trauma Center
MUSC Health has been verified by the American College of Surgeons (ACS) as a Level I Trauma Center. This is the highest level of trauma care available. As the only Level I Trauma Center in the Lowcountry of South Carolina, ACS verification provides confirmation that MUSC Health has demonstrated the ability to provide the highest quality trauma care.
ARRIVAL
IMMEDIATELY AFTER THE INJURY

» Arrival at the Hospital
Here is what has happened so far…

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

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

Patients with serious injuries arrive in the Trauma Bay where the following members of the Trauma Team are waiting:

- trauma surgeons (names and pictures are located in last section of handbook)
- emergency medicine doctors
- specialty surgeons (eg orthopedics, neurosurgery, etc)
- nurses
- respiratory therapists
- X-ray staff
- social workers and/or chaplains
- advanced practitioners such as physician assistants and nurse practitioners
- residents and medical students.

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

» Initial Assessment
Trauma care at the hospital begins in the Trauma Bay in the ED. It includes:

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

» How the Hospital Cares for the Family
Initially the patient is evaluated in the Trauma Bay in the ED. Please note that the ED is under Restricted Access. While the patient is being assessed, family can’t be present in the room as the team must focus solely on the patient. A member of the medical team will keep the family and friends informed. Every attempt will be made to update the family as soon as possible.

» Why a Patient May Have a Fake Name
Sometimes the hospital does not know the name of the patient. To make sure that doctors can match the right lab and other reports with that patient, the hospital may give the person a temporary “fake” name. This name may be something like “Orange Doe”.

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The “fake” name may have made it hard for you to locate your loved one at first. When hospital staff can be sure of your loved one’s name, they change to the real name. If the patient is a victim of crime, they may keep this “fake” name. This is for safety reasons.

» Where to Find a Patient’s Belongings
A patient’s belongings may have been locked away for safekeeping when the patient initially arrived in the ED. At discharge, the patient will be given a slip to sign to collect their belongings. If a patient wishes to retrieve belongings prior to discharge, please ask a nurse, who can retrieve the appropriate paperwork from their chart. Under most circumstances, belongings will not be released to anyone but the patient without written permission from the patient. For more information, please call the Adult ED Registration desk at 843-792-9126.
Visiting is a time to be with your loved one, ask questions, and meet with staff. Research shows that comforting visits from friends and family help most patients to heal. Family and close friends know the patient better than anyone else and can make a difference in treatment. Visiting is often a good time to begin learning how to take care of your loved one at home.

You may have to wait before you can visit your loved one. Visits are often limited for patients with brain injuries because they need quiet to recover.

The patient has the right to choose who his/her family members are including, but not limited to, a spouse, domestic partner, same-sex partner, other family members, or friends who the patient considers to be his/her family. The patient has the right to receive visitation from these family members and other guests during their hospital stay. Family has 24-hour access to the patient. Family and visitors have a responsibility to comply with any visitation restrictions recommended and communicated by the health care team, based on the needs of the patient. Please review the Visitation Guidelines for additional information, available at MUSCHealth.org/patients-visited/patient-information/A031-1.pdf

To contact a patient by phone, call the MUSC Health Operator at 843-792-2300. You must have the patient’s full name (first and last) in order for us to give you their telephone/room number.

» We Are Here To Help
Feel free to ask for help finding a patient room, department, etc. All our employees, doctors and volunteers wear ID badges.
The clinical team is caring for the patient, but there is additional hospital staff to help the patient and family with other issues. Below is a list of some of these services. Please go to the RESOURCES section at the end of this handbook for more information.

**Guest Services** – Guest Services Representatives, or House Concierges, are available to help make the experience at MUSC Health more comfortable for patients and their family members. They can provide assistance in securing discounted rates at area hotels, and have information about restaurants, transportation, etc. They are available 24 hours day, seven days a week. You can contact them by phone at 843-792-3122 or by pager (843-792-0590, pager #17033).

**Public Safety** – Security personnel can help ensure the safety and security of patients, visitors, and staff. They are available to escort visitors on campus, assist in the event of car trouble, help with lost objects, and assist crime victims. For routine inquiries, their phone number is 843-792-2261. 
**For emergencies, call 843-792-4196.**

**Smoking Policy**
To provide the highest level of safety to our patients, visitors and staff, MUSC Health does not allow tobacco use of any kind anywhere on our campus. This includes the use of chewing tobacco and e-cigarettes. If a patient would like assistance in quitting smoking, they should ask their physician about a smoking cessation program.
The primary job of the trauma unit team is to treat patients. We need your help in taking care of your loved one and making sure he or she gets the best care possible. Here are things you can do to help your loved one and us.

» If Your Loved One Takes Medications
Please help the medical team by finding out what medications the patient takes on a regular basis. You can do this by contacting their pharmacy and requesting a list of their current medications be sent to the hospital. If you do not know their pharmacy, an alternative is to bring in their pill bottles.

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

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

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

Visit the Trauma Survivors Network Website at www.traumasurvivorsnetwork.org and find out how you can create your own “CarePage”. This makes it easy for you to connect with friends and family.

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

When you think of questions during the day, write them down. Be sure to ask your doctor these questions when you see them. You will want to ask questions until you understand the diagnoses and options for treatment. It’s all right to ask the same question twice. Stress makes it hard to understand and remember new information. Ask until you understand. Write down what you are told so you can accurately report the information to other family members. We have provided space throughout this handbook to write down your questions and the answers.
» Help Maintain a Restful and Healing Place
When you are visiting, please talk in a quiet voice. Patients need quiet and families deserve your courtesy. To help maintain a healthy environment for patients and their families, the hospital counts on your help. Please:

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

» Help keep your loved one healthy – HAND WASHING
The most common method of spreading germs is through hand contact. Hand washing is the #1 way to prevent infections. All health care providers are required to wash their hands or apply alcohol-based hand sanitizer before and after entering a patient room. If you do not see a health care provider washing their hands when entering your room, we encourage you to speak up and ask them to wash their hands. Also, please make sure you and all other visitors wash their hands to help prevent the spread of germs.

» Patient safety & quality of care complaints
Concerns, complaints, and grievances: the patient, patient’s spokesperson, family or legal guardian have a right to voice concerns, complaints, or grievances regarding patient safety, quality of care received, or premature discharge. If you have concerns, please talk with your doctor, nurse, or call our Patient and Family Centered Care Department at 843-792-5555. MUSC Health has a process for prompt resolution of patient concerns and details are provided to each patient. Voicing a concern, complaint, or grievance will result in timely review, response and, when possible, resolution. Voicing concerns will not affect future care received at MUSC Health.

IF A PROBLEM REQUIRES IMMEDIATE ATTENTION, NURSES ARE LEGALLY REQUIRED TO CALL AN ATTENDING PHYSICIAN AT THE PATIENT OR FAMILY’S REQUEST OR PROVIDE THEM WITH DIRECT CONTACT INFORMATION.
STAY
WHERE PATIENTS STAY WHILE IN THE HOSPITAL

After patients are evaluated by the Trauma Team and undergo initial surgery (if required), they are moved to another unit in the hospital. Where they are moved to depends upon the type and the severity of the injury.

Patients may first go to the surgical trauma intensive care unit (STICU). After they are more stable and require less care, they may move to an intermediate care or step down unit in the hospital.

Patients are moved only at the request of the Trauma Team when they are medically ready. It is sometimes difficult, but hospital staff strives to communicate with family and friends when a patient is moved. If your loved one has moved and you do not know where he or she has gone, please call the MUSC Health Operator at 843-792-2300.

Hospital units for trauma patients:

» Surgical Trauma Intensive Care Unit (STICU)
Patients in the STICU receive care from a team of doctors and nurses who are trained to care for seriously injured patients. The STICU is located on the fourth floor of the Main Hospital.

The team’s first step is to ensure that the patient is medically stable. This means that all body systems are working. As the patient is being treated, the team begins to plan with the patient and their family. This plan helps the patient return to as normal a life as possible, as quickly and as safely as possible.

» The STICU Healthcare Team
Our STICU team includes physicians, physician assistants, nurse practitioners, registered nurses, respiratory therapists, pharmacists, patient care technicians, and unit secretaries. A variety of specialists may also help care for your loved one, such as physical, occupational and

A Typical Day in the ICU
While in the hospital, many patients are attached to equipment. The equipment you see and hear may, for example, monitor a patient’s blood pressure, deliver medicine, or help a patient breathe. This equipment gives doctors and nurses the information they need to make the best health care decisions.

You may hear alarms, beeps and buzzes, as each piece of equipment has its own alarm telling the team what is happening. The nurses and other team members know these alarms and some alarms do not require immediate attention.

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

Physician rounding usually occurs between 9 a.m. – 1 p.m. and again in the evening.

Physicians are available to speak with you during and after these times.

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

• Raise the head of the bed;
• Turn a patient every two hours; and,
• Help a patient sit on the bed or in a chair.
speech therapists, dieticians, case managers, and social workers.

We offer chaplain, interpreter and patient liaison services as well. Our chapel is also open at all times.

As a family member, you are part of the team too, and we welcome your input and participation.

» Operating Room (OR) and the Post-Anesthesia Care Unit (PACU), also called the “Recovery Room”
If a patient arrives at the Trauma Center with serious or life-threatening injuries, they may need to go directly to the OR. Located on the fourth floor of the Main Hospital, the OR is a restricted area where operations to repair injuries are performed by board-certified surgeons assisted by Anesthesiologists, nurses and other health care providers as needed. If your family member needs to be taken to the OR as an emergency, we will try to contact you but sometimes we are unable to do so before the surgery because life-threatening injuries need immediate surgical intervention. If that is the case, we will try to locate you as soon as the surgery is completed. The OR Waiting Room is located on the fourth floor of the Main Hospital and we will look for you there after surgery.

The patient is taken to the PACU or “Recovery Room” for careful monitoring after surgery and anesthesia. The PACU is located next door to the OR. Once the patient is stable, they will be taken to the STICU or to a surgical ward for further care.

During the patient’s hospital stay, surgery may be needed to repair non-emergency injuries or to perform operations for problems detected during the course of care. We will always ask the patient for permission to go ahead with these operations and provide explanations of the surgery, the risks or complications that may occur and the benefits that may be expected. If the patient cannot give permission because of their medical condition, we will ask the closest family member to do so on their behalf. After the surgery, we will meet with you to let you know how the surgery went and what to expect next.

» Surgical Trauma Wards: 6 West & 10 West
As patients in the ICU improve, they are often moved to a ward, or floor. Sometimes, patients go straight from the admitting area or the operating room to this type of unit. This happens if they do not need the care provided in the STICU.

» Uniform Colors Can Help You Identify Staff
Registered Nurse (RN): Royal Blue and White
Patient Care Technician: Black
Respiratory Therapist: Blue-green
Unit Secretary: Teal blue jacket over regular clothing

» Nurses Care & Hourly Rounds
Nurses, along with doctors, physician assistants, nurse practitioners, and other members of the health care team, plan and coordinate your loved one’s care with you. They provide treatments, administer medicines and IV fluids, and teach you about patient health. They will help you learn how to care for your loved one after his/her discharge from the hospital.

Patient care technicians assist nurses. They will help you with patient personal hygiene and mealtime.
Nurses and patient care technicians will check vital signs (e.g. temperature, blood pressure, and heart rate) throughout the day and night. Vital signs are checked frequently because they are a very important indicator of your loved one’s well-being.

Typically, 2-3 different nurses are assigned to you in a 24-hour period. Your nurse will be at your loved one’s bedside many times each day. She/he is often the best link between you and the many other services your loved may receive while in the hospital.

» Patient Dining Services
Eating well during a hospital stay will contribute to a quicker and better recovery. To ensure that you eat well, Sodexo offers a patient room service system called At Your Request®. Patients can call and order the foods they want, when they want it. A restaurant style menu that features a wide variety of choices is located on the patient's bedside table.

The patient can place a meal order in 3 easy steps.

**Step 1:** Review your restaurant style menu located on the bedside table

**Step 2:** Call 843-792-3892 and place your order.

**Step 3:** Your meal will be delivered within 45 minutes.

If a patient is not able to call and place their menu order, a Room Service Customer representative will assist.
If you are on a restricted diet, use diet-specific menu suggestions to identify the foods allowed on from the menu.
Special Considerations:
- Some menu items may not be allowed if your physician has prescribed a special diet for you. Our Room Service Customer Representatives will be happy to assist you with your selections.
- Accommodations for special requests such as vegetarian and Kosher diets are provided.
- Patients with diabetes utilize the Carbohydrate (CHO) Counting system. This system allows patients to choose any foods to meet the carbohydrate level ordered by their physician.
- For patients requiring a picture-associated menu, including Spanish and English text, one is available to assist you.
- Basic diet education information brochures are available for patients. Additional information can be obtained by contacting 843-792-3892 and requesting a visit from a clinical dietitian.

Family members of patients are encouraged to utilize the MUSC Health food court options or provide their own meals. If you do not want to leave the patient's bedside, or you want to enjoy a meal with a patient, call Casa Vida at 843-792-1215 to place an order that will be delivered to the patient's room for you.

“In your darkest day, know that it is only temporary.”

~Jen, Trauma Survivor
WHO TAKES CARE OF THE PATIENT

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

» **Attending Physician (MD)**
An experienced physician in charge of the medical team and you or your family member’s care. An injured patient usually has a trauma surgeon as their attending, even if they do not require surgery, and may also have attending physicians in neurosurgery, orthopedics, otolaryngology (ear, nose & throat), or other specialties, depending on their injuries.

» **Attending Trauma Surgeon**
A doctor who has years of training in trauma surgery and care of injured patients. Our attending trauma surgeons are all board certified and have additional training in trauma and surgical critical care. An attending trauma surgeon is in the hospital 24 hours a day. They will oversee the total care of you or your family member in the hospital. They regularly visit patients to check on their progress and coordinate with other members of the Trauma Team.

» **Attending Orthopedic Surgeon**
A doctor who has years of training in the care of patients with injuries to bones and joints. Our attending orthopedic surgeons are board certified and/or have extensive experience in this specialty. They regularly visit patients to check on their progress and coordinate with other members of the Trauma Team.

» **Attending Neurosurgeon**
A doctor who has years of training in the care of patients with injuries to the brain and spinal cord. Our attending neurosurgeons are board certified and/or have extensive experience in this specialty. They regularly visit patients to check on their progress and coordinate with other members of the Trauma Team.

» **Fellow (MD)**
A physician who has completed a residency and is now doing further training in a more specialized area. For example, a physician who has completed a surgical residency may do a fellowship in critical care and provide care in the STICU.

» **Resident (MD)**
A physician who is in training in their chosen specialty, such as surgery. The resident works under the supervision of the attending MD.

» **Physician Assistant (PA)**
A health care professional who practices under the supervision of a physician, and is trained to diagnose, treat, and care for patients.

» **Nurse Practitioner (NP)**
A registered nurse with advanced training in diagnosing, treating, and caring for patients.

» **Nurse Case Manager (RN)**
A registered nurse who facilitates discharge planning and continuity of care in collaboration with physicians, the multidisciplinary care team and the patient’s family.

» **Nurse Manager (RN)**
A registered nurse who is responsible for the unit operations, supervision of unit employees, and clinical leadership. They can address any questions or concerns you might have.

» **Registered Nurse (RN)**
The patient will have a registered nurse on every shift providing and coordinating patient care.

» **Dietician (RD)**
An RD assists with a patient’s dietary needs. They also help educate patients and families about special dietary needs.

» **Environmental Services**
Staff responsible for cleaning patient rooms and public spaces.

» **Occupational Therapist (OT)**
A professional who teaches patients how to make the most of their self-care abilities.

» **Patient Care Technician (PCT)**
A part of the patient care team, who assists the nurse and medical staff with patient needs.

» **Pharmacist**
A person who helps the health care team decide which medicines are best for a patient. They also are available to provide medication education.

» **Physical Therapist (PT)**
A PT treats injury or dysfunction with exercises, therapy, and medical equipment to improve movement and strength.

» **Respiratory Therapist (RT)**
A professional trained to evaluate and treat patients who have breathing problems and other lung disorders.

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

» **Speech Therapist**
A professional who works with patients that have speech and swallowing disorders.
» **Trauma Survivors Network Coordinator**
The MUSC Health Trauma Survivors Network (TSN) Coordinator helps coordinate support through your recovery. The TSN Coordinator is specially trained by the American Trauma Society (www.amtrauma.org) and the Johns Hopkins Bloomberg School of Public Health to provide helpful resources and support during recovery from major injury.

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

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

» Patient Rights

Personal spokesperson, visitation, and communication:

1. Patient’s Personal Spokesperson: Each patient should choose a personal Spokesperson. The Spokesperson does not have to be a blood relative of the patient. This Spokesperson has full visitation rights and should be involved in the patient’s plan of care; decisions regarding their healthcare (unless another person has been given this authority as a court-appointed guardian, by a power of attorney, or by an advanced directive), the patient’s pain management program, and the patient’s discharge process. The patient Spokesperson should also help to coordinate visitation by family and guests, according to the patient’s preferences.

2. Visitation: The patient has the right to choose who his/her family members are including, but not limited to a spouse, domestic partner, same-sex partner, other family members, or friends who the patient considers to be his/her family. The patient has the right to receive visitation from these family members and other guests during their hospital stay. Family has 24 hour access to the patient. Family and visitors have a responsibility to comply with any visitation restrictions recommended and communicated by the healthcare team, based on the needs of the patient. Please review Medical Center Visitation Guidelines and Policy A-31 for additional information (http://www.muschealth.org/patients-visitors/patient-information/A031-1.pdf).

3. Communication: Within limits appropriate for the privacy and well-being of the patient and other patients, communication between the patient and others outside the MUSC Medical Center is respected. If the patient is hearing impaired or does not speak and understand the English language, interpreters and/or text telephones will be provided free of charge.

4. Notification of Hospital Admission: The patient has a right to have their family and personal physician notified of admission within a reasonable amount of time.

» Respect and Nondiscrimination

1. Access to Treatment: Within the capacity and scope of our mission and services, MUSC Medical Center respects and supports the patient’s right to impartial access to treatment/services that are consistent with relevant laws, regulations, and medically indicated.

2. Personal Privacy: The right of the patient to personal, visual, and auditory privacy will be honored to the extent reasonable.

3. Restraint and Seclusion: The MUSC Medical Center Policy on Restraints and Seclusion shall ensure that patients shall be free of any form of restraints, physical or chemical, that is not medically necessary.

4. Psychosocial, Cultural and Spiritual Values: The patient has a right to express spiritual and cultural beliefs provided they do not interfere with others or hospital operations. These psychological, cultural and spiritual values will be considered in the
care of the patient. Chaplaincy Services are available 24/7. You can ask staff to contact a chaplain or request clergy to visit (call office at 843-792-9464 or page through Operator by calling 843-792-2123).

5. **Photographs, Filming, or Recording**: Photographs, filming or recording will not be granted without the informed consent of the patient or their legal representative. Patients may refuse the photographs, recording or filming of care; and the may request such action(s) stop any time during the process even if prior consent was given.

6. **Safety and Security**: The patient has a right to be protected from the risks of the hospital environment. The Medical Center's Patient Safety Committee, Safety Committee, Infection Control Committee, and Risk Management Program will seek to eliminate risks to the patient.

» **Participation in Treatment Decisions**

1. **Advance Directives**: Formulation and use of advance directives and designation of surrogate decision makers are facilitated.

2. **Explanation of Medical Care**: To the extent desired by the patient, the patient is provided with a clear, concise explanation of their condition and proposed procedures including risk or side effects, recuperation details, and probability of success.

3. **Medical Decisions**: The patient has a right to make decisions concerning his/her care in the inpatient and outpatient areas, including pain management, advance directives, and the refusal of care. Should the patient be unable to make these decisions, the patient may appoint a surrogate to act on his/her behalf.

4. **Discharge Planning**: Patients may request a discharge planning evaluation.

5. **Consultations**: The patient has the right to request consultation with a specialist. This may be arranged through referral by the patient's attending physician.

6. **Pain Management**: The patient has a right to have his/her pain assessed and managed appropriately.

7. **Refusal of Care**: Patients or their surrogates have the right to refuse care, treatment or services according to the laws of South Carolina.

8. **Protective Services**: The patient has a right to access protective services, information and assistance.

9. **Freedom from Abuse**: Patients have a right to be free from mental, physical, sexual, and verbal abuse, neglect, and exploitation from staff, visitors, students, volunteers, other patients, or family members.

10. **Dying with Dignity**: The care and dignity of the dying patient will be honored through effective pain management, consultations with the patient and the patient's family, and the acknowledgement of psychosocial and spiritual concerns of the patient and his/her family.

11. **Ethical Consideration**: Conflicts of values, principles or interest in the clinical setting will be resolved through the collaboration of the professional staff and the patient, and when appropriate, the patient's family or other representative. The Ethics Consult Service of the MUSC Ethics Committee will provide assistance when necessary.

» **Confidentiality and Information Disclosure**

1. **Confidentiality**: Patient confidentiality is honored within the limits of the law. This includes the patient's location, identity, and medical record and applies to the sharing of information within the Medical Center with outside sources.
2. **Identity of Caregivers:** The patient has the right to know the identity and professional status of individuals providing service to him/her and to know which physician or other practitioner is primarily responsible for his/her care. The patient also has the right to request to speak with his/her attending physician at any time by contacting the hospital operator, the nurse manager, or by asking any member of the healthcare team.

3. **Access to Information:** The patient has the right to access complete and current information regarding his/her diagnosis, treatment, any known prognosis, outcomes of care including unanticipated outcomes of care.

4. **Investigational Studies/Research Subjects:** The patient has the right to refuse to participate in any research activity or to withdraw at any time. This decision does not affect the provision of health care to the patient. Patients participating in research, investigation and clinical trials have the right to adequate information to make an informed consent regarding the research and the right to refuse to participate without compromising their access to care and treatment.

5. **Disclosures:** The patient has the right to access, request amendments to, and receive an accounting of all disclosures regarding his/her health information as permitted by law.

» **Patient Safety and Quality of Care Complaints**

1. **Concerns, complaints, and grievances:** The Patient, patient’s Spokesperson, Family or Legal Guardian have a right to voice concerns, complaints, or grievances regarding patient safety, quality of care received, or premature discharge. If you have concerns, please talk with your doctor, nurse, or call the Patient and Family Centered Care Department at 843-792-5555. MUSC Medical Center has a process for prompt resolution of patient concerns and details are provided to each patient. Voicing a concern, complaint, or grievance will result in timely review, response and, when possible, resolution. Voicing concerns will not affect future care received at the Medical Center.

If we are unable to resolve your concerns, you may contact the agencies below:

- S.C. Dept. of Health and Environmental Control (DHEC) at 800-922-6735
- The Joint Commission at 800-994-6610
- Carolinas Center for Medical Excellence (Medicaid & Medicare only) at 800-922-3089

» **Patient Responsibilities**

1. **Provision of Information:** The patient has the responsibility to provide, to the best of his/her knowledge, accurate and complete information on all matters relating to his/her health.

2. **Asking Questions:** Patients are responsible for asking questions when they do not understand what they have been told about their care or what they are expected to do.

3. **Following Instructions:** The patient is responsible for following the treatment plan mutually agreed upon by the patient, the physicians, and other clinicians involved in the patient’s care. The patient has the responsibility to express any concerns they have in their ability to follow or comply with the proposed care or treatment. The patient is expected to remain on the inpatient clinical unit. If patient refuses to follow instructions regarding leaving the unit, he/she assumes all risk associated with that action.
4. **Refusal of Treatment/Accepting Consequences**: The patient is responsible for his/her actions and the outcomes of those actions if he/she refuses treatment or does not follow the agreed upon treatment plan.

5. **Medical Center Charges**: The patient is responsible for assuring that the financial obligations of his/her health care are fulfilled as promptly as possible.

6. **Medical Center Rules and Regulations**: The patient is responsible for following Medical Center rules and regulations affecting patient care and conduct.

7. **Respect and Consideration**: The patient is responsible for being respectful of the property and privacy of others and of the Medical Center and its employees and shall conduct himself/herself accordingly.

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

~Steve, Trauma Survivor
MEDICAL INFORMATION: WHAT IS KEPT, WHY, AND WHO HAS ACCESS?

When you come to the hospital, we will ask for information related to your care. We may keep this information as paper records or in a computer file. We keep the following:

- Name
- Address
- Date of birth
- Next of kin
- Information about your medical conditions and treatments.

We also keep any X-rays and test reports on file for a limited period.

Your family and friends are not allowed to see your records unless you give permission.

The Health Information Services (HIS) department at MUSC Health fulfills requests for information for medical records and billing for all inpatient, outpatient, and clinical services affiliated with MUSC Health including Institute of Psychiatry and Charleston Memorial Hospital visits. The Release of Information staff will be happy to assist you in obtaining your medical records and/or billing information upon receipt of a valid authorization. You can mail, fax, or personally deliver your authorization to release health information.

You are welcome to stop by the HIS office in the main hospital, Room 269. The staff can assist you with requesting your records. HIS office hours are Monday through Friday, 7:30 a.m. to 4:30 p.m. Their number is 843-792-3881.
POWER OF ATTORNEY FOR HEALTH CARE

Ideally, 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 keep with the patient’s wishes. This type of power of attorney only applies to health care. Another option is a court-appointed guardian. 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 backup decision maker. This is an adult who has shown care and concern for the patient, knows the patient’s values and is 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.
In the hospital, the term research covers a broad range of activities. For example, it may involve a new medical treatment, a comparison of already available treatments, allowing a blood or tissue sample to be tested, or taking part in an interview. This is called “clinical research” and it is an important part of both improving patient care and teaching the next generation of health care providers. In addition, when health care providers are involved in research it pushes them to stay current on recently published medical advances.

Currently, clinical research takes place with strict rules and supervision. All research conducted at MUSC has to be approved by the MUSC Institutional Review Board (IRB). The IRB is a committee that includes community representation and carefully reviews all research proposals to make sure they are properly conducted. Medical research sometimes has a bad reputation because there have been a few examples of researchers who took advantage of groups of people, especially those disadvantaged by minority status or institutionalization, and who were not completely truthful. There has been significant improvement in oversight over the past 25 years thanks to new laws and regulations. Here at MUSC, we are completely committed to the highest ethical standards of honesty, fairness and disclosure in the conduct of clinical research.

A patient may be asked about participating in research during hospitalization, or if they are unable to be asked because of their condition, a family member may be asked in their stead. Patients are under no obligation to participate in research. For a patient to participate, they or their family member must be given a full explanation of the research, have all their questions answered, give their consent, and can change their mind at any time. If a patient agrees to participate in research, they should never feel like a ‘guinea pig’ but rather like a partner in the research process. If you have any questions or concerns that cannot be answered by the research team, please contact the MUSC Institutional Review Board at 843-792-4148.

Notes:
DISCHARGE
Many people need specialized care after they leave the hospital. This can include:

- special equipment
- nursing care
- physical therapy
- occupational therapy
- speech therapy
- mental health services

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

**LEVELS OF CARE IN THE COMMUNITY**

Each person, injury and path to recovery is different. Your Trauma Team will tell you which level of care is best. Your social worker or case manager will help you find the care you need. They will take into account your insurance and your ability to pay.

Here are the levels of care:

- **Rehabilitation hospital**
  People who can do three hours or more of therapy each day may be able to go to an acute rehabilitation hospital. Patients have freedom of choice when deciding upon a rehabilitation hospital.

- **Skilled nursing facility**
  People who are not well enough to do three hours of therapy each day but who still need therapy may benefit from a short stay at a skilled nursing facility. Such care is available at many local nursing homes and can be arranged by your case manager.

- **Home care**
  Some people can live at home with nurses and therapists coming to them. The case manager will arrange for these types of services. They can also give you the name and phone number of a home health agency.

- **Outpatient care**
  People who are able to go out of their home for therapy will be given a prescription when they are discharged. This is a doctor’s order that you will need to make your own appointments. The case manager 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. They 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. The Trauma Physician Assistant and Nurse Practitioner staff will obtain follow up appointments with the trauma doctor before discharge and post that information to your discharge instruction summary. If additional appointments are needed with specific medical specialists such as Orthopedic Surgery and Neurosurgery, that office contact information will be noted on your discharge summary form given at discharge. You will need to call the specific specialist to set up those appointments.

If you have a medical concern after discharge and need to contact someone from the Trauma Center, please call 843-792-3780. If calling after 5pm, the After Hours Phone Service will forward your message to the Trauma Physician on call to respond to your request.

NOTES:
RECOVERY
YOUR RESPONSE TO YOUR LOVED ONE’S INJURY: GRIEF

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

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

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

Trauma patients and their families often feel loss on some level. The loss may relate to changes in health, income, family routine or dreams for the future. Each person responds to these changes in their own way. Grief is a common response. When it does not get better, it can delay recovery and add to family problems. Knowing the early signs of depression and post-traumatic stress syndrome (PTSD), is important.

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

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

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

» When Is It A Good Idea To Seek Professional Help?
Sometimes grief overwhelms us. This is when professional help is useful. You may need help if:

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

Your doctor can help you identify local services available for support, including the Trauma Survivors Network.
IS IT STRESS OR POST-TRAUMATIC STRESS DISORDER?

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

- Sadness
- Anxiousness
- Crying spells
- Sleep problems
- Anger
- Irritability
- Grief or self-doubt

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. Now we know that PTSD occurs 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, it may be a sign that help is needed.

There are four types of PTSD symptoms:

<table>
<thead>
<tr>
<th>Arousal and Reactivity</th>
<th>Intrusions</th>
<th>Avoidance</th>
<th>Negative changes in thoughts and mood</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symptoms</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Having a hard time falling asleep or staying asleep</td>
<td>• Having recurrent distressing memories</td>
<td>• Avoiding thoughts, feelings, or reminders of the event</td>
<td>• Less interest in activities that used to be important</td>
</tr>
<tr>
<td>• Feeling irritable or having outbursts of anger</td>
<td>• Having frightening dreams</td>
<td></td>
<td>• Feeling detached; not able to feel</td>
</tr>
<tr>
<td>• Having a hard time concentrating</td>
<td>• Acting or feeling as if the event were happening again (flashbacks)</td>
<td></td>
<td>• Self-blame</td>
</tr>
<tr>
<td>• Reckless behavior</td>
<td>• Feeling distress when exposed to reminders of the event</td>
<td></td>
<td>• Persistent negative beliefs</td>
</tr>
<tr>
<td>• Having an exaggerated startle response</td>
<td></td>
<td></td>
<td>• Persistent negative emotions</td>
</tr>
</tbody>
</table>
WISDOM FROM OTHER TRAUMA PATIENTS AND THEIR FAMILIES

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

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

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

» Get a person’s name at your insurance company and always try to 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 your 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 in any way they can. They only need your invitation.
The American Trauma Society (ATS) is a leading group for trauma care and prevention. We have been an advocate for trauma survivors for the past 30 years. Our mission 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. To help, the ATS has joined with your trauma center to help you through this difficult time. 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

The TSN offers its services together with local trauma centers. These services can include:
- A link to Carepages which helps you talk with friends and family about your injured loved one
- An online library where you can learn from about common injuries and treatments
- This Patient & Family Handbook
- An online forum where trauma survivors and their families can share experiences
- Trauma Support Groups for survivors
- Family Class to support family members
- NextSteps Classes. NextSteps is an interactive program to help survivors manage life after a serious injury
- Peer Visitors who provide support to current Trauma Survivors while they are hospitalized

Please take a moment to explore the TSN programs and services by visiting the Website 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.

MUSC Health Trauma Survivors Network
Phone: 843-972-8401
E-mail: traumasurvivors@musc.edu
Website: MUSCHealth.org/trauma-survivors
PERSONAL HEALTH INFORMATION

Use the following pages to list:
- Names of the doctors, nurses and others who are caring for your loved one
- Injuries and procedures
- Questions you may have
- Things you need to do and get

There is also space at the end of this booklet for you to write down anything else you may want to note.

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

Our board-certified 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 at the beginning of this handbook.

Who are the attending trauma surgeons and residents?

Attendings


Residents


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

Orthopedic Surgery


Neurosurgery


Other


Other


Other


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

Who is the MUSC Health Trauma Survivors Network (TSN) coordinator?

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

Nurse Case Manager

Social Worker

Physical Therapist

Occupational Therapist

Speech Pathologist

Psychiatrist

Financial Counselor

Other

Other
INJURIES AND PROCEDURES
List of major injuries:

1. 
2. 
3. 
4. 
5. 
6. 
7. 
8. 
9. 
10. 
11. 
12. 
13. 
14. 
15. 
List of major procedures:

1. 
2. 
3. 
4. 
5. 
6. 
7. 
8. 
9. 
10. 
11. 
12. 
13. 
14. 
15.
Questions to Ask the Doctors and Nurses


THINGS TO DO AND GET

Remember, ask for help.
RESOURCES
» Concierge and Guest Services

Guest Services Representatives, or House Concierges, are available to help make the experience at MUSC Health more comfortable for patients and their family members. They can provide assistance in securing discounted rates at area hotels, and have information about restaurants, transportation, etc. They are available 24 hours day, seven days a week. There is a concierge located inside the 4th floor waiting room and also near the 9th floor waiting room. You can contact them by phone at 843-792-3122.

» Patient & Family Liaison

A liaison is available to offer assistance to patients and their families who have questions, concerns, suggestions, or complaints about care or services provided by MUSC Health. We encourage patients and families to try to resolve issues directly with the providers involved; however this service is available when that is not possible or successful. Please contact 843-792-5555 or ask a staff member for a referral.

» Family Waiting Rooms

Surgical Trauma ICU (STICU) is on the 4th floor, its waiting room is just off of the D and E elevators, and restrooms are next to the E elevators.

6th floor has a waiting room, and restrooms near the E elevators.

10th floor utilizes the 9th floor waiting room, which is next to the E elevators along with restrooms.

» Parking and Transportation Services

Parking Management: The Office of Parking Management is located at 91 President Street on the second floor of the employee parking garage

Phone Number: 843-792-3665

Maps- A Map of the Campus is located at on the final page of this handbook. Please visit the nursing station for additional maps or directions around the campus.

Parking Garages- Parking is available to patients and visitors at the following location

- Ashley-Rutledge Parking Garage: 158 Ashley Ave
- Jonathan Lucas Street Parking Garage: 97 Jonathan Lucas Street
- Courtenay Drive Parking Garage: 21 Courtenay Drive
- Rutledge Tower Accessible Lot: 135 Rutledge Ave (Handicap plate, placard, or permit is required)
- Ashley River Tower Accessible Parking Lot located under ART (Handicap plate, placard, or permit is required)

Inpatient Parking Rates

Parking is $0.75/hr for patients and visitors, with a maximum daily rate of $6. To receive this reduced rate, please provide the cashier with the patient’s last name and room number. The cashier will issue a receipt, which will allow for unlimited exits during the 24-hour period without an additional charge.
**Shuttle Services**
Shuttle Service is provided to transport patients and families between MUSC Health on-campus facilities, including the Main Hospital, Ashley River Tower (ART), Hollings Cancer Center, Clinical Sciences Building (CSB), and Rutledge Tower. The shuttles operate Monday-Friday 7:30 am-6:30 pm. The shuttle arrives to each location approximately every 20 minutes.

**Accommodations**
A number of local hotels offer discounted rates for patients and families with MUSC Health. These discounts can be obtained through the house concierge. Please speak with the concierge for additional details and to book a room.

**Hope House** - The Hope House is a volunteer-run ministry through the Mt. Pleasant Presbyterian Church in Mt. Pleasant, SC. This ministry provides temporary lodging in a home-like environment for families of patients in area hospitals. Please contact the Hope House directly by calling 843-532-4892 or ask a staff member about a referral.

**Dining**

**Medical University Main Hospital Café**
Monday-Friday:
Breakfast: 6:15 a.m.-10:00 a.m.
Lunch: 11:00 a.m.-4:00 p.m.
Dinner: 4:30 p.m.-7:00 p.m.
Saturday:
Breakfast: 6:15 a.m.-10:00 a.m.
Sunday:
Breakfast: 6:15 a.m.-10:00 a.m.
Lunch & Dinner: 11:00 a.m.-7:00 p.m.

**Medical University Main Hospital - Salad Bar**
Monday-Sunday: 11:00 a.m.-7:00 p.m.

**Subway**
Monday-Friday: 8:00 a.m.-3:00 a.m.
Saturday-Sunday: 10:00 a.m.-3:00 a.m.

**Casa Vida** - A variety of individual pan pizzas, pastas, and salads are available for takeout
Monday-Friday: 10:00 a.m.-6:00 p.m.

**Freshens® Energy Zone** - Frozen yogurt and smoothies are available here
Monday-Friday from 10:00 a.m.-6:00 p.m.

**CHICK-FIL-A®**
Monday-Saturday: 10:00 a.m.-7:00 p.m.

**Baja Fresh** - A variety of Mexican-inspired foods
Monday-Sunday: 11:00 a.m.-3:00 a.m.

**Starbucks** - For your convenience, there are two (2) STARBUCKS locations on the MUSC Health campus.
Starbucks Coffee Express – Located near the main entrance of the University Hospital.
Monday - Thursday from 6:30 a.m. - 7:00 p.m.
Friday from 6:30 a.m. - 4:00 p.m.
Closed Saturday and Sunday
Starbucks - Located outside the Ashley River Tower (ART) on Courtenay Drive.
Monday - Friday from 6:30 a.m. - 4:00 p.m.
Closed Saturday and Sunday
Internet
MUSC Health provides free wireless internet access for patients and visitors. This service is provided on an as-is basis, and is supported on all wireless devices with standards-based web browsers. This includes Windows laptops, Macs, Linux and iPhones.

To connect to the network:
1. Open your wireless network utility and join the muscguest network.
2. Once you connect, open your browser.
3. You will be presented with MUSC’s Terms of Use. Click Accept, and OK.
4. The MUSC Guest Wireless Network page will display. You are now connected to the internet.

GetWellNetwork
In addition to MUSC's wireless internet service, many patients are able to access the internet and access other entertainment options on their room television using the keyboard provided. This service is supported by the GetWellNetwork®.

Pastoral and Spiritual Care
The policy of MUSC Health is to "meet the spiritual/religious needs of patients, families, and staff while respecting their individual values, beliefs, and religious orientation." Human beings are not only physical, but also spiritual, emotional and relational beings; health care must therefore be directed to the whole person. Hospital Chaplains can offer support, ministry, bereavement resources, organ donation information, and assist with Advance Directives, living wills, and health care power of attorney. Pastoral Care is available 24 hours a day, and can be contacted by phone at their office during weekdays (843-792-9464), through the MUSC Operator (843-792-2123), or by pager (843-792-0590, pager #18089). You can also make a request through the medical team.

Ethics Consultation Services (ECS) - The ECS is a multi-professional group composed of nurses, physicians, chaplains, community representatives, an attorney, and other clinicians. The different options for treatment can sometimes make decision-making difficult for patients, families, and the health care team. The ECS can help work through uncertainty or conflict regarding value-laden issues in health care. Sometimes patients can no longer speak and loved ones are unsure what to do about the patient’s care. Sometimes, the health care team members have different views about the best course of action for the patient’s care. In those situations, as well as for other reasons, the Ethics Consultation Service may help. For an ethics consultation, you may call the MUSC Operator (843-792-2123) and request pager 17715.

Foreign Language Interpreter Services
Good communication is essential to patient safety and quality medical care. Federal law requires that access to trained medical interpreters be provided for patients who are deaf/hard of hearing or have limited English proficiency (LEP). MUSC Health will provide foreign language interpreter services 24 hours a day at no cost to LEP or deaf/hard of hearing patients during their course of medical treatment. Please let a member of the nursing staff know if you need interpreter services.
Organ Donation
LifePoint – LifePoint is the federally certified Organ Procurement Organization for most of South Carolina. If a loved one dies, LifePoint helps support and educate the family concerning organ donation. Should you want to speak to someone at LifePoint, you may call their toll-free number (1-800-462-0755) or ask a member of the Trauma Team for a referral.

MUSC Pharmacy Services
University Hospital Pharmacy (located on the first floor of the Main Hospital, Room 149)
Monday-Friday: 8:30 a.m.-5:30 p.m.

Rutledge Tower Pharmacy (located on the first floor of Rutledge Tower, Room 106)
Monday-Friday: 8:30 a.m.-5:30 p.m.
Saturday: 9:00 a.m.-1:00 p.m.

Billing and Financial Services
Billing Services - This department processes insurance, charges, payments, and financial assistance applications. To speak with a representative, please call 843-792-2311.

Financial Services - MUSC Health works with Chamberlin Edmonds to screen patients for financial assistance and other financial programs, such as Medicaid and disability. Please ask your social worker or case manager to assist with this referral.

ATM Locations
Bank of America- located near the entrance to the Main Hospital Café on the 1st floor

South Carolina Federal Credit Union- located inside the main entrance of the Children's Hospital

Wells Fargo- Located near the Children's Hospital elevators on the 1st floor. Also located on the 2nd floor of the University Hospital

Coastal Connections
A MUSC-initiated program that utilizes volunteers to assist patients and families with accessing non-medical resources (food, clothing, housing resources, etc.) in their local communities. Coastal Connections volunteers can meet with patients and families while in the hospital or follow up with requests by phone. You may contact Coastal Connections by phone or request a referral through your Social Worker or Case Manager
Phone: 843-792-3992
Hours: Monday-Friday: 11:00 a.m. - 5:00 p.m.

Pet Therapy Visits
Dogs and their handlers are available to visit patients various times during the week. Visits usually last around 15 minutes. If you see any of our therapy dogs around the hospital, please feel free to stop by and interact with them. Our dogs love to be petted, and may even have a few tricks to show off. If you are a patient in the hospital, feel free to request a visit from the Buddy Brigade! They are able to visit inpatient rooms that are not on isolation at the request of
the patient. Therapy dogs are not permitted in isolations rooms. Please ask nursing staff to arrange a visit.

» Additional Amenities

Gift Shop- A gift shop is located in the first floor lobby of the Children’s Hospital. Gifts, candy, balloons and books are available for purchase. Gift delivery to a patient’s room is available for $2.
Monday through Friday: 8:00 a.m.-8:00 p.m.
Saturday & Sunday: 9:00 a.m.-8:00 p.m.

Showers- There is a family shower available for families to use during the patient’s stay. It is available from 8:30 a.m.-9:00 p.m. and is located on the 4th floor. Please see the concierge for access to the shower area.

Lost & Found- located in the Main Hospital at the Security Desk, inside the main entrance of the North Tower. To report a missing item, please call 843-792-4196.

Library- Patients and families are welcome to use the Library, located next to the horseshoe.
Monday-Friday: 7:30 a.m.-7:30 p.m.
Saturday: 10:30 a.m.-6:00 p.m.
Sunday: 12:00 p.m.-8:00 p.m.

Gardens & Peaceful Places- Please see the Campus Map at the end of this Handbook for more information on their locations.
- Pearlstine Healing Garden (in Hollings Cancer Center)
- Porcher Medicinal Garden (between the Colbert Education Center & Library and the Basic Science Building)
- Urban Farm (in front of the Dental Clinics Building)
- St. Luke's Chapel (behind the Dental Clinics Building)
LOCAL RESOURCES AND AMENITIES

» Community Resources
South Carolina Bar Association - lawyer referral service, advanced directive/planning, durable power of attorney
www.scbar.org (Public Information tab)
Lawyer Referral Service 1-800-868-2284
LATIS (May be eligible for free or low-cost legal assistance) 1-888-346-5592 or www.sclegal.org

Mental Health Crisis Support
Charleston & Dorchester County: 843-414-2350 or 1-800-613-8379
Berkeley County: 843-761-8282
National Hotline: 1 (800) 273-8255

State Office for Victim’s Assistance (SOVA) - assistance programs and funding for victims of crime
www.sova.sc.gov
State Level: 803-734-1900
Please ask about MUSC Victims Assistance liaison and local resources

National Crime Victims Research & Treatment Center - outpatient trauma-focused treatment for all types of traumatic events.
67 Presidents Street, 2nd floor of South Building (of the Institute of Psychiatry), Charleston, SC 29425
843-792-8209

Domestic Violence
My Sister’s House - local domestic violence shelter. Crisis Line: 843-744-3242
National Hotline: 1-800-799-7233

Alcoholics Anonymous Tri-County (Charleston, Dorchester, Berkeley) 24-Hour Helpline: 843-723-9633

211 Hotline - for assistance with locating local resources, operated by Trident United Way. 211 Hotline is also a 24 hour suicide hotline. Dial 2-1-1 or visit http://www.tuw.org/2-1-1-hotline

Veteran Services/Affairs Officers - assists Veterans and dependents with information about benefits, medical services, programs, and other community supports
www.va.sc.gov
State Office: 803-734-0200
Berkeley County: 843-377-8506
Charleston County: 843-974-6360
Dorchester County: 843-832-0050

Department of Social Services - General Contacts (please ask for county-specific information)
Temporary Assistance for Needy Families (TANF)/Supplemental Nutrition Assistance Program (SNAP) Benefits: 800-616-1309
General Information: 803-898-7601
South Carolina Red Cross - Lowcountry Chapter  
Location: 2424-A City Hall Lane, North Charleston, SC 29406  
Phone: 843-764-2323  
Services: Disaster relief, emergency communication with military/service members, blood donation

Local Amenities
Amenities near the MUSC campus for additional needs and services

Restaurants
Halo  
170 Ashley Avenue (across the street from the horseshoe)  
Hours: Monday-Friday 7:00 a.m.-4:00 p.m.  
Phone: 843-297-8842

Wickliffe House  
178 Ashley Avenue (across the street from the horseshoe)  
Hours: Monday-Friday 11:00 a.m.-3:00 p.m.  
Phone: 843-723-5600

Norm’s Pizza Subs & Grill  
225 Calhoun St (corner of Calhoun Street & Smith Street)  
Hours: Monday-Thursday: 10:00 a.m.-Midnight  
Friday: 10:00 a.m.-2:00 a.m.  
Saturday: 11:00 a.m.-2:00 a.m.  
Sunday: Noon-Midnight  
Phone: 843-723-0506

Persimmon Café (connected to The College Laundry)  
226 Calhoun Street  
Hours: Monday - Saturday: 10:00 a.m.– 8:00 p.m.  
Phone: 843-937-5399

Laundromat
The College Laundry (connected to Persimmon Café)  
226 Calhoun Street  
Hours: Monday-Thursday: 7:30 a.m.-6:30 p.m.  
Friday & Saturday: 7:30 a.m.-9:00 p.m.  
Phone: 843-577-3484

Convenience Store
Rite Aid  
261 Calhoun Street (on the corner of Ashley Avenue & Calhoun Street)  
Phone: 843-805-6022  
Hours: Monday-Friday: 7:00 a.m.-10:00 p.m.  
Saturday & Sunday: 8:00 a.m.-10:00 p.m.
INSURANCE AND DISABILITY INFORMATION

INSURANCE AND DISABILITY
Insurance coverage for trauma patients can be very complex. A financial counselor can help with insurance and payment questions. If you have any questions about your health insurance coverage please call the Admitting Office at 843-792-9241 and ask to speak with a financial counselor. If you have questions about the billing process, please call Hospital Patient Accounting at 843-792-2311.

FINANCIAL ASSISTANCE
If you do not have health insurance or are concerned that you may not be able to pay for your care in full, we may be able to help. MUSC Health works with Chamberlin Edmonds to screen patients for financial assistance and other financial programs, such as Medicaid and disability. Please ask your social worker or case manager to assist with this referral.

MEDICAID
To apply for Medicaid, contact the Department of Social Services (DSS) in the city or county where you live. For general information, call 803-898-7601. You do not need a face-to-face interview.
Charleston County Social Services: 843-953-9400
Berkeley County Department of Social Services: 843-761-8044
Dorchester County Department of Social Services: 843-563-9524

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

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

- Sign everything on the form that needs to be signed, and identify the fax number at work where the forms should be sent (usually the Human or Personnel Services office).
- Please contact the Trauma Center administrative staff at 843-792-3780 to arrange pick up of the documents for processing. It is best to submit these forms while your loved one is still in the hospital. Do not leave these documents at the nursing desk.
- Doctors complete the forms in their offices. The office staff returns the papers to you to submit to the employer, or the doctor may choose to fax the forms directly to the employer.
- For questions about your forms, contact the Trauma Center as 843-792-3780. Completion of these forms typically takes 7-10 business days.

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

**LETTERS FOR EMPLOYERS, SCHOOLS AND OTHERS**
The hospital has letters to send to employers, schools or courts to inform them that you and your loved one are in the hospital. Please contact the Trauma Center administrative staff at 843-792-3780 for assistance.
COMMON TRAUMATIC INJURIES AND THEIR TREATMENT

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

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

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

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

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

 Diagnosis and Evaluation
The Trauma Team watches patients with a head injury very closely, including:

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

- Checking to see if patients react to touch or if they feel dull, sharp or tingling feelings.

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

When the patient is more stable, doctors may evaluate the patient’s level of functioning using the Rancho Los Amigos Scale, often called the Ranchos Scale. The Ranchos Scale has eight levels that describe how well patients can think and how they act. It ranges from level 1 (lowest level of functioning) to Level 8 (highest level of functioning). It also gives better information about the severity of the brain injury.

» **Treatment**

Doctors base treatment for a brain injury on the type and location of the injury. Treatments may include:

- Drugs to lower brain pressure, drugs to lower anxiety and drugs that change the fluid levels in the brain
- An **Intracranial Pressure Monitor (ICP)**, which measures pressure in the brain. There are two types of monitors: a tube placed in the brain that only measures brain pressure, and a tube placed into a small space in the brain that measures brain pressure and also drains fluid from the brain to lower the pressure on the brain.
- **Craniotomy**, which is an opening in the skull to remove a clot and lower brain pressure. This is done in the operating room.
- **Craniectomy**, which involves removing a part of the skull bone to give the brain more room to swell. This type of surgery may also be done when a clot is removed. The skull bone is replaced when the patient is better (usually several months later).

See also ‘More Information on Traumatic Brain Injury’ at the end of this section.

**CHEST INJURIES**

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

- **Rib fractures**: the most common type of chest injury; they can be very painful but will usually heal without surgery in three to six weeks.
- **Flail chest**: two or more ribs are broken in more than two places and the chest wall is not working as it should during breathing.
- **Hemothorax**: blood pools in the chest cavity, often due to rib fractures.
- **Pneumothorax**: air collects in the chest cavity due to an injured lung.
- **Hemo-pneumothorax**: both air and blood collect in the chest cavity.
- **Pulmonary contusion**: bruising of the lung; if severe, it can be life threatening because bruised lung tissue does not use oxygen well.
» Diagnosis and Evaluation
Doctors often use a chest X-ray or CT scan to find out more about the injury. They can tell how the lung is using oxygen by taking some blood from an artery. They may need to open the chest to examine and treat the injury.

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

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

ABDOMINAL INJURIES
Blunt or penetrating trauma to the abdomen can injure such organs as the liver, spleen, kidney or stomach. The injuries may be:
- Lacerations (cuts)
- Contusions (bruises)
- Ruptures (severe tearing of the tissue)

» Diagnosis and Evaluation
There are many ways to diagnose an abdominal injury, including:
- physical examination
- CT scan
- a blood count to check hemoglobin and hematocrit, two measures of blood loss
- ultrasound
- surgery called a laparotomy in which the surgeon makes an incision in the abdominal area

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

BONE, LIGAMENT AND JOINT INJURIES
Blunt and penetrating trauma can harm bones, ligaments and joints. Types of fractures or broken bones include:
- Open or compound fracture: a broken bone pushes through the skin; it is serious because the wound and the bone may become infected.
- **Closed fracture**: the broken bone does not pierce the skin.
- **Greenstick fracture**: a bone is partly bent and partly broken; occurs most often in children.
- **Spiral fracture**: a break that follows a line like a corkscrew.
- **Transverse fracture**: a break that is at right angles to the long axis of the bone.
- **Comminuted fracture**: a bone that is broken into many pieces.
- **Hairline fracture**: a break that shows on an X-ray as a very thin line that does not extend entirely through the bone; all parts of the bone still line up perfectly.

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

» **Treatment**
Treatment for a broken bone depends on the type, severity and location and whether the tissue around the bone is damaged. A doctor may choose to treat a fracture in several different ways:
- a cast, sling or splint
- **Closed reduction**: moving the limb or joint to its normal position without open surgery. Pain or sedation drugs are used during the procedure.
- **Open reduction**: Surgery that returns the bone to its normal position. Surgeons may use pins, wires, plates and/or screws to hold the bone together.
- **External fixator**: the surgeon puts pins in the bone above and below the break and connects the pins to bars outside the skin that hold the bones together to heal. The doctor takes the fixator off after the fracture heals.

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

Doctors may also say the patient has a complete or an incomplete injury:
- A complete spinal cord injury means that the patient cannot move and has no feeling. It does not always mean that the spinal cord has been cut in two.
- An incomplete spinal cord injury means that the patient has some movement or feeling. Incomplete injuries may be to back, front or central part of the spinal cord. With injury to the back part of the spinal cord, the patient may have movement but be unable to feel that movement. With injury to the front part of the cord, the patient may lose movement but may be able to feel touch and temperature. An incomplete injury may get better in time. It is hard to know when or if full function will return.
Diagnosis and Evaluation
Doctors use physical exams, X-rays, CT scans and Magnetic Resonance Imagery (MRI) scans to diagnose a spinal cord injury. X-rays do not show the spinal cord itself but do show damage to the vertebral column or the bones around the spinal cord. CT scans and MRIs give the best picture of the spinal cord and bones. Sometimes doctors cannot do an MRI because of other injuries the patient has, because of the patient’s weight, or because the patient has a pacemaker, monitor or other metal device. In these cases, doctors use other tests to evaluate the patient.

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

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

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

- **Pressure sores (also known as pressure ulcers or decubitis)** are breakdowns in the skin caused by constant pressure on one area and decreased blood flow from not moving. Pressure sores can occur on the bottom, hips, back, shoulders, elbows and heels. Skin redness is the first sign that a sore may be starting, so it is important to check the skin every day to prevent these sores. If a sore occurs, it can take many months to heal or even need surgery. Moving the patient from side to side and propping up the feet can help prevent pressure sores.

- **Autonomic dysreflexia** may occur when the spinal cord injury is at or above the T6 level. It means that messages about blood pressure control are not being sent as they should be. As a result, when blood pressure goes up due to pain (for instance), it may not return to normal once the pain is treated. High blood pressure can cause a stroke, so it is very important to know the warning signs and find the cause. Signs of autonomic dysreflexia include headache, seeing spots or blurred vision, sweating, or flushing (redness) of the skin.

MORE INFORMATION ON TRAUMATIC BRAIN INJURY

Concussion, or Mild Traumatic Brain Injury

A concussion is a mild form of traumatic brain injury (TBI) caused by a bump, blow, or jolt to the head. Concussions can also occur from a fall or a blow to the body that causes the head to move rapidly back and forth. Doctors may describe these injuries as “mild” because concussions are usually not life-threatening. Even so, their effects can
be serious. Understanding the signs and symptoms of a concussion can help you get better more quickly.

After a concussion, some people lose consciousness (“knocked out”) for a short time. However, most concussions do not result in a loss of consciousness. Not being able to remember events (amnesia) prior to, or following the injury, for a period of time is another sign of concussion. Yet, some people simply feel dazed or confused.

Most people with a concussion have one or more of the symptoms listed below and recover fully within days, weeks or a few months. But for some people, symptoms of concussion can last even longer. Generally, if you feel that “something is not quite right,” or if you are feeling “foggy,” you should talk with your doctor.

Concussion symptoms are often grouped into four categories, including:

<table>
<thead>
<tr>
<th>Thinking/Remembering</th>
<th>Physical</th>
<th>Emotional/Mood</th>
<th>Sleep Disturbance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difficulty thinking clearly</td>
<td>Headache</td>
<td>Irritability</td>
<td>Sleeping more than usual</td>
</tr>
<tr>
<td>Feeling slowed down</td>
<td>Nausea or vomiting (early on)</td>
<td>Sadness</td>
<td>Sleeping less than usual</td>
</tr>
<tr>
<td>Difficulty concentrating</td>
<td>Balance problems</td>
<td>More emotional</td>
<td>Trouble falling asleep</td>
</tr>
<tr>
<td>Difficulty remembering new information</td>
<td>Dizziness</td>
<td>Nervousness or anxiety</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fuzzy or blurry vision</td>
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<tr>
<td></td>
<td>Feeling tired, having no energy</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Sensitivity to noise or light</td>
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Some of these symptoms may appear right away, while others may not be noticed for days or months after the injury, or until the person starts resuming their everyday life and more demands are placed upon them. Sometimes, people do not recognize or admit that they are having problems. Others may not understand why they are having problems and what their problems really are, which can make them nervous and upset.

The signs and symptoms of a concussion can be difficult to sort out. Early on, problems may be missed by the person with the concussion, family members, or doctors. People may look fine even though they are acting or feeling differently.
Because concussions are often missed or misdiagnosed among older adults, be especially alert if you know that an older adult has fallen or has a fall-related injury, such as a hip fracture. Older adults may have a higher risk of serious complications from a concussion, such as bleeding on the brain. Headaches that get worse or increased confusion are signs of this complication. If they occur, see a doctor right away. Older adults often take blood thinners; if they do, they should be seen immediately by a health care provider if they have a bump or blow to the head or body even if they do not have any of the symptoms listed above.


» Moderate and Severe Traumatic Brain Injury

» General Resources for TBI
The Brain Injury Alliance of South Carolina offers brain injury information and resources, support groups, prevention materials, awareness events, and statewide conferences and workshops for individuals of all ages with brain injuries, caregivers and the general public. Toll Free in SC: 877-TBI-FACT (877-824-3228); www.biausa.org/SC
In addition, the national organization has a guide for families, ‘Challenges, Changes, and Choices’ available at http://www.biausa.org/brain-injury-family-caregivers.htm

For additional resources, please see the MUSC Health Trauma Survivors Network website at www.MUSCHealth.org/trauma-survivors or the SC Department of Health and Environmental Control website at https://www.scdhec.gov/Health/ChildTeenHealth/DiagnosedTBI/
GLOSSARY OF COMMON MEDICAL TERMS
PROCEDURES

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

cranieectomy: removing part of the skull bone to give the brain more room to swell. This type of surgery may also be done when a clot is removed. The skull bone is replaced when the patient is better (usually several months later).
gastrectomy: surgery to make an opening into the stomach to place a feeding tube. This surgery is often done at the bedside. The feeding tube is usually temporary. The doctor may remove it when the patient is able to eat food.
laparotomy: surgery that opens the abdomen so doctors can examine and treat organs, blood vessels or arteries.
suction: a procedure to remove secretions from the mouth and lungs. Doctors also use suction to remove fluid during surgery.
thoracotomy: surgery to open the chest.
tracheostomy: surgery that makes an incision in the throat area just above the windpipe (trachea) to insert a breathing tube. When it is complete, the breathing tube in the mouth will be taken out. This surgery is often done at the bedside. The tracheostomy tube may be removed when the patient can breathe on his or her own and can cough up secretions.

EQUIPMENT

blood pressure cuff: a wrap that goes around the arm or leg and is attached to the heart monitor. The cuff lightly squeezes the arm or leg to measure blood pressure.
cervical collar (C-collar): a hard plastic collar placed around the neck to keep it from moving. Most patients have a C-collar until the doctor can be sure that there is no spine injury. If there is no injury, the doctor will remove the collar.
ECG/EKG (electrocardiogram): a painless tracing of the electrical activity of the heart. The ECG gives important information about heart rhythms and heart damage.
endotracheal tube: a tube that is put in the patient’s mouth and down into the lungs to help with breathing. The patient cannot talk while it is in place because the tube passes through the vocal cords. When it is taken out, the patient can speak but may have a sore throat.
Foley catheter: a tube placed in the bladder to collect urine.
intracranial pressure (ICP) monitor: a tube placed in the brain to measure pressure on the brain caused by excess fluid.
IV fluid: fluid put in the vein to give the patient drugs and nutrition (food).
IV pump: a machine that gives a precise rate of fluids and/or drugs into the vein.
nasogastric (NG) tube: a tube put into the patient’s nose to give drugs and nutrition (food) directly into the stomach. It can also be used to get rid of excess fluids from the stomach.
prosthetic: a device that replaces a missing body part, such as a leg, arm or eye.
**pulse oximeter**: an electronic device placed on the finger, toe or ear lobe to check oxygen levels, often referred to as a “Pulse Ox”.

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

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

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

Bones, Skull and Face

**frontal bone**: forehead bone.

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

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

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

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

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

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

**atlas**: the first cervical vertebra.

**axis**: the second cervical vertebra.

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

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

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

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

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

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

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

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

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

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

Brain

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

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

**cerebrum**: the largest part of the brain, with two halves known as hemispheres; the right half controls the body’s left side and the left half controls the body’s right side. Each hemisphere is divided into four lobes:

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

• **temporal lobe**: part of the brain near the temples that controls emotion, memory, and the ability to speak and understand language.

**Digestive System and Abdomen**

**Respiratory System**

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

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

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

**nasal cavity**: a large air-filled space above and behind the nose in the middle of the face where inhaled air is warmed and moistened.
**pharynx (throat):** the passageway or tube for air from the nose to the windpipe and for food from the mouth to the esophagus.

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

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