

**Your Stay on the
Trauma Unit (F4/4)**

Welcome to the University of Wisconsin Hospitals and Clinics Trauma Unit.

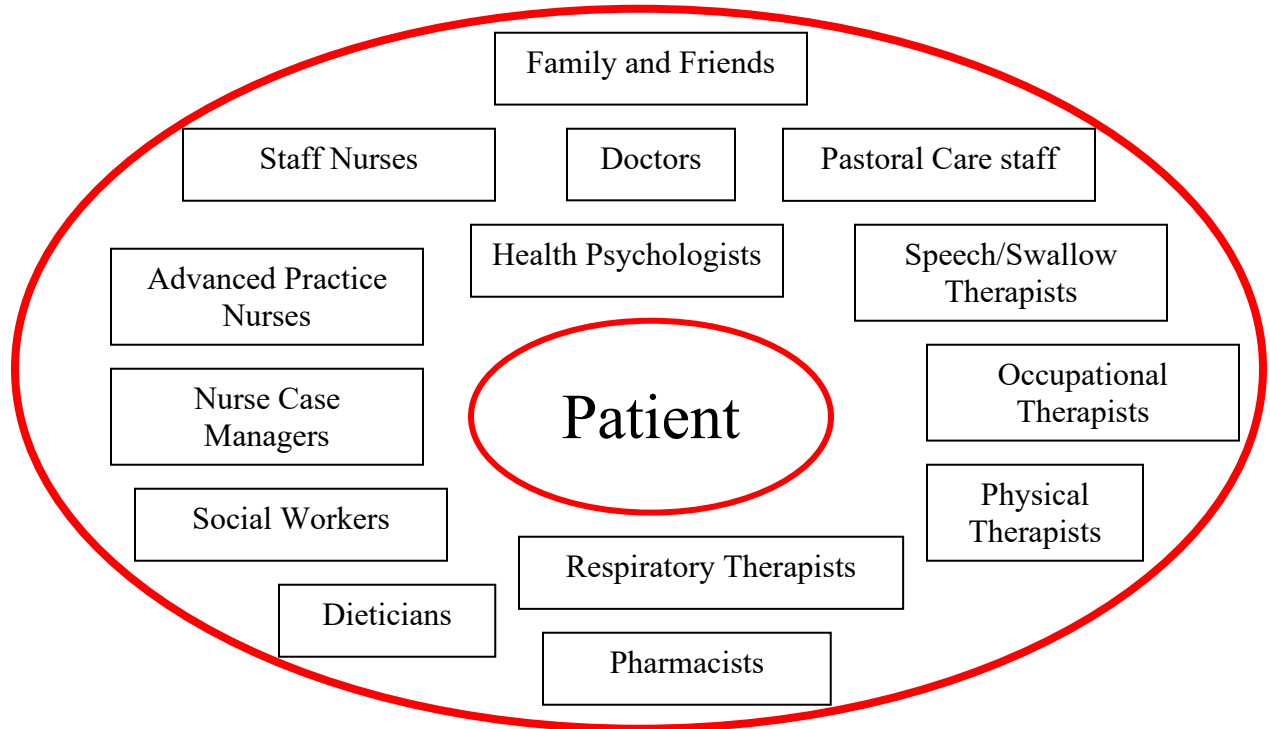
Our goal is to provide you with the best trauma care during your or your family member's stay.

Visitor Hours

F4/4 Nurses Station Phone Number: **(608) 890-6400**

Visiting Hours 8am - 9pm. Visitors are guests of you and your family.

Your Trauma Health Care Team



Doctors: You will meet many doctors. The main doctor (Attending) will be a trauma surgeon, who will manage your care.

Nurse Practitioners: These nurses have advanced training. They will support the staff nurses and provide expert knowledge to improve your care.

There are many other providers who will work with your Trauma Team during your stay to coordinate your care and help you to have the best recovery.

A nurse will monitor you closely and discuss your care with the rest of the health care team. They provide day-to-day care and assist with any needs that you may have. Your nurse is the “go-to” person for any questions you have about your care and will direct your questions to the correct member of your health care team.

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

Nurse case managers will help plan your discharge and help with insurance questions.

Social workers will help you find resources, help with insurance issues and financial concerns. They also help you fill out Power of Attorney for Health Care paperwork or set up a legal guardian.

Pharmacists will prepare your medicines and explain how to use them. On your discharge day, they will again review any changes with you including new medicines you need to take at home.

Dieticians help you meet your nutritional needs after a trauma.

Respiratory therapists (RT) assess and treat breathing problems caused either by your trauma or those that you may have had before.

Occupational therapists (OT) focus on self-care skills and other daily tasks. They will help you regain body movement and function, teach new techniques or provide equipment to help you perform normal daily tasks.

Physical therapists (PT) assess and treat problems with movement or balance. They will help you with sitting, walking, balance, and strength. They will teach you how to begin moving again on your own, as you are able.

Speech language pathologists (SLP) will assess and treat changes in speaking and thinking skills. This includes trouble with word finding, focus, understanding language, and recall.

Swallow therapists will help those who have trouble swallowing or have trouble eating.

Pastoral care staff provide spiritual and emotional support for patients and their families.

Health psychologists help you cope with injury. They teach, counsel, and provide support and coping methods for both the patient and family.

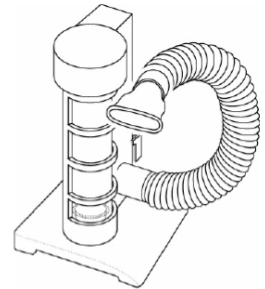
A **primary support** person can stay the night with you in your room. If you have more than one primary support person, we ask that only one person, 18 or older, stay the night in the hospital at a time. Your support person must have a visitor pass to allow them to stay after hours. Ask your nurse how to get one.

We provide a patient and family centered approach to care. As you are part of the team, we ask that you provide us with the names of the people who you want involved in planning your care.

Your Hospital Stay on the Trauma Unit

Trauma patients may come from the ER, operating room, or the intensive care unit (ICU). Once you arrive on F4/4, you will meet your nurse and nursing assistant, learn about your room, and get settled in.

We will check your vital signs (temperature, heart rate, blood pressure, breathing rate, oxygen level) often, even through the night, until your care team decides that less frequent vital signs are needed.



Equipment

You may have many pieces of equipment to help us monitor and treat you. You may notice some of the items below used during your stay. If you have questions about anything, please ask.

- **IV Line and IV Pump:** IV lines allow access to veins for fluids and medicines.
- **Pulse Oximeter (Pulse ox):** A plastic clip or sticker placed on your finger or toe that tells us your oxygen level.
- **Telemetry (Tele):** A small battery pack with five electrode wires that attach to small stickers on your chest. This allows doctors and nurses to keep track of your heart rate and rhythm. You will need to stay on the unit while you have this.
- **Elastic stockings (TEDs) and leg wraps (SCDs)** that inflate and deflate to improve blood flow in your legs to prevent blood clots.

Activity

Getting out of bed is a vital part of getting better. Your care team will work with you to make a plan to become more mobile that is safe for you. You should not try to get out of bed on your own. Nursing staff or PT will help you out of bed for the first time as sometimes you may be weak or dizzy.

Coughing and Deep Breathing

Your nurse will ask you to breathe deeply, cough, and use an incentive spirometer. Deep breathing will help you prevent a lung infection. Coughing and deep breathing may be painful because of your injuries. We can give you pain medicine to help control this pain.

Incentive Spirometer

1. Exhale and place your lips tightly around the mouthpiece.
2. Take a slow deep breath. Slowly raise the Flow Rate Guide between the arrows.
3. Hold it. Continue to inhale, keeping the guide as high as you can for as long as you can, or as directed by your nurse or respiratory therapist.
4. Exhale and relax. Remove the mouthpiece and breathe out as usual.
5. Slowly, repeat 10 times per hour while you are awake.

Diet

After your trauma, you may not be able to eat right away. Once you can eat again, we will slowly advance your diet to help prevent problems such as nausea and vomiting. When you are not eating or drinking we will give you IV fluids (fluids through your veins).

Chlorhexidine Gluconate (CHG) Treatment

While in the hospital, CHG soap will be used for bathing. CHG soap is used to reduce the number of germs on your skin. This soap kills germs on the skin for a longer time than other soaps. It works when other body fluids, such as blood, are present.

Medicines

A pharmacist will visit with you to confirm the medicines you took at home. If you cannot eat or drink, some of the medicines you take at home may be given to you through your IV. Some medicines may be held until your doctor feels they are safe to begin taking again. Once you are eating and drinking, your medicine will be switched back to pill form.

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

- **Bowel medicines** – medicines taken to prevent constipation. There are many causes of constipation in the trauma patient, such as lack of movement, use of narcotics, and direct effects from the trauma.
- **Blood thinners** – medicines that prevent blood clots from forming. Most patients are given a blood thinner (heparin or Enoxaparin®) as a shot in their fatty tissue - either in the abdomen or the back of the arm.
- **Anti-ulcer medicine** - medicines that help prevent stomach ulcers.
- **Pain control** - drug and non-drug treatments can help prevent and control pain.

Pain Control

Your pain control goal should be at a level that will allow you to deep breathe, eat, be active, take part in therapy, and sleep. You may not be pain-free but your pain should not prevent you from being able to do these things.

Other Pain Relief Options

This would include:

- Relaxation
- Imagery
- Distraction
- Skin stimulation
- Hot and cold compresses
- Music
- Massage
- Acupuncture

Music therapy can also decrease pain, pain medicine use, anxiety, and distress. UWHC provides a music channel to all patient rooms. Ask your nurse about other pain treatment options that we offer.

Problems After Trauma

Infection

Common sites of infection include: wounds, any foreign device (Foley catheters, IV lines, drainage tubes, etc). Signs and symptoms of a wound or site infection include areas of redness, swelling, drainage, or odor. Other symptoms may include pain not controlled by pain medicine and fever. Please tell your health care team if you have any of these signs or symptoms.

Blood Clot

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

Constipation

Many things can cause constipation in the trauma patient. Some of these causes are surgery, the type of injury, being less active and the use of pain medicine. Pain medicine slows down bowel movements moving through the colon. This causes the stool to become hard. If you have hard stools, less frequent stools, or you have trouble passing stools, then you have constipation. While in the hospital, we will give you daily bowel medicines. Our goal is for you to have a bowel movement every 1-2 days.

Once you are home, you will need a plan to avoid constipation. Stick to the plan as long as you are taking narcotic pain medicine. Review your plan with your doctor or nurse. Here are some things that may be part of your plan. (If you need to follow a special diet, talk to your doctor before making any changes.)

- Eat foods that have helped you to relieve constipation in the past.
- Eat foods high in fiber, if they have been approved by your doctor. This includes foods such as uncooked fruits, raw vegetables, and whole grains and cereals. Try prune juice. If you are not hungry, do not force yourself to eat fiber.
- Drink plenty of liquids. Eight to ten 8-ounce glasses of fluid each day will help keep your stools soft. Warm liquids often help your bowels to move.
- Exercise as much as you are able each day or at least every other day.

High Fiber Food

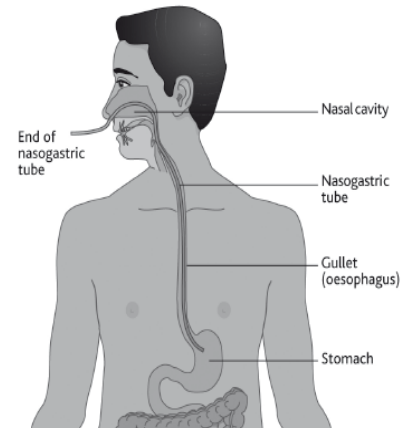
Cereals & Flours	Bran cereals, whole-wheat bread, rye bread and crackers, wheat germ, corn, cornmeal, wild rice, brown rice, barley
Fruits	Fresh, canned, or dried fruits. Those with skin or seeds (apples, plums, pears, peaches, tomatoes, berries, raisins, and dates) are highest in fiber.
Vegetables	Any raw or cooked vegetable (not overcooked) such as carrots, cabbage, peas, dry beans, and lentils

Ileus

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

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

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



Pneumonia

Pneumonia is an infection of one or both lungs. It is often caused by bacteria, viruses, or fungi. Other causes include fluid and blockage of the air ways. It occurs in trauma patients due to lack of activity and not being able to clear mucus from their lungs due to injuries. To help prevent a lung infection:

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

Treatment includes antibiotics, incentive spirometry, PEP (positive expiratory pressure), CPAP (continuous positive airway pressure), oxygen, and walking.

Discharge Process

The length of stay for trauma patients varies. Your discharge plan will be based on your injuries, the amount of care you will need at discharge, and therapy needs.

Length of Stay

The standard length of stay is hard to predict but there are goals that need to be met before discharge to home. These include:

- Eating food and drinking liquids
- Moving around safely
- A return of bladder and bowel function
- Pain control with oral medicines
- PT, OT and speech therapists feeling you are safe to be discharged

We will work with you to help you meet your goals in order to be discharged home. Some patients may need more time to heal from injury and may need a stay in a rehab center, a skilled nursing facility, or a traumatic brain injury center. We will discuss discharge options with you and those involved in your care as those needs become clear to your health care team.

Discharge Home

The standard length of stay is hard to predict for trauma patients, but there are certain goals that you will need to meet before discharge. To help plan and prepare for leaving the hospital, we will discuss a discharge date with you each day. Please know this date may change.

Going to a Facility

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

Inpatient Rehab	<ul style="list-style-type: none"> • You would transfer to a hospital rehab center that would provide intense therapy. • Patients need to meet strict standards to be accepted into this type of program (such as, being able to do three hours of therapy a day).
Long-Term Acute Care (LTAC) Nursing Facility	<ul style="list-style-type: none"> • You would transfer to an acute care hospital. • These patients still have complex health care needs but cannot go to a rehab hospital. • Those with ongoing breathing problems may need this type of placement.
Skilled Nursing Facility	<ul style="list-style-type: none"> • Patients are stable but still need more therapy and being discharged home is not an option.
Outpatient Therapy	<ul style="list-style-type: none"> • Patients would receive therapy during scheduled clinic visits but would live at home.
Home Care	<ul style="list-style-type: none"> • A therapist comes to the home to provide therapy. • Consists of nursing/PT/OT.

Follow Up Visits

Your follow up visits will be given to you during discharge and in your After-Hospital Care Plan (AFCP).

When to Call the Doctor

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

If you think you are having emergency symptoms, **call 911**.

Do you have questions?

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright ©8/2019. University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#7289