# A Guide to Trauma Services for Patients and Families





# Setting New Standards in Trauma Surgery and Critical Care

University of Vermont Medical Center
Level I Adult Trauma Center
Level II Pediatric Trauma Center

# WHAT'S INSIDE

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Stress makes it hard to understand and remember new information. We encourage you to ask questions about diagnoses and options for treatment. You can ask the same question twice, three times, or as many times as you need. We want you to ask until you understand. Write down what you learn so you can accurately share this information with family members, friends, or caregivers.

We have included space throughout this handbook for you to write down your questions and their answers.

### **IMPORTANT PHONE NUMBERS**

Hospital Information Desk	(802) 847-0000
Patient and Family Advocacy	(802) 847-3500
Patient Financial Services	(802) 847-8000
Safety and Security	(802) 847-2812

# Things to Remember and Things to Ask **PERSONAL NOTES**



# **Trauma**

# **Trauma is Essentially All Injuries**

As the only level one trauma center in the region, we see patients from Vermont and Northern New York. We provide total care for every aspect of injury, from prevention efforts through rehabilitation.

Reading this suggests that you or your loved one has experienced a serious injury. We know traumatic injury is sudden, confusing, and upsetting. Which is why we will be here with you every step of the way. Our trauma team is a diverse group of care providers with a single focus: providing the best care possible.

# When Every Second Counts

# Arrival at the Hospital

Most likely you or your loved one were brought to the Emergency Department by a personal vehicle, an ambulance, or a helicopter. During transport, the rescue crew was in radio contact with the hospital. They gave information about the injuries to our staff. This allowed the team at the trauma center to be ready to provide treatment as quickly as we could.

# The Trauma Team

Trauma care covers all the stages of care, from the time of injury through rehabilitation. The trauma team includes members from different specialty areas to help take care of you or your loved one. You will meet people from areas like radiology, respiratory therapy, nursing, pastoral care, and nutrition services.



#### ATTENDING PHYSICIAN TEAM

Is credentialed by The University of Vermont Medical Center to admit patients to the hospital and to oversee their care. Our staff is composed of attending physicians who are part of The University of Vermont Medical Group and are jointly employed by The University of Vermont Medical Center and The University of Vermont College of Medicine. All attending physicians have completed advanced training in trauma care.



# ADVANCE PRACTICE PROVIDERS (APP)

Including nurse practitioners and physicians assistants, these providers are engaged in all clinical aspects of care and have advanced training. These providers are independent practitioners that work closely with the attending physicians to coordinate your care.



# RESIDENT PHYSICIAN

Is a licensed physician who has completed medical school and is pursuing additional training in surgery. Residents work under close supervision of your attending physician to manage your daily care.



# REGISTERED NURSE (RN)

Has completed all required education to be licensed as a registered nurse. They are the care providers on the floor. Your nurse is your advocate and can help you navigate your care needs.



# CASE MANAGER/SOCIAL WORKER/REGISTERED NURSE

Support patients and families by helping them navigate the complex systems of care and advocate on the patients behalf. The services they provide encompass social, emotional, medical, and financial focuses. In addition to completing referrals, they also provide education on post discharge care and coordinate continuity of care.

## TRAUMA TEAM

The trauma team is specifically built to meet the needs of each patient. Our multidisciplinary approach means that in addition to the staff mentioned above, additional team members may be from other specialties, such as Dietitians, Orthopedics, Neurosurgery, Pediatrics, Palliative Care, Addiction Pain Team, Psychology, and more!



All University of Vermont Medical Center employees are required to wear photo identification badges. Be sure all caregivers are wearing a hospital or medical school identification badge with their picture on it. Under their name, it will state their position. If you don't see a badge or understand their role, please ask!

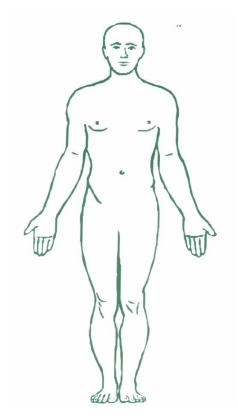
# Your Trauma Team

SURGEONS:	
ADVANCE PRACTICE PROVIDERS:	
CASE MANAGERS:	
NURSES:	
ORTHOPEDICS:	
NEUROSURGERY:	
OTHER:	
The Rehabil	itation Team
PHYSICAL THERAPIST:	
SPEECH THERAPIST:	
OCCUPATIONAL THERAPIST:	

# Injuries

# **INJURIES**

1.				



# Procedures, Tests, and Surgeries

PROCEDURE/TEST/ SURGERY	DATE	MEDICAL PROVIDER	RESULT/OUTCOME

### TIPS FOR PATIENTS AND FAMILIES

#### DATES AND TIMES ARE NOT SET IN STONE.

That is true for medical procedures, tests or even discharge from the hospital. There are usually many factors or people involved, and things do not always work out as planned. If a test or treatment is scheduled, but an emergency case comes in to the unit, the care team must handle the emergency first. Dates and times are targets and are not guarantees.

#### STAY ON TOP OF THE PAIN.

Don't be afraid to ask for pain medication. If you or your loved one are in pain, please communicate that to the care providers on the floor. Pain medication is not a scheduled medication, and our staff need to know if and when additional doses are needed. Managing pain will help with recovery. While it may not be possible to eliminate all pain, every effort will be made to ensure our patients are as comfortable as possible.

## ASK FOR HELP FROM YOUR FAMILY AND FRIENDS

A hospital stay disrupts every bit of life—routines, schedules, relationships ,and plans. Do not hesitate to ask for help. Make a list in this book so you will be prepared to accept help when friends and family offer or you reach out to them for assistance. Friends and family often appreciate being able to help in any way they can.

Visit the Trauma Survivors Network Website at <u>TraumaSurvivorsNetwork.org</u> and find out how to create a Care Page. This makes it easy for you to connect with friends and family.

#### IDENTIFY A CONTACT AT THE INSURANCE COMPANY.

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

# PLAN AHEAD.

Discharge from the hospital may come quicker than you expected, even before you feel really ready to go. The best way to be ready is to make plans early. Ask your trauma team 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 primary care provider's office can help once you are home.

# Getting Help If You Are a Victim of Violence

Social workers and nurse case managers have the skills to navigate prevention of domestic violence and support victims of domestic violence. They are able to connect patients to mental health services, safe housing programs, and collaborate with court advocacy and law enforcement officials when necessary. They will work with patients to meet their needs.

## TIPS FOR PATIENTS AND FAMILIES

#### TAKE CARE OF YOURSELF

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

Be sure to continue taking any medicines that your provider 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.

# HELP MAINTAIN A RESTFUL AND HEALING PLACE FOR OTHERS

Family is an important part of the care team. 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:

- Wash your hands before you go into a patient's room and when you come out.
- Do not visit if you are not feeling well or have an illness that could be transferred to our patients.
- 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.
- · Respect the rights of all patients and hospital staff.
- 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.
- Remember the medical record is a private document.

#### **ASK QUESTIONS AND STAY INFORMED**

You have the right to know about care options and to discuss them with the trauma team. If you are told that a certain test is needed, feel free to ask for an explanation of the test and what that test will show. The trauma team will provide family with important updates and it helps if one person is identified as the family representative. This allows staff to focus on the patient instead of repeating the same updates.

#### AVOID MAJOR LIFE DECISIONS AND KEEP NORMAL ROUTINES

At a time of crisis, people are not usually able to deal with making major life changes, such as moving or changing a job. While this may be a challenge, keeping normal routine is often necessary for financial reasons. It is especially important when children's lives are changed by the traumatic injury of a family member.

#### **BE PATIENT**

Recovery may not always follow a "straight line." Trauma survivors may feel fairly good one day, then really tired and cranky the next. It can be frustrating, but being patient and staying focused on progress over time can help.

# NOTES

Additional Tips a	and Notes		

# Where in the hospital do trauma patients go?

# **EMERGENCY ROOM (ER) OR EMERGENCY DEPARTMENT (ED)**

Care may begin in the Emergency Room. Open 24/7, it is staffed at all times by specialists trained in emergency medical care and is where initial assessments occur. This can include

- An exam to find 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 for surgery.
- Transfer from the admitting area to a unit in the hospital.

Access to the ER is secure to ensure patient and staff safety. All employees use a pass card to enter. Visitors are admitted in by a security officer or appropriate staff.

# **OPERATING ROOM (OR)**

Our surgical staff offer specialization in trauma surgery, burn-related surgery, and surgical critical care for both adults and pediatrics.

# **INTENSIVE CARE UNIT (ICU)**

Patients in the ICU receive care from a team of doctor and nurses. They are trained to take care of seriously injured patients. The first step is to make sure the patient is medically stable. Medically stable means that all body systems are working. As the patient is being treated, the team begins to plan for recovery with the patient and family.

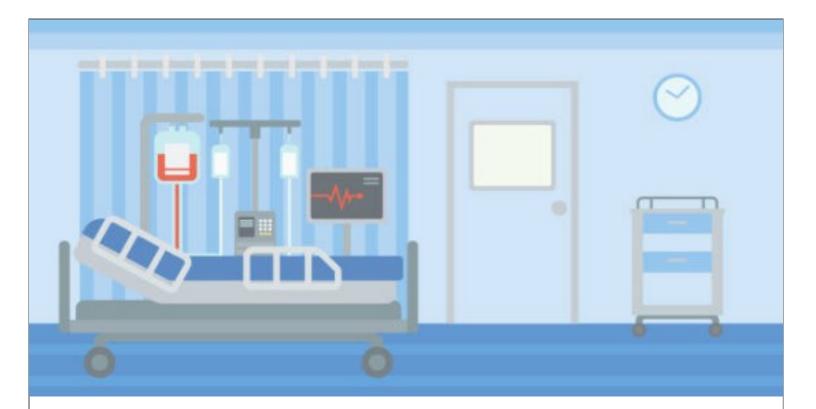
#### MEDICAL AND SURGICAL CARE UNITS

Less injured patients may be moved to another unit in the hospital. Also, those who no longer require the care found in ICU may be moved to these units.



# NEED HELP IMMEDIATELY? DIAL: 1-NOW

The "Call Someone Now" service brings a designated team to the patient's bedside when there is an urgent need for help. If there is a noticeable change in the patient's medical condition and the health care team is not available to address these concerns, the patient or a family member can call 1-NOW (1669) from the bedside phone. The call will be answered immediately and a dedicated 1-NOW response team will be sent to the bedside.



# **Equipment in a Hospital Room INTRAVENOUS LINE (IV)**

Allow access to veins for fluids and medicines. IVs will be placed in sites that might be more comfortable for the patient and avoid tough or fragile veins.

#### **IV PUMPS**

Poles with small machines attached near the beside. It is common to see several machines and bags of fluid at the bedside. The IV pumps give fluids and medicines.

# **ARTERIAL LINE (ART-LINE)**

A catheter (flexible tube) that goes into an artery (often in the wrist). It can be used to get blood pressure readings or to take blood samples.

# CENTRAL VENOUS PRESSURE LINE, CENTRAL LINE, OR TRIPLE LUMEN

A large IV placed into one of the large blood vessels of the shoulder, neck, or groin. The catheter's large size allows medicine and fluids to be given quickly and easily. It can also measure blood pressures and helps determine if the patient needs more or less fluid.

#### **PULSE OXIMETER**

Small piece of equipment that check the oxygen level in the blood and displays a number on the monitor. You will see the probe on the patient if you look for a glowing red light on a finger, toe, or ear.

#### **VENTILATOR**

A machine that helps the patient breathe. It has a long, flexible tube that is attached to a special breathing tube, called an endotracheal or nasotracheal tube, which is placed into the patient's throat. Sometimes the patient needs a few helping breaths from the ventilator, while in other situations the ventilator will do all of the work, such as if the patient is receiving special drugs for sedation.

# **MONITOR**

The screen at the side or head of the bed watches the heart rate and rhythm. It also gives readings of blood pressure, breaths, and heart and lung pressures when needed. Staff can see the numbers displayed on this screen on a monitor at the nurses' station.

# **FEEDING TUBES**

The patient may be fed through an IV at first. Later, a feeding tube (NG tube) may be placed through the nose down into the stomach to provide food. When the patient is more awake, the speech therapist will help make sure they can eat safely.

The NG tube may be used for a while. If it is needed for a longer time, a gastrostomy feeding tube (G tube) may be inserted right into the stomach. This option may seem scary at first but it is the best way to give the patient the nutrition needed.

# **Equipment in a Hospital Room**

# **FOLEY CATHETER**

A flexible rubber tube (catheter) placed into the bladder to drain urine and measure the amount of urine coming out.

# **CHEST TUBES**

Tubes inserted into the space between the ribs and the lungs. They drain fluid, air, or blood that can collect in this space. This tube will be attached to a drainage system, which may include suction causing a bubbling noise.

# **INTRACRANIAL PRESSURE (ICP) MONITOR**

A small pressure sensor that is placed surgically beneath the skull. It attaches to the ICP monitor.

## **VENTRICULOSTOMY**

A catheter that goes into the ventricles or spaces of the brain. It is used to watch and control the pressure in the brain. Pressure can rise if natural fluid (cerebral spinal fluid, CSF) builds up.

# **CERVICAL COLLAR**

A brace that helps control neck posture, reduce pain, prevent further injury, and promote healing.

# **VENODYNES OR SEQUENTIAL COMPRESSION STOCKINGS**

Plastic tubes wrapped in sleeves placed around the legs and connected to a machine under the bed that blows air into the tubes. The pressure on the legs helps blood flow and prevents blood clots.

#### **TRACTION**

A series of cords, bars, and weights used to create small amount of tension or weight to help stabilize fractured bones in the best position.

# **RESTRAINTS**

Soft cloth devices used to prevent the patient from pulling out tubes or IV lines by mistake. Restraints can be wrapped around the wrist or hands.



# WHY DOES A PATIENT HAVE AN "ALIAS"?

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 an alias. These names are labeled as 'unidentified' followed by a number.

The alias may have made it hard for you to locate your loved one at first. Once hospital staff can be sure of your loved one's name and they are medically stable, they change to the real name. If the patient is a victim of crime, they may keep this alias for safety reasons.

# We are a Level 2 Pediatric Trauma Center

# PEDIATRIC INTENSIVE CARE UNIT (PICU)

The Pediatric Intensive Care Unit at The University of Vermont Children's Hospital is a unique multidisciplinary unit that provides highly specialized critical care for children with illnesses or injuries. The PICU team believes in family-centered care and that involving the child's family as members of the health care team is vital to the recovery of the child.

**Phone:** (802) 847-2304 **Location:** McClure 3

#### CHILD LIFE SPECIALISTS

The role of a Child Life Specialist is to focus on the psychosocial needs of children and families in the healthcare setting. Child Life at The University of Vermont Children's Hospital strives to empower children with knowledge and equip them with coping strategies so that they may face potential stressors with understanding and confidence.

Phone: (802) 847-4913



#### **COMFORT ZONE**

The Comfort Zone at The University of Vermont Children's Hospital provides safe procedural sedation for infants and children in a child-friendly, family centered environment — the only program of its kind in Vermont.

The space is decorated with bright colors and murals, with a wide variety of age-appropriate toys and games for children, televisions in the exam rooms, and a waiting area where children and their families can relax. The Comfort Zone is adjacent to procedure rooms where most pediatric procedures take place.

The unique space allows families to stay together and staff members to escort family members in and out of procedure rooms. The space also has a circular traffic flow, where children end where they began, allowing patients and their families a familiar and appropriate place to reunite. Patients and families also encounter the same familiar faces before and after their procedures.

**Phone:** (802) 847-9663

Location: West Pavilion 3

# **American Trauma Society (ATS)**



The American Trauma Society is a leading group for trauma care and prevention, who have been advocates for trauma survivors for the past 30 years.

Their mission is to save lives through improved trauma care and injury prevention. For details, go to <a href="MMTrauma.org">AMTrauma.org</a>.

The ATS knows that a serious injury is a challenge. To help, the ATS has joined with the University of Vermont Medical Center to help you through this difficult time.

# Trauma Survivors Network (TSN)

Sometimes, the best person to understand what you are going through is a trauma survivor or family member of someone who went through trauma.

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 Trauma Survivors Network is a community of patients and families who are looking to connect with one another and rebuild their lives after a serious injury. The TSN website provides a place for trauma patients and their loved ones to connect with others and get the information they need to help rebuild their lives.

For additional resources, contact your trauma survivor coordinator at (802) 847-2291,

TraumaSurvivor@uvmhealth.org or visit our Trauma Center page on the Trauma Survivors Network. There you will find direct links to dozens of national and local resources or make your own survivor page.

# <u>UVMHealth.org/TraumaSurvivorsNetwork</u>



# Life After Trauma

#### **CELEBRATING SURVIVORS**

Every May, we take a night to celebrate the lives of those who have been impacted trauma as well as their family, friends, and care providers who supported them every step of the way. It is a time of celebration, connection, sharing, and honoring. We invite you and your loved ones to join us at this annual event. For more information, e-mail **TraumaSurvivors@uvmhealth.org** or call **(802) 847-2291**.

# **NextSteps**

# MANAGING LIFE AFTER TRAUMA

NextSteps is a FREE online program to help you manage your life after a serious injury. You can engage in the weekly education modules and live chats with other trauma survivors. NextSteps can help you explore the ways your life has changed after traumatic injury and how you can move forward on your journey. This program can help you manage difficult emotions and find the courage to achieve your goals.

Find out when the next course starts by visiting **NextStepsOnline.org** 

# **Online Resources**

# SUPPORT GROUPS AND VIDEOS

There are two private Facebook support groups you can apply to join. Scan the QR code to join! You can join now or later on in the recovery journey.

The UVM Medical Center Trauma Survivors Network is a support group for traumatic injury survivors where you can talk, ask questions, find support, and connect with others who have been where you are.



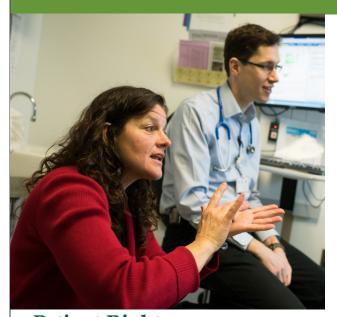
The UVM Medical Center TSN Family and Friends support group is a place for family and friends of survivors to connect with other individuals and find support and community. You can join by scanning the QR code!



Interested in learning about more about resources that could benefit your recovery process? @SurvivorResources on Youtube is where we post videos where experts not only explain therapies and concepts that can benefit survivors, but also offer short exercises to try them out! www.youtube.com/@SurvivorResources



### **HOSPITAL SERVICES AND RESOURCES**



# Patient Rights PATIENT AND FAMILY ADVOCACY

Patient and Family Advocacy works to support the best possible patient experience. Advocates can serve as liaisons among patients, their families and the health care team to address quality of care concerns or provide a formal avenue for complaint resolution. Advocates also provide concierge services and way-finding by connecting patients and families with the right resources.

**Phone:** (802) 847-3500 **Location:** Smith 306

# **Finances**

# **BILLING AND FINANCIAL SERVICES**

As a patient-centered organization, we treat all people equitably, with dignity and respect regardless of the patient's health care insurance benefits or financial resources. We provide financial assistance to people who have essential health care needs and are uninsured, under-insured, ineligible for a government program or otherwise unable to pay for medically necessary care based on their individual financial situation.

Phone: (802) 847-8000

**Location:** Main Pavilion 3

# Languages

## INTERPRETER SERVICES

Interpreters for sign and spoken language are available for many languages and for hearing-impaired or deaf patients.

Arrangements can be made through Case Management by calling (802) 847-5826 between the hours of 8:30 am and 5 pm, Monday – Friday.

After 5 pm and on weekends and holidays, please call (802) 847-0000 and request the on-call social worker for assistance.

# Speak Up

Everyone has a role in making health care safe — physicians, health care executives, nurses and technicians. You, as the patient, can also play a vital role in making your care safe by becoming an active, involved and informed member of your health care team. The national Speak Up Campaign urges patients to get involved in their care.

**SPEAK UP** if you have questions or concerns and, if you don't understand, ask again. It's your body and you have a right to know.

Pay attention to the care you are receiving. Make sure you're getting the right medications and treatments by the right health care professionals. Don't assume anything.

**EDUCATE** yourself about your diagnosis, the medical tests you are undergoing and your treatment plan.

Ask a trusted family member or friend to be your advocate.

Know the different medications you take and why you take them.

UNDERSTAND your health care organization's experience in treating your type of illness.

 $\label{eq:participate} P_{\text{ARTICIPATE}} \text{ in all decisions about your treatment.}$ 

# **Medical Information**

# WHAT IS KEPT AND WHO HAS ACCESS?

When you come to the hospital, we will ask for information related to patient 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.

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

- The patient can see your own medical records
- Medical caregivers can see them.
- Some other members of the hospital staff may see the information for other reasons, such as teaching purposes or to monitor care in the hospital.
- Family and friends are not allowed to see patient records unless permission is given.
- Your legal representative can see the information.

A patient may give someone else permission to see their medical records. To do this, a patient completes an Authorization to Access Medical Record form.

Family members may need an attorney to access these records if the patient\is an adult, unable to sign for themselves, and has no one with power of attorney to sign for them.

For any questions related to medical records, contact the UVM Medical Center Medical Records Office Monday – Friday, 8 am to 4:30 pm at (802) 847-2846.

A medical record is the physical property of the hospital. However, the patient, controls the release of the information contained in the record. In general, the patient must give permission for anyone, other than a member of their healthcare team, to have access to their medical record. By law, records may be disclosed without the patient's permission under certain circumstances such as in response to a subpoena or court order, to certain government and regulatory bodies, to another healthcare provider for continued care, and to health care insurer to obtain reimbursement for care.

To request any portion of a medical record, please print and complete the authorization to release patient information form and fax, mail, or bring it to the physician's office. Please note on the form exactly what information is needed.

We can only release information once it has been signed off on and it's considered final - unless the information is being sent to another care provider for continued care.

A flat fee of \$5 will be charged for the first 10 pages; for every page over 10, the charge is \$0.50 cents per page. The fee is waived for copies sent directly to a healthcare provider or facility for continuing medical care.

# **MEDICAL FORMS AND LETTERS**

If you have a medical form from your workplace or insurance that needs to be filled out or a letter that you need written, please talk to your case manager. Your case manager can assist you in having the forms completed and letters sent out. After discharge, you will need to contact your primary care provider's office directly.

# **Dining**

# **MAIN STREET CAFÉ**

Serving breakfast and lunch. Monday through

Friday, 6:30 am to 2 pm **Phone:** (802) 847-3745 **Location:** Baird 3

# HARVEST CAFÉ

Serving a variety of foods, 5 am to 3 am daily

Phone: (802) 847-3978 Location: McClure Lobby

#### **ROOM SERVICE**

Room service is offered to all inpatients on the Main Campus. Room service allows patients to select their own food, within the diet ordered by their physician. To have meals delivered when it is most convenient for them, patients place their order from the room service menu by calling 7-DINE (7–3463) from their bedside phone. Our room service menu is available on our website at **UVMHealth.org/MedCenter/Menus.** 

# **GROWING OUR OWN**

We strive to have a sustainable food service with a focus on fresh and local foods. We were one of the first hospitals in the country to sign the Healthy Food in Health Care Pledge - a commitment to serve local, nutritious and sustainable food.

We're a member of the Vermont Fresh Network, which encourages farmers, food producers and chefs to build partnerships that contribute to stronger local communities and economies.

We support many local products such as maple syrup, cheese, organic milk, and a variety of local organic vegetables - supporting local companies and their products everyday.



# Green Spaces

# **HEALING GARDEN**

Visible to various inpatient units and infusion bays, the healing garden includes benches and a walkway that patients, staff, and visitors can enjoy. Flowers, herbs, and vegetables are grown in it.

Location: Between Baird and East Pavilion 2

### ROOFTOP GARDEN

Accessible through the Garden Atrium dining location, the Rooftop Garden features a picnic space, a grassy area, and raised bed gardens.

Location: Outside Garden Atrium

# Spiritual Care

# INTERFAITH SERVICES

The Spiritual Care Department contributes to the health and well-being of patients, families and staff by providing emotional and spiritual support, especially in times of crisis, chronic illness or imminent death.

The Spiritual Care staff is comprised of qualified Roman Catholic and Interfaith chaplains, trained Interfaith Volunteer Chaplains and chaplain interns training in our nationally accredited Clinical Pastoral Education Program.

Phone: (802) 847-2775 Location: Baird 223

# Banking ATM

There is an New England Federal Credit Union
ATM available for use.

Location: McClure 2 Connector



# **Hotels and Lodging**

## DISCOUNTS

The University of Vermont Medical Center has arrangements with several local Vermont hotels and motels to provide discounted room rates (when available) to patients and family members who have to travel to Burlington from out of town.

# Pharmacy

# PHARMACY MAIN CAMPUS

If you are an inpatient at our hospital, your medical team will also include expert pharmacists. Your pharmacist will be in charge of all of your medications during your care and will continue the care as an outpatient, if necessary.

Phone: (802) 847-2821

Location: Main Pavilion, Level 3

#### **NO-SMOKING POLICY**

Smoking has been determined by the Surgeon General to be the number one avoidable cause of death in the United States, and second-hand smoke has also been proven to be a health hazard. Smoking is not allowed in any building, leased space, vehicle, or the grounds.

# Parking GARAGE

Hours	Cost
0-1	Free
1-2	\$2.50
2-3	\$3.75
3-4	\$5.00
4-5	\$6.25
5+	\$7.00

The University of Vermont Medical Center's patient and visitor parking garage is located adjacent to the main entrance of the Medical Center Campus. Entrances into the hospital and to outpatient services are on each level of the garage.

Discount parking coupon

books are available that include 10 coupons for all day, 2-hour, or 3-hour stays. Patients and visitors with financial difficulties can contact Security at **(802)** 847-2812.

#### **VALET**

Valet parking is offered at the main entrance

Monday – Friday, 6 am to 5 pm, for \$8 per car.



# Safety

# **SECURITY**

The Security Department provides a wide variety of parking and security services for all patients, visitors and staff. Services include response to all emergencies, access control by use of keys, electronic access, safety escorts, vehicle lockouts and jump-starts.

Phone: (802) 847-2812

Location: Engineering 401

#### DEALING WITH STRESS AND ANXIETY

- Breathe a deep breath through your nose increases airflow to your lungs and helps to slow your heart rate. Breathe slowly out of your mouth.
- Talk to someone supportive, such as a friend, family member, or counselor
- Take a hot shower or bath
- Have a cup of tea or a soothing beverage
- Listen to relaxing music or watch a movie or TV show
- If you are able to go outside, talk a walk or enjoy the fresh air from a bench
- To release tension, punch or yell into a pillow
- Pray or meditate
- Write down your thoughts and feelings
- Seek professional help when needed

# Wifi

### **INTERNET ACCESS**

Our patients, their families, and visitors are able to access the network at nearly all of our inpatient and outpatient locations, in our inpatient rooms, and in public areas such as cafeterias and lobbies.

In order to use the free network, users must bring their own laptop or cell phone with internet access. Users of the wireless network need to follow a few simple instructions when they open their Web browser to log on to the network, including accepting a usage agreement.

The wireless network includes a feature that blocks users from visiting certain inappropriate sites.

For those individuals who do not have computer access, there are public computers available in the Baird Building 5 Family Room

### PLANNING FOR DISCHARGE

Planning for discharge is an important part of a hospital stay. A nurse case manager or social worker will work with you to develop a patient specific recovery plan.

We strive for morning discharges and our goal is to have the paperwork completed so that we can review it with patients and families on the day of discharge. We will review medications, follow-up care, and other discharge information. If you are not satisfied with the discharge arrangements that we have made, you have the right to request an additional discharge planning evaluation.

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

- Special equipment
- Nursing care
- Physical therapy
- Occupational therapy
- Speech therapy



# Levels of Care in the Community

Each person, injury, and path to recovery is different. The trauma team will identify which level of care is best for each patient's recovery.

# Rehabilitation Facility or Acute Rehab

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, but insurance coverage for the facilities will be reviewed.

# Skilled Nursing Facility or Sub Acute Rehab

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.

# **Home Care**

Some people can live at home with nurses and therapists coming to them.

# **Outpatient Care**

People who are able to go out of their home for therapy will be given a prescription when they are discharged. You will need to make your own appointments.

#### 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 or friends or are able to care for themselves. The trauma doctor may want the patient come back to see them or to see their own doctor after discharged. The trauma office nurse will work with you after discharge to review admission and help schedule an appointment.

# **Common Follow-Up Clinics**

# TRAUMA/BURN CLINIC

**Location:** East Pavilion 5

**Phone:** (802) 847-3790

# **ORTHOPEDIC TRAUMA/SPINE CLINIC**

Location: 192 Tilley Drive, South Burlington,

Vermont 05403

**Phone:** (802) 847-6000

# **CHILDREN'S SPECIALTY CLINIC**

Location: East Pavilion 4

**Phone:** (802) 847-8200

# **NEUROSURGERY CLINIC**

**Location:** East Pavilion 5

Phone: (802) 847-4590

Discharge Plan		
RECOVERY GOALS		

APPOINTMENT	DATE	TIME	LOCATION

# **PLANNING FOR DISCHARGE**

# **Medications**

DOSE	SCHEDULE
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# MyChart Online

Portions of medical record are available to view and print through MyChart Online. MyChart Online is a way to get secure, electronic access to your and your family's medical records, billing and insurance information.

If you need help with your account, please call (802) 847-7500.

# Post-Traumatic Stress Disorder (PTSD)

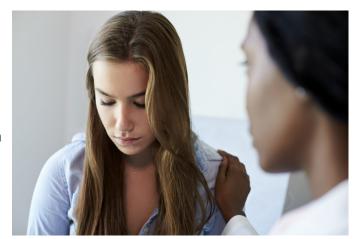
PTSD is a type of anxiety that occurs in response to a traumatic event. It was first described in combat veterans. Now we know that PTSD occurs in everyday life and has defined symptoms that are present for at least four weeks.

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. While a mental health professional is needed to diagnose PTSD, friends and family members should be aware of symptoms and suggest or seek help if needed.

## THERE ARE THREE TYPES OF PTSD SYMPTOMS:

Туре	Symptoms			
Hypervigilance	Having a hard time falling asleep or staying asleep			
	Feeling irritable or having outbursts of anger			
	Having a hard time concentrating			
	Having an exaggerated startle response			
Re-experiencing	Having recurrent recollections of the event			
	Having recurrent dreams about the event			
	Acting or feeling as if the event were happening again (Hallucinations or Flashbacks)			
	Feeling distress when exposed to cues that resemble the event			
Avoidance	Avoiding thoughts, feelings, conversations, activities, places, or people that are reminders of the event			
	Less interest or participation in activities that used to be important			
	Feeling detached; not able to feel			

If you or a loved one is showing symptoms of PTSD or you have concerns about mental wellbeing, reach out to a care provider or call the **SAMHSA National Helpline** at **1-800-662-Help (4357).** 



# Coping with Loss

Survivors and those who care about them frequently experience loss which can range from temporary setbacks to life-altering changes, including the death of a loved one. Grief is a very personal response to loss. Grief often fades over time, but in some cases it can dominate one's emotions for many months or years. When grief persists, it may be a good idea to seek help

# **GRIEF CAN PREVENT HEALING**

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. If you find that grief is affecting recovery, you should consider help to overcome it.

#### WHO CAN I TURN TO FOR HELP?

Part of recovery involves using others for emotional support. This can come from friends, family, 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 a good listener who can help you process the grief you are experiencing.

Even with a strong support system, grief can still be overwhelming. This is when professional help is useful. Seek professional help

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

Your primary care provider can help you identify local services available for support, including the Trauma Survivors Network.

# Transplant/Donor Program

The University of Vermont Medical Center works closely with the Center for Donation and Transplant (CDT) based out of Albany to honor donation wishes for our patients. Our responsibility is to ensure that we present the family of every potential organ and/or tissue donor with the choice to donate. Failure to present the family with this option means we have chosen for them.

The Medical Center has dedicated in-house organ donation coordinators. Donation coordinators are family advocates and part of the health care team. They ensure that families are given the choice to follow their own donation wishes. Donation coordinators facilitate the family's donation decision and support them through the entire process.

Phone: (802) 847-1250

Location: Main Pavilion 3

#### **HONOR WALK**

When a family and donor take their final walk together to the operating room, our staff pay tribute and lend support to the family by lining the halls between the ICU and the OR.



#### HELPING CHILDREN DEAL WITH LOSS

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

# **Frequently Asked Questions**

# WHAT DO I DO IF MY LOVED ONE HAS A "LIVING WILL" OR AN ADVANCE-CARE PLAN?

Some patients might have made their long-term health-care wishes known before they were injured. The wishes may be written in a document such as a living will, an advance-care plan or an advanced directive.

Some patients have also completed a Power of Attorney for Personal Care document, in which they name the person they wish to have as their Substitute Decision Maker if they are unable to speak or make decisions for themselves. If your loved one has expressed their wishes, please share this information with their trauma team.

#### WHAT IS DELIRIUM?

Delirium is a state of mental confusion that develops quickly and the level of confusion may change throughout the day. It is a potentially serious and common condition for patients who are in the hospital, especially those in the ICU. It is usually temporary but may last for many weeks.

Patients with delirium may have the following signs:

- Trouble focusing and paying attention;
- Can't think clearly or remember recent things that have happened;
- Disoriented, forgetful, and can't express themselves clearly;
- May be very sleepy or very restless;
- May see or hear things that do not exist (visual or auditory hallucinations);
- May not recognize family members or may be convinced that the hospital staff wants to harm them.

Usually many things can cause or contribute to delirium. Some examples of these include the patient's medical condition, certain medications and the hospital environment, where noise and light may make it difficult for patients to sleep. Our trauma teams regularly look for signs of delirium among patients. However, family members are encouraged to let us know if they notice that their loved one is not behaving as usual.

# **Charitable Giving**

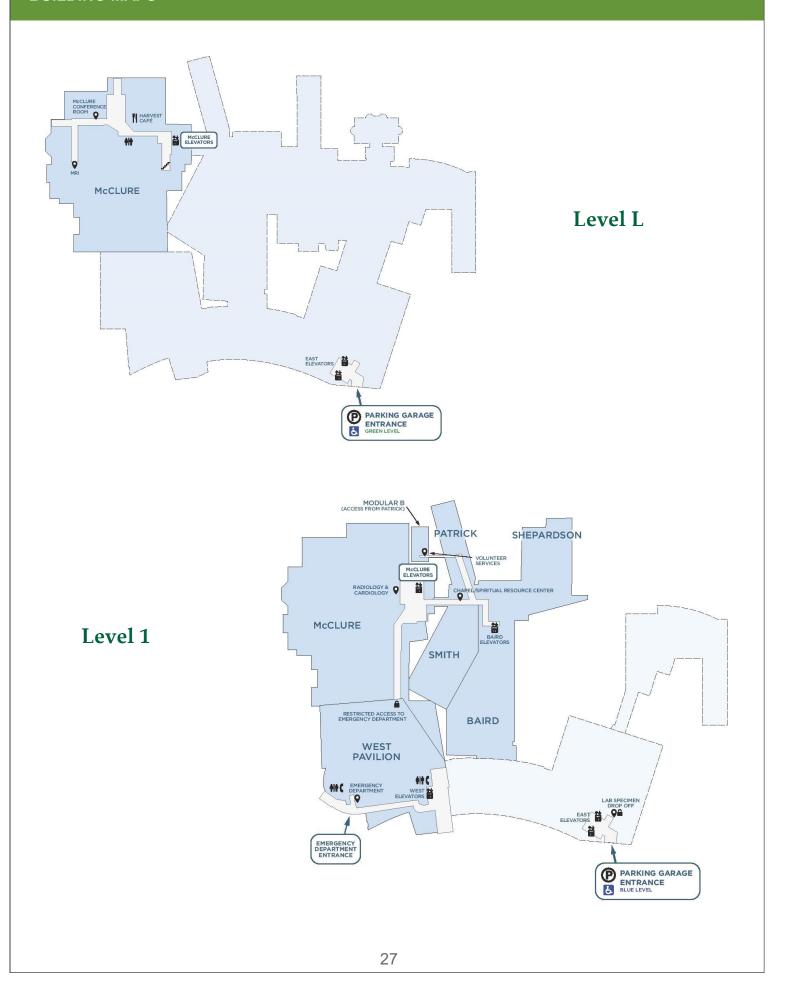
What's best for patients? This question drives everything we do. With your gift to the UVM Medical Center, you can touch the lives of people who come through our doors every day in search of better health. Every gift has an impact. Every gift makes a difference.

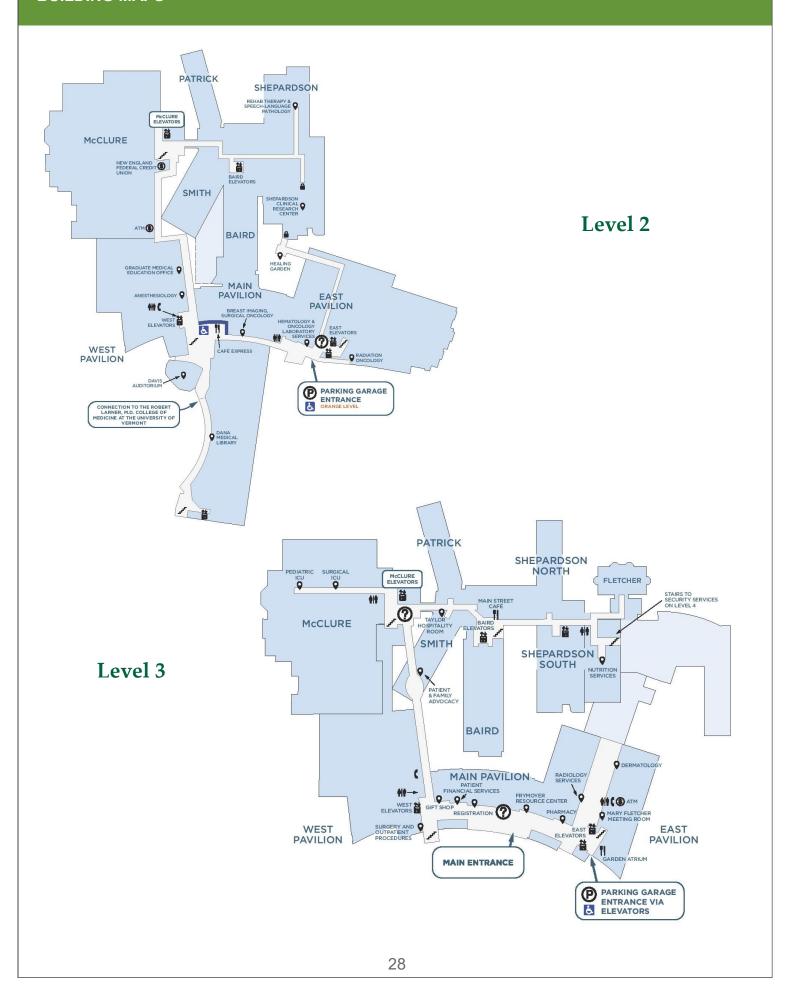
E-mail: Development@uvmhealth.org

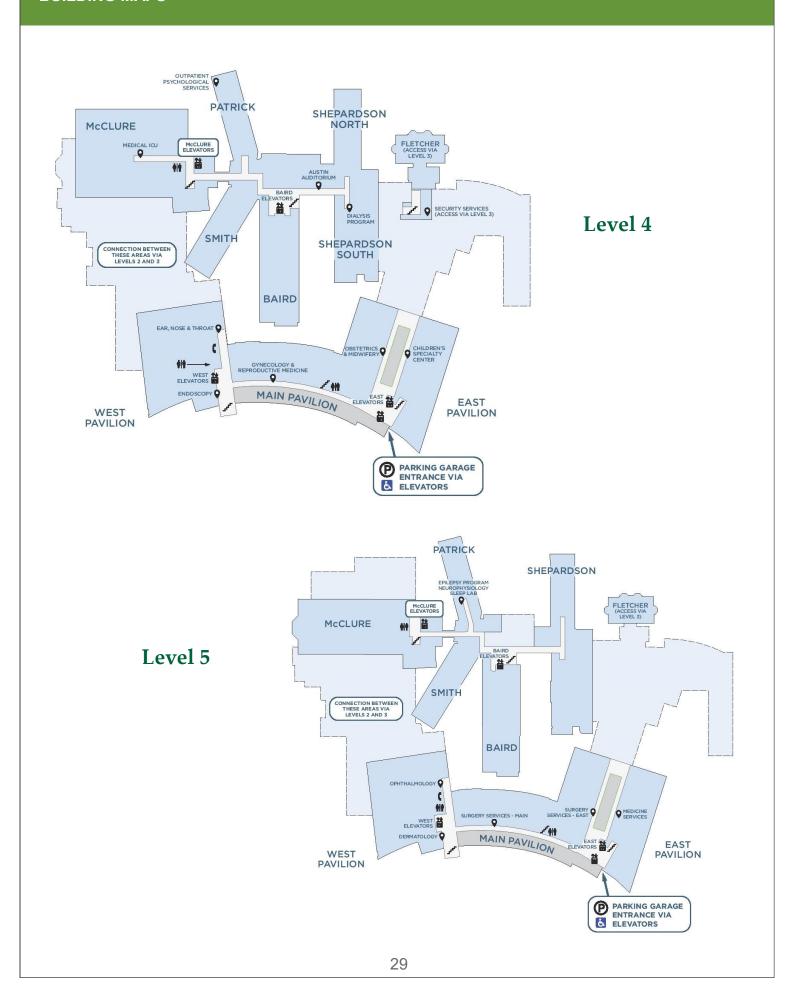
Phone: (802) 847-2887

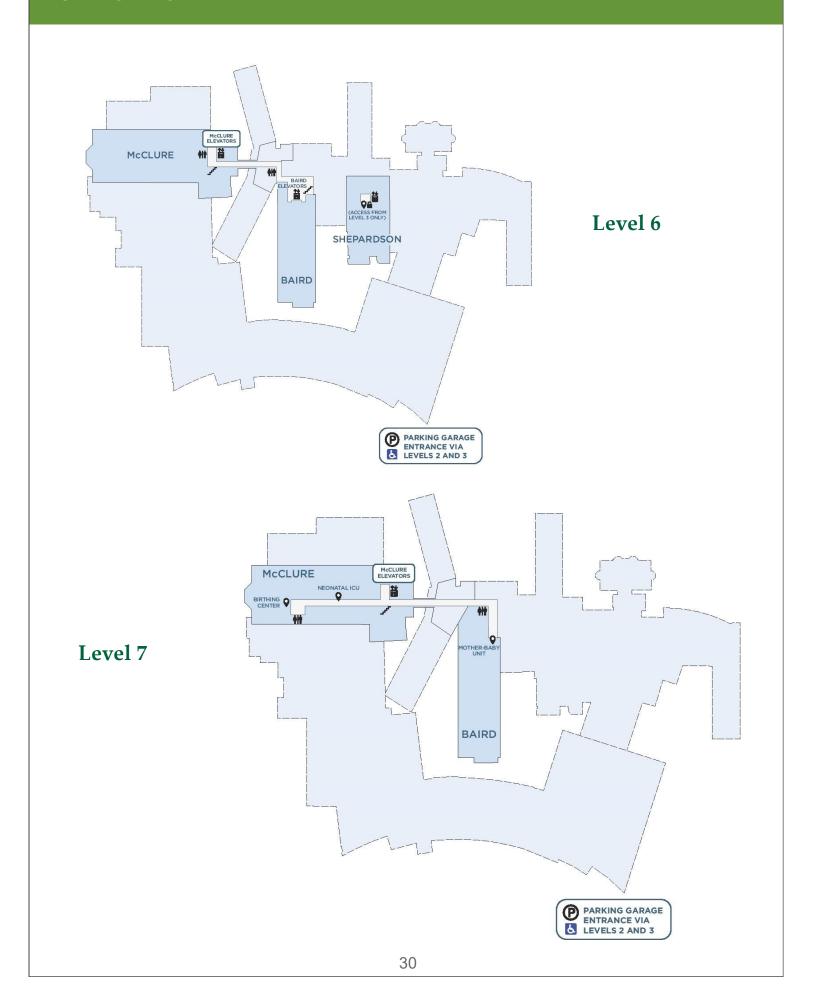


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### FOR MORE INFORMATION

To find health information, or for convenient and secure access to your medical record through MyChartOnline, please visit **UVMHealth.org/MedCenter** or call us at **(802)** 847-0000.

### **TRAUMA SERVICES**

111 Colchester Ave Smith 240 Burlington, VT 05401

### **HOURS**

Monday – Friday 8 am – 4:30 pm

#### **PHONE**

(802) 847-2291

# E-MAIL

TraumaSurvivors@UVMHealth.org



