

Trauma

Important information for your recovery at home

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| <input type="checkbox"/> Medications | <input type="checkbox"/> Broken Collarbone |
| <input type="checkbox"/> Bowel Problems | <input type="checkbox"/> Broken Ribs |
| <input type="checkbox"/> Blood Clots | <input type="checkbox"/> Collapsed Lung |
| <input type="checkbox"/> Wound Care (with skin closures) | <input type="checkbox"/> Liver or Spleen Injury |
| <input type="checkbox"/> Wound Care (without skin closures) | <input type="checkbox"/> Sprains and Strains |
| <input type="checkbox"/> Facial Injuries | <input type="checkbox"/> Cast Care |
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Remember:

☒ **Make an appointment for follow up.**

Take the information we gave you when you left the hospital with you to your follow up appointment(s).

☒ **Expect that you will be tired.**

The length of time this tiredness lasts depends on how severely you were injured, the amount of time you spent in hospital, and your overall health before your injury.

☒ **Get plenty of sleep.**

Try to maintain a regular sleep schedule of at least 8 hours a night.

☒ **Eat foods high in protein**

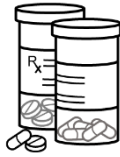
(such as eggs, red meat, fish, chicken, turkey, peanut butter, legumes, and tofu). Eating healthy meals high in protein will help repair injuries and return your bodily functions to normal.

☒ **Emotional distress is common after trauma.**

Mild depression, anxiety, nightmares, and flashbacks might happen. You might also notice difficulty focusing, and lack of interest in activities. If these symptoms worsen or persist, please see your doctor.

Medications

Know why you are taking each medication. If you have any questions, please ask your pharmacist, nurse, or doctor.



Take all antibiotics as you have been directed. There should not be any antibiotic medicine left.

Strong pain that comes with injuries or surgeries should get better in 7 to 14 days.

Take over-the-counter medications such as acetaminophen (Tylenol) or ibuprofen (Advil) for pain as directed on the label, unless your doctor tells you differently.

See your primary care provider if you need a prescription refill.

Opioid (narcotic) pain medicines

You might get a small number of pills for severe pain. They are only meant to be taken for a short time. Take only as much as you need to allow you to do daily activities. Reduce how much you take as soon as possible.

Examples of opioid pain medicines include:

- Tramacet® (tramadol and acetaminophen)
- Tylenol #3® (codeine and acetaminophen)
- Oxycocet® / Percocet® (oxycodone and acetaminophen)
- Tramadol, hydromorphone, morphine, oxycodone

While taking opioid medicines:

- **Do not** drive.
- **Do not** drink alcohol.
- **Do not** start taking any new sleeping pills.

Keep opioid medicines in a secure place.

Never share opioid pain medicines with others.

Bowel Problems

If you had abdominal surgery, be sure to talk with your trauma care provider* and/or surgeon before leaving the hospital about your diet and bowel care.

Constipation

Constipation is common after trauma.

It happens more often if you are taking opioid pain medications.

What you can do

- Stay as active as possible.
- Eat foods high in fibre such as bran, prunes, whole grains, vegetables and fruit.
- Drink at least 6 to 8 glasses of liquid each day, unless you have been told differently because of a medical condition.



If you have no bowel movement for 2 days, you could ask your primary care provider or your pharmacist for gentle laxatives. You do not need a prescription. Once you start to have bowel movements again, stop taking laxatives.

Diarrhea

Diarrhea can happen after trauma.

What you can do

- Drink at least 6 to 8 glasses of liquid each day, unless you have been told differently because of a medical condition.



If diarrhea does not go away or comes with a fever or nausea/vomiting, see your doctor as soon as possible.

* Trauma care provider - refers to any of the health professionals on your trauma care team in the hospital.

Blood Clots

Blood clots can occur after traumatic injury or surgery. A venous thrombo-embolism (or VTE – say *vee-nus throm-bow-em-bull-iz-um*) is a blood clot that forms in one of the larger veins of the body, usually in the lower body.

You might also hear it called a deep vein thrombosis (or DVT). This type of blood clot usually occurs in the calf, thigh, or pelvis.

A blood clot can block part or all of the blood flow through a vein. When this happens, the area becomes inflamed. If the clot is in a leg or arm, you might notice that the skin over the area is really warm, red, swollen, and/or hurts when you touch it.

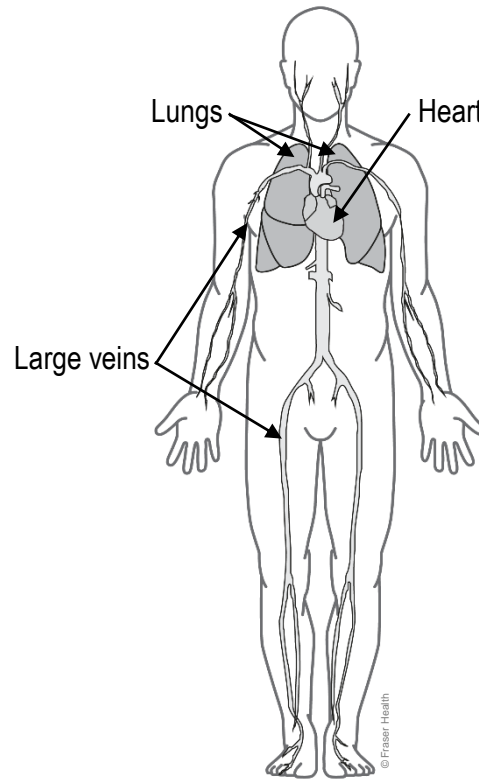
Blood clots can break loose and get stuck in other veins, blocking blood flow.

If the clot is in your abdomen, you might have belly pain or back pain.

If the clot travels to your lungs, you might have trouble breathing. This is called a pulmonary embolus **and is a serious problem.**

Medications called anticoagulants (blood thinners) decrease the ability of your blood to clot. You will usually be on some type of blood thinning medication while in hospital unless you have a medical condition that could be worsened by blood thinners.

Once you go home, these medications are usually stopped.



What you can do

The best way to prevent clots from forming is to:

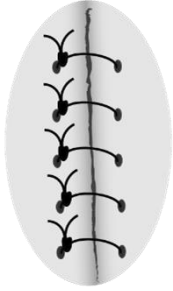
- Stay as active as possible during the day.
- Spend less time in bed.
- Sit up for meals.
- Do gentle arm and leg exercises.

Go to your nearest Emergency Department if you have any of the following:

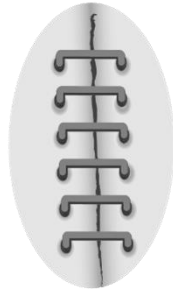
- chest pain
- shortness of breath
- pain in a leg or arm that does not go away
- swelling in a leg or arm that does not improve with elevating it
- leg or arm feels very warm to touch

Wound Care (skin closures used)

Sometimes wounds need to be closed with stitches (sutures), staples, white skin tape (steri-strips) or skin glue. These are needed to reduce bleeding and scarring and to help healing. Pain from most wounds gets better after 24 to 48 hours.



Stitches (Sutures)



Staples



White skin tape
(Steri-Strips)



Skin glue

© Fraser Health

Caring for your wound

- Always wash your hands before and after touching your bandage and wound site.
- Keep the wound clean and dry.
- Change the bandage after 24 hours.
- **Do not** tug or pull on the stitches or staples - even if they are itchy.
- Make an appointment with a primary care provider to have the stitches removed.
- Take over-the-counter medications for pain such as acetaminophen (Tylenol) or ibuprofen (Advil) as directed on the label, unless your doctor tells you differently.



For scalp wounds (under your hair)

- Gently wash your hair. If needed, have someone help you.
- **Do not** scrub your head.
- Gently dry the area.

For mouth and lip wounds

- Rinse your mouth after meals with warm salt water. Do not swallow the salted water.

To make salt water, mix one teaspoon of salt with a quart of water.

For hand wounds

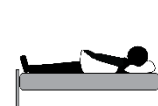
- Protect your wound with waterproof gloves when doing activities that submerge your hands in water (such as washing dishes).

For arm or leg wounds

- To lessen pain and swelling in a leg or arm, elevate it on pillows when sitting or lying down.



Elevating a leg



Elevating an arm

Contact your family doctor if you have any of the following:

- redness, swelling, or numbness around the wound
- bad smell coming from the wound
- increased pain
- white, yellow, or green pus
- new bleeding from the wound
- a fever over 38°C (101°F)

Wound Care (skin closures not used)

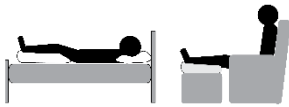
Most cuts, scratches, and scrapes are on the skin surface and do not need skin closures such as stitches or staples.

Bruises form when a blow breaks small blood vessels in the skin and/or deeper tissues.

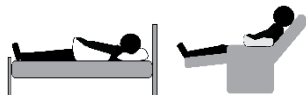
Take over-the-counter medications such as acetaminophen (Tylenol) or ibuprofen (Advil) for pain as directed on the label, unless your doctor tells you differently.

For cuts, scratches and scrapes:

- Keep the wound clean and dry until it begins to heal.
- Clean the wound once a day with warm water. Do not use alcohol on open wounds. It stings and damages the tissue.
- If you have a bandage, change the bandage as directed by your trauma care provider.
- Let scabs fall off on their own. **Do not** pick at them.
- If your wound starts to bleed at any time, put firm pressure over the area for 10 minutes to stop any bleeding.
- To lessen pain and swelling in a leg or arm, elevate it on pillows when sitting or lying down.



Elevating a leg



Elevating an arm

For bruises:

- Use ice packs to reduce pain and bleeding under the skin.
Wrap the ice pack in a towel.
Place on the area for 10 to 15 minutes.
- To lessen swelling in a leg or arm, elevate it on pillows when sitting or lying down.



Contact your family doctor if you have any of the following:

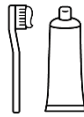
- redness, swelling, or numbness around the wound
- bad smell coming from the wound
- increased pain
- white, yellow, or green pus coming from the wound
- bleeding that does not stop after 10 minutes of pressure
- a fever over 38°C (101°F)

Facial Injuries

Your plastic surgeon or oral surgeon will give you specific instruction on how to care for your facial injuries. The following are added to those instructions they might have already given you.

What you can do

- Try not to blow your nose until your follow up appointment with your surgeon. Your surgeon will tell you when it is safe to blow your nose.
- Sleep with the head of the bed raised to help reduce swelling.
- Keep your mouth clean.
Gently brush your teeth and gums 2 to 3 times a day to help prevent infection.
- Finish any antibiotics as prescribed.
- Take over-the-counter medications such as acetaminophen (Tylenol) or ibuprofen (Advil) for pain as directed on the label, unless your doctor tells you differently.



Facial Stitches

Facial stitches are normally taken out within 5 to 6 days unless they are the kind that dissolve on their own (absorbable).

What you can do

- Apply a thin coating of Polysporin to your facial wounds until they are healed.
- Wear sunblock and avoid sunlight on your wounds for one year after injury.
- If your jaw was broken and had to be wired shut, see Wired Jaw instructions.

Contact your family doctor if you have:

- a fever over 38°C (101°F)

Wired Jaw

Your jaw has been wired shut to allow your broken jaw bone to heal – in about 6 to 8 weeks.

What you can do

- Rinse your mouth after each meal with either salt water or half-strength mouthwash.
- Try using a water flosser (such as Waterpik®) to clean your mouth and teeth. (Brushing your teeth while your jaw is wired shut might be hard to do.)
- Puree your food using a blender.
- Take over-the-counter medications such as acetaminophen (Tylenol) or ibuprofen (Advil) for pain as directed on the label, unless your doctor tells you differently.
- If the wires irritate your gums or cheeks, ask your oral surgeon for dental wax to place over the wires.
- If your surgeon has given you wire cutters, carry them with you at all times.
- If you throw up, cut the rubber bands or wires, then go to the nearest Emergency Department as soon as possible.
- **Do not** drink alcohol while your mouth is wired, in case you throw up – you could choke.
- **Do not** do any sports or activities where you could be hit in the face.

To make salt water, mix one teaspoon of salt with a quart of water.

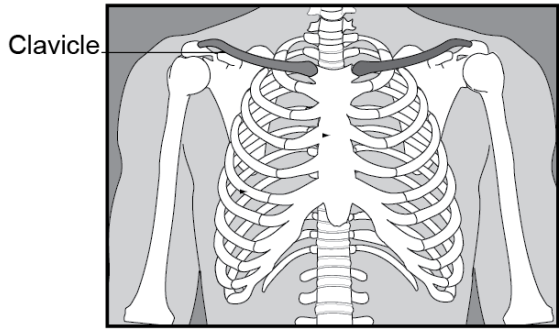
To make half-strength mouthwash, mix equal amounts of mouthwash with water.

Contact your family doctor or surgeon if you have any of the following:

- increased jaw pain
- swelling that does not go away
- a fever over 38°C (101°F)
- pus from your jaw incisions
- broken or cut rubber bands or wires

Broken Collarbone (Clavicle Fracture)

A broken collarbone is a break in the bone that connects your breastbone (sternum) to the shoulder blade (scapula).



Broken collarbones are common and are often due to falls or a blow to the shoulder. Surgery is rarely needed. You might see a bump while the bone heals. This is normal.

What you can do

- Use an arm sling for comfort. Your trauma care provider or orthopedic surgeon will direct you as to the type of sling.



- Wrap an ice pack in a cloth and put it on the sore shoulder for 15 to 20 minutes every 2 hours. This will help reduce pain and swelling.



- Take over-the-counter medications such as acetaminophen (Tylenol) or ibuprofen (Advil) for pain as directed on the label, unless your doctor tells you differently.

Go to the nearest Emergency Department if you have any of the following:

- trouble breathing
- numbness or tingling in the fingers
- fingers turning white or blue

Broken Ribs (Rib Fractures)

Broken ribs are very painful, but most heal without surgery. The most discomfort happens in the first 2 weeks after injury, before the bone edges start to join together and heal. Broken ribs take at least 8 to 12 weeks to heal.

Pain and a clicking sensation are common when you cough, laugh, sneeze, roll over or take a deep breath.

Pneumonia

The biggest risk from rib fractures is getting a lung infection (pneumonia). This is because when you have rib pain, you are not taking big breaths or coughing. The chances of infection are highest in the first 7 to 10 days after injury.

What you can do

- Do deep breathing exercises (10 big breaths every hour) every hour that you are awake.
- Use your incentive spirometer every hour while awake.
- Cough up mucous and phlegm.
- Go for walks.
- **Do not** smoke or be around others who smoke. Smoking delays healing and increases the chances of a lung infection.
- Take over-the-counter medications such as acetaminophen (Tylenol) or ibuprofen (Advil) for pain as directed on the label, unless your doctor tells you differently.

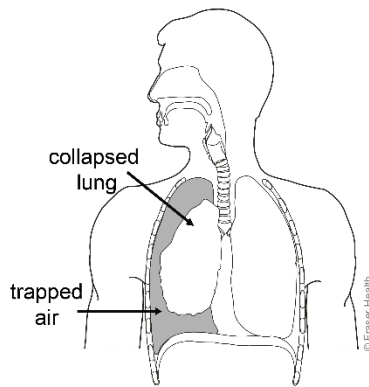


Contact your family doctor or go to the nearest Emergency Department if you have any of the following:

- increased chest pain
- increased shortness of breath
- a change in the colour of the mucous and phlegm you cough up
- a fever over 38°C (101°F)

Collapsed Lung (Pneumothorax)

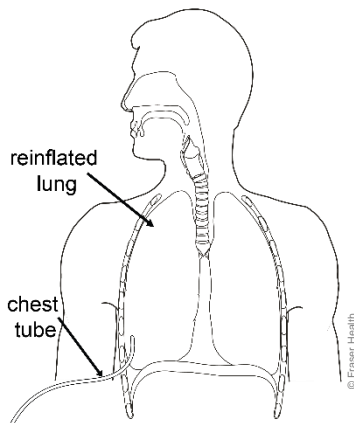
'Pneumo' means air and 'thorax' means chest. A pneumothorax (sounds like new-mo-thor-axe) is a problem where there is air leaking out from your lung. Air gets trapped in the space between your lung and your rib cage. As the amount of air in this space increases, the pressure against your lung causes your lung to collapse. Your lung cannot inflate properly when you try to breathe in. This makes it hard for you to breathe and can give you chest pain.



A collapsed lung can happen when your chest is injured, as a result of a car accident, stab wound, or broken ribs.

A small pneumothorax might heal by itself. The trapped air is slowly absorbed by the body.

With a larger pneumothorax, the air around your lung needs to be removed so your lung can re-inflate. We insert a chest tube between your ribs into the pocket of air to let it out.



What you can do

- Do deep breathing exercises (10 big breaths every hour) every hour that you are awake for the next 4 weeks.
- Use your incentive spirometer every hour while awake.
- Gradually return to your regular fitness activities once you have been cleared by your trauma care provider.
- **Do not** smoke or be around others who smoke. Smoking delays healing and increases the chances of a lung infection.
- You might not be able to travel by plane for a period of time. Check with your trauma care provider.
- If you are a scuba diver, you will need to see a dive medicine specialist before diving to make sure you have healed completely.



Note: If you dive without being medically cleared by the specialist, you risk serious injury or death.

Go to the nearest Emergency Department if you have any of the following:

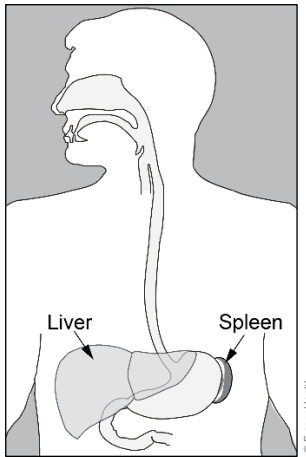
- shortness of breath
- increased chest pain
- a fever over 38°C (101°F)

Tell Emergency care providers that you recently had a pneumothorax.

Liver or Spleen Injury

The liver is a solid organ located in the right upper abdomen. It acts as a filter for the blood and stores blood cells. The liver has a very important role in metabolism.

The spleen is a solid organ located in the left upper abdomen. It acts as a filter for the blood, clearing it of bacteria and old red blood cells. It also makes antibodies that help you fight infections.



These organs will heal on their own over the next few months.

Activities to avoid

It is best not to do these activities while you recover to prevent further injury or bleeding:

- contact sports
- heavy physical labour
- activities where there is a chance you could fall
- activities where you could get blows to the abdomen

Before doing any of these activities, check with your trauma care provider to see if you need a CT scan or an ultrasound to make sure you are healing.

Go to the nearest Emergency Department if you have any of the following:

- light-headedness, faintness or dizziness
- left shoulder pain
- abdominal pain
- nausea or vomiting

Spleen removal

You can live without your spleen but you are more likely to get infections caused by bacteria normally removed by the spleen.

Before you leave the hospital, we give you vaccines to protect you from:

- types of pneumonia
- hepatitis B
- blood infections
- meningitis

****** Arrange to see your family doctor within 1 to 2 weeks after going home to make sure that you get your booster vaccines.

To keep from getting seriously ill in the future:

- Keep your vaccinations up to date for the rest of your life.
- Tell doctors, dentists, and other health care professionals that you do not have a spleen. You might need to take antibiotics before treatments or procedures.
- Get the flu shot every year.
- Before travelling internationally, talk to your doctor. You might need to take medication or get other vaccinations.
- Clean all wounds right away.
- Get medical care right away if you are bitten by a tick or animal.

Sprains and Strains

A sprain is the stretching or tearing of a ligament. Ligaments are the tissues that hold two bones together. Sprains are common injuries in ankles, knees, fingers, and wrists.

A strain is also known as a pulled muscle or muscle tear. It affects the tendons - the tissue that connects muscle to bone.

What you can do

- Use ice packs wrapped in a towel to reduce pain and swelling. Apply to the area for 10 to 15 minutes every 1 to 2 hours.
- Elevate the injured area when at rest.
- Follow the advice of your trauma care provider regarding movement and weight-bearing.
- Take over-the-counter medications such as acetaminophen (Tylenol) or ibuprofen (Advil) for pain as directed on the label, unless your doctor tells you differently.



Contact your family doctor or go to the nearest Emergency Department if you have any of the following:

- numbness or tingling in toes or fingers of the injured area
- toes or fingers of the injured area turn grey or blue
- injury is not improving within 7 to 10 days

Cast Care

What you can do

- Keep the cast dry. If you have a bath or shower, wrap your cast with a towel and then cover it with a plastic bag. To keep water out, tape the open end of the bag around the limb above the cast. If the cast gets wet or gets soft or cracked, see your doctor.
- Wiggle your fingers or toes often, unless told not to by your doctor.
- If you have an arm cast:
 - You can use a sling when walking around.
 - While resting, put your arm cast on a pillow laid on your chest.
- If you have a leg cast, elevate your leg on pillows when sitting or lying down.
- To ease any itching, direct a hair dryer on the cool setting near the inside edge of the cast.
 - **Do not** put any powders or lotions under the cast to relieve the itchiness.
 - **Do not** put any objects under the cast to scratch itchy skin. You could cause an infection if the skin is broken.
- **Do not** trim, re-shape, or remove your own cast.
- Take over-the-counter medications such as acetaminophen (Tylenol) or ibuprofen (Advil) for pain as directed on the label, unless your doctor tells you differently.



Contact your family doctor or go to the nearest Emergency Department if you have any of the following:

- fingers or toes turn blue or grey
- fingers or toes are hard to move
- numbness or tingling
- cast feels too tight
- pressure or burning under the cast
- bad smell coming from the cast
- a fever over 38°C (101°F)

Your Trauma Team

Depending on your injuries, you might be seen by the trauma team as well as doctors from specialty services such as critical care, orthopedics, neurosurgery, and general surgery. Feel free to ask any trauma care provider about their role.

Trauma Team Doctor

The trauma doctors are made up of a group of emergency doctors, trauma surgeons, and anesthesiologists. Each spends a week on the trauma team.

The doctor joins the other trauma care providers on daily rounds, seeing all trauma patients wherever they are located in the hospital. We usually have 2 medical residents or fellows (doctors who are in medical training for trauma care) joining us on our rounds.

Nurse Practitioner

The nurse practitioner works with the trauma team doctor to provide medical care to patients. Nurse practitioners have advanced training and education that allows them to assess and diagnose health problems, order and interpret diagnostic tests, prescribe medications, and perform certain procedures. Our nurse practitioner works Monday to Friday.

Physiotherapists

Physiotherapists help people to turn over in bed, and get up and move around during their recovery. With the help of a nurse or a respiratory therapist, the physiotherapist helps with deep breathing and coughing. They also identify exercises to keep or build muscle strength. Moving around and building muscle strength are key activities for recovery.

Respiratory Therapist

Respiratory therapists are specialists in the body's breathing system and treating breathing problems. Care ranges from breathing treatments and tests to managing breathing tubes (artificial airways) and breathing machines (artificial or mechanical ventilation).

Social Worker

Social workers provide any needed supports to you and your family. They can help you understand and manage the emotional stress of your injuries. They can set up meetings with the trauma team if needed. Social workers can also help with any legal or financial matters that might arise as a result of being in the hospital. Please feel free to ask to speak to a social worker.

Dietitians

When recovering from injuries, a person has a higher than normal (and different) need for nutrition. Dietitians calculate what each person needs and monitor what nutrition they get to make sure it is the right amount for their changing health needs.

Students

We often have students and trainees from various health professions working with us. If they are involved in your care, they are always supervised by a member of the trauma team.

Trauma Nurse Coordinator

The coordinator leads our Trauma Service. The coordinator is responsible for day to day planning, delivering, and evaluating the care provided by our Trauma Service.



Tell us about your care

If you have comments or concerns about your care while in the hospital, please contact the unit manager.

If you are not comfortable talking with the manager or you are not happy about how your concern was handled, please contact:

Fraser Health Patient Care Quality Office

Phone: 1-877-880-8823 Fax: 604-463-1888

Email: pcqoffice@fraserhealth.ca

Mail: 11762 Laity Street
Maple Ridge, B.C. V2X 5A3

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This information does not replace the advice given to you by your healthcare provider.

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