

Children's Trauma



Handbook

Welcome to Children's Hospital at London Health Sciences Centre

The Children's Hospital, London Health Sciences Center (LHSC), has served as the paediatric referral centre for acutely injured children in Southwestern Ontario since 1991. Children's Hospital is currently the second largest treatment centre, by case volume, for children's trauma care in Ontario. LHSC is designated by the Ministry of Health and Long-Term Care as one of eleven Lead Trauma Hospitals that makes up the provincial trauma system providing trauma care to the most seriously injured children of Southwestern Ontario.

Children’s Trauma Handbook

Table of Contents

Paediatric Trauma Team..... Pg. 3

Common Tests That May be Performed
Following a Trauma Pg. 7

When Your Child is in the
Emergency Department..... Pg. 8

When Your Child is in the
Paediatric Critical Care Unit Pg. 10

When Your Child is on the
Paediatric Inpatient Unit Pg. 13

Coping Following a Trauma Pg. 17

When Your Child is Involved in a
Motor Vehicle Collision Pg. 23

Safety..... Pg. 25

Security Pg. 28

Discharge Planning..... Pg. 29

Trauma Resources Pg. 32

Injury Prevention..... Pg. 33

Glossary..... Pg. 34



Paediatric Trauma Team

Your child's team will include a number of specialists in paediatric trauma. The team is committed to meeting the needs of children and their families, through active participation of each discipline to plan and deliver care. The trauma team members are here to answer your questions and to help make this experience an easier one for your family.

You will have contact with the following people from the trauma team:

Trauma Team Leader (TTL)
Nurse Case Manager (NCM)
Most Responsible Physician (MRP)
Nurse
Social Worker

During your child's stay, any of the following people may be asked to see your child based on their medical needs:

Physiotherapist (PT)
Occupational Therapist (OT)
Speech-Language Pathologist (SLP)
Community Care Access Centre (CCAC) Hospital Case Manager
Dietitian (RD)
Child Life Specialist (CLS)
Respiratory Therapist (RT)

Children's Trauma Handbook

Trauma Team Leader

Upon arrival to the hospital, children are assessed by the on-call Trauma Team Leader and then referred to sub-specialists in paediatric neurosurgery, general surgery, orthopedics, intensive care, and other services as necessary. The Trauma Team Leaders are physicians who have received extra training in providing acute trauma care in an Emergency Department setting.

Nurse Case Manager

The NCM is a registered nurse who will be following your child's progression of care. The NCM will help coordinate your child's discharge planning and care while in hospital. It is the Nurse Case Managers' role to be a liaison between members of the multidisciplinary team, community agencies and other care partners.

Most Responsible Physician

The MRP ensures that your child receives the most appropriate treatment once admitted to the hospital. The MRP is responsible for ordering any tests or procedures necessary. The MRP works closely with the Nurse Case Manager as your child progresses to discharge. The trauma team provides input to the MRP to determine when your child is okay to go home.

Nurse

Your child's nurse is your point of contact. They will complete frequent assessments on your child by doing examinations and monitoring his/her equipment and technology. We encourage parents to ask the nurses if they have questions about the



Children's Trauma Handbook

monitors. The nurses will try to 'group' care together so that nursing care is done at one time, in order for your child to rest and recover.

Social Worker

A Social Worker is available to help your family cope with adjusting to your child's injury and the hospitalization experience. The Social Worker provides emotional support and individual counseling to your child, siblings, and parents when needed. The Social Worker is available to assist you with dealing with sometimes overwhelming grief and trauma reactions that can be experienced after a significant event. The Social Worker is also available to assist you with completing applications and insurance paperwork. They are able to help you explore resources in the hospital and in your community if you are requiring financial support while your child remains in hospital or in preparation for going home.

Physiotherapist

The PT works with your child to help get him/her moving again. The PT will also help arrange for equipment that your child may need to move around safely.

Occupational Therapist

The OT assesses children to determine if they are having difficulty with doing everyday tasks after an injury. The OT works with your child to regain the skills needed to complete basic tasks such as dressing, brushing teeth, doing schoolwork, or even completing a puzzle. Occupational therapy will focus on the abilities required, both physically and cognitively, to complete age appropriate activities. The OT also works with the Speech-Language Pathologist to assess your child's ability to safely swallow foods and liquids.

Children's Trauma Handbook

Speech-Language Pathologist

The SLP may be asked to work with your child if they have had injuries to their face or neck. They may also see your child if the injuries make it difficult to speak or swallow. The SLP may provide pictures or alphabet boards for a short time to help with communication. The SLP also works with the OT to see how safely your child is eating and drinking.

CCAC Hospital Case Manager

The CCAC Hospital Case Manager works with the trauma team to ensure that your child's needs continue to be met when your child is discharged home. The CCAC Hospital Case Manager will determine in collaboration with the multidisciplinary team what in-home services and equipment your child needs prior to going home.

Dietitian

The Registered Dietitian works with the team to ensure that your child is getting the proper nutrition for optimal healing. The dietitian also monitors food/liquid intake and weight to ensure that your child is getting the best food that will help him/her heal.

Child Life Specialist

The CLS offers a range of therapeutic play based activities to help children gain mastery over their environment, cope with pain and painful procedures, and learn about hospital procedures to minimize the negative impact of illness and hospitalization.



Children's Trauma Handbook

Respiratory Therapist

RT's are involved in the ABC's of resuscitation i.e. airway, breathing and to help maintain circulation. If a child is having trouble breathing the RT will assist by providing breathing treatments such as medications. They may clear the airway by suctioning. They also may assist with the airway by helping put a tube down the airway and then put the child on a ventilator to assist with their breathing.

Common Tests That May be Performed Following a Trauma

X-ray

An x-ray produces a picture of the inside of the body. Physicians use this to diagnose and treat a variety medical conditions.

CT Scan

Is a type of x-ray that provides information about fractures, bleeding, and fluid collection. It can take less than 5-10 minutes to complete and that is why it is used in emergency situations.

MRI

The MRI machine uses a large magnet and computer to see your bones, organs and other parts of your body. An MRI can take up to 60 minutes to complete. Your child may need sedation to help him/her lie still for the test.

Ultrasound

An ultrasound produces a picture using sound waves. Your child may have an ultrasound of your abdomen, kidneys, aorta, pelvis, vascular arteries and/or veins. This test will help in your diagnosis. The test is done by applying a jelly-like substance directly to the

Children's Trauma Handbook

skin surface and a series of pictures are taken of the body part being examined.

When Your Child is in the Emergency Department

We have highlighted the most common questions that parents and families ask when their child is in the Emergency Department (ER).

What can I expect when my child arrives to the ER?

Your child will arrive to the Children's Emergency Department first, where he/she is assessed by Children's Trauma Team Leader and then referred to sub-specialists in paediatric neurosurgery, general surgery, orthopaedics, intensive care and other services as necessary.

All members of the Paediatric Trauma Team within the Emergency Department have expertise in the care of critically ill trauma patients.

What tests and procedures may be done while my child is in the ER?

While in the Emergency Department your child may have many tests including blood work, x-rays and CT scans.

Who is most medically responsible for my child while in the ER?

The Most Responsible Physician is the Children's Emergency Doctor or the on-call Trauma Team Leader in consultation with



Children's Trauma Handbook

other sub-specialists such as paediatric neurosurgery, general surgery, orthopaedics and intensive care, until they are admitted to the hospital.

Where will my child go from the ER?

Based on your child's injuries a decision will be made whether your child is to be admitted to the Paediatric Inpatient Unit or to the Paediatric Critical Care Unit.

Is there a place for parents or families to meet in the ER?

While your child is being cared for and treated by the physicians and nurses, there is a room available for families where they can use the phone and meet with other family members.

What psychosocial support is available to my family in the ER?

Social Work is also available for you, your child or siblings to provide crisis support, assist with contacting other family members, if needed, and provide support with referrals in the hospital as well as in the community.

Child Life Specialists can work with you and other team members to ease your child's fear and anxiety and offer emotional support during difficult tests and procedures.

When Your Child is in the Paediatric Critical Care Unit

When your child is injured and requires medical treatment in an intensive care unit, it can be a very emotionally overwhelming experience for parents and families. As a multi-disciplinary treatment team, we understand that this is a challenging time and you are likely to have many concerns and questions. We have highlighted the most common questions asked of us by parents and families:

Why is my child In the PCCU?

Your child has injuries that require him/her to be on a ventilator, requires specialized technology and/or medications for support and may require intensive nursing care, monitoring and observation.

Who is most medically responsible for my child in the PCCU?

Each child in the PCCU has a Most Responsible Physician. The physicians in the PCCU are called Intensivists. The Intensivists are Paediatricians who specialize in paediatric critical care medicine. The PCCU also has medical residents and fellows who will be involved in your child's care.

Who are the other members of the PCCU team?

Other members of the PCCU team include: Nurses, Respiratory Therapists, a Social Worker, Pharmacist and a Dietitian.



Children's Trauma Handbook

Will my child receive individual care?

In the early days of your child's PCCU stay, your child will have his/her own dedicated nurse by the bedside. Once your child is removed from the breathing machine (ventilator) and medically stable, your child may share a nurse with another PCCU patient.

What can I expect from the PCCU?

Your child will be followed by an Intensivist. The Intensivist rounds with the residents, fellows, nurses and respiratory therapists each morning to monitor your child's progress and to review your child's plan of care. An evening round occurs with the on-call resident and Intensivist. The residents are available at any time in the evening or overnight to tend to your child. The Intensivist and resident will meet with you on a regular basis to update you on your child's condition.

How often am I allowed to visit in the PCCU?

You are able to visit your child 24 hours per day. We recommend that you take breaks because the days can be emotionally very long and draining. We may ask you to leave the bedside at times when we need to do specialized medical procedures.

How often can siblings, friends and family visit?

We welcome close family members presence at the bedside as we believe parent and sibling visits are vital to the child's overall well-being. In particular, sibling presence is very important. Sometimes we want to shield our other children from difficult or painful experiences. Research tells us that children cope better when they are included. If you have concerns about siblings coping with your injured child, don't hesitate to speak to your Social Worker for guidance.

Children's Trauma Handbook

Visits need to be kept relatively short, maximum 15 minutes at a time, while your child is critically ill in the PCCU. Your child will require rest periods and an environment that is as quiet and as stress-free as possible.

Is there a place for parents or families to meet in the PCCU?

The PCCU has a waiting room where families, relatives and friends can meet. We realize that often many people wish to visit, but space is limited in the PCCU. We encourage you to designate one person to assist you in providing communication to other family members and friends. This may help to decrease the number of people present.

There is a cafeteria on the third floor with sufficient space for visiting with friends and extended family.

What overnight accommodations are available?

There are three options for overnight accommodation while your child is in the PCCU.

1. One parent is welcome to stay overnight at the bedside. We try to offer parents a cot. When you room-in with your child in the PCCU, it is unlikely that you will get a good night's rest. For this reason, we encourage families to stay overnight outside of the child's room.
2. A parent room close to the PCCU is available for you to sleep in. Parents whose child is the most critically ill are given highest priority for the parent room.
3. The Ronald McDonald House (RMH) offers parent rooms at an affordable rate. The RMH is within walking distance from the hospital.



Butterfly Garden

The Hart Family, in partnership with Children's Health Foundation created Alex's Butterfly Garden in honour of Perinatal and Infant Loss. Alex's Butterfly Garden offers a tranquil environment for quiet memories and personal reflection available for children, families and staff to enjoy. This beautifully landscaped garden with benches and a soothing water fountain is located outside the Level 2 Entrance of the D Building.

When Your Child is on the Paediatric Inpatient Unit

Once your child is medically stable in the Paediatric Critical Care Unit your child will be transferred to the general paediatric floor. We have highlighted the most common questions that parents and families ask when their child is transferred to Paediatric Inpatients.

Is It normal to feel worried when my child transfers to the paediatric inpatient unit?

Moving to Paediatric Inpatients is like a graduation in the recovery process. Many families experience a variety of emotions when their child is 'graduating'. Families find themselves excited about their child's progress yet anxious about being transferred to a new environment where their child has a different level of medical and nursing care.

Once on the inpatient floor, you will have many more opportunities to be involved in your child's everyday care. Prior to your child being transferred to the Paediatric Unit you may request a tour of that area.

Who is most medically responsible for my child on the Paediatric Inpatient Unit?

Your child will be transferred to an inpatient unit under one of several services depending on the nature of the injury. A Paediatrician, Trauma Physician, Orthopaedic Surgeon or General Surgeon may be your child's most responsible physician.

The trauma Nurse Case Manager, Social Worker and therapists may be involved in your child's care regardless of which service your child is admitted to.

The trauma team will assess your child daily and monitor their progress. The multi-disciplinary team will work together to determine the needs for your child and your family prior to discharge.

Will my child receive individual care?

As your child is no longer critically ill, he/she is safe to be transferred to a general paediatric unit where the nurse/patient ratio may be up to one nurse for every three or four patients.

Since we are a teaching hospital, nursing students may care for your child. Nursing students are supervised by their school instructors and the paediatric nurses.

Will my child have the same monitors as in the PCCU?

Because your child is no longer critically ill, it is not necessary to continue with the same monitoring as in the PCCU. In some circumstances a monitor may be used.



Children's Trauma Handbook

How often am I allowed to visit?

Parents and caregivers are not considered to be 'visitors' so have unrestricted visiting and are always encouraged to be involved in their child's care. However, children with injuries have special needs and may continue to require minimal stimulation; therefore, we may ask that you limit the number of visitors and the length of their visits during this time.

Can I stay with my child over night?

We can make accommodations for one parent to sleep at the bedside overnight. Other arrangements may be made to accommodate immediate family locally. Please speak with the Social Worker about making these arrangements if needed.

How often can siblings or other family and friends visit?

Children who have sustained injuries require a considerable amount of rest to recover. When visitors come, patients may become easily fatigued. This may affect how children do during their therapy sessions. Therefore, we restrict visitation to 2 visitors at a time with short intervals.

Your child's siblings and close friends may be overwhelmed when they see your child for the first time. They may benefit from emotional preparation that can be offered through Social Work, Psychology and Child Life Specialists.

How can I make my child's room more like home?

You can bring your child's favourite items (pillows, blankets, toys, photos etc) to help make his/her room more like home. We encourage families to bring these items. Some families bring favourite music, DVD's etc.

Am I allowed to participate in my child's therapy?

You are encouraged to attend rehabilitation sessions and be involved in your child's care. This way, you can follow-up on therapies and strategies suggested by the therapists. However, you may also want to take this time to slip away for a little break, knowing that your child has someone with him/her.

Therapy may be a little bit of a rollercoaster ride. Some days, your child may do very well and make good gains, and other days, he/she may be tired and unable to do the things he/she did the day before. This can be frustrating for you. Remember this is an expected part of the normal recovery process.

Here are some suggestions to help your child benefit the most from therapy:

- Help your child rest for at least half an hour before each session. Your child may be tired after therapy and may need another rest, especially in the early stages.
- Limit visitors during the weekdays so that your child is not too tired for therapy.

You know your child best. Tell us his/her likes and dislikes and any other information you feel is important so we can provide the best care for him/her. The therapists, in turn, will give you suggestions on what you can continue to work on with your child between therapy sessions. You and the therapists will work together daily to help your child recover. We want you to offer your thoughts, questions and suggestions about your child's care.



Children's Trauma Handbook

Can I take my child off the Inpatient Unit?

In the early days of your child's recovery, we ask that your child remain on the inpatient unit at all times. As your child progresses, there will be opportunities for you to take your child off the unit. It is very important that you first check with your nurse and the therapists to ensure that your child does not have any therapy or other appointments scheduled. If your child is not on the inpatient unit at the scheduled time, therapy may be cancelled for that day.

Are there places for parents or families to meet on the Inpatient Unit?

There are two family lounges located across from the elevators on Paediatric Inpatients. One lounge has a kitchenette. Feel free to bring in food from home and enjoy family meals there. Labels can be provided at the nursing station when storing your food in the kitchenette.

Is there any help with the cost of parking or meals?

Possibly. Your Social Worker will speak with you about possible financial resources available to alleviate the financial strain of your child remaining in hospital.

Coping Following a Trauma

Caring for a child who has experienced an unexpected injury is very stressful. You may be juggling the needs of your hospitalized child, other family members, and yourself. It is important to understand why you are experiencing stress, in order to know how to manage it.

Listed below are common causes of stress that may be experienced by parents or family members caring for a child with an injury.

Children's Trauma Handbook

Emotional Reactions to Grief and Trauma

You may experience a variety of grief and trauma reactions when trying to come to terms with the reality of your child's injuries. Grief is a combination of feelings including shock, confusion, sadness, disappointment, anger, guilt, helplessness and denial.

Being in a 'state of trauma' is also another common reaction. Trauma is an event outside normal human experience. It is not the event that determines whether something is traumatic to someone, but our experience of the event. Trauma generally leaves you feeling powerless, helpless, paralyzed and fearing for your safety. In trauma, guilt may be experienced as "It was my fault. I could have prevented it. It should have been me." Trauma tends to be sudden and overwhelming; it "owns" you. And often, you cannot think clearly.

People can be traumatized by violent or non-violent incidents. Separation from a parent through divorce or foster care, a family member's terminal illness or sudden death, exposure to abuse, house fire, tornado, flood or other natural disasters, as well as motor vehicle collisions, drowning, murder, suicide, and school violence can all be traumatizing incidents.

Sometimes parents avoid their emotions by denying the seriousness of their child's injuries or its permanency. Denial may serve as an important function to help you get over the initial shock of the injury and to maintain hope. However, ongoing denial will prevent you from coming to terms with the injuries and readjusting to potentially a new way of daily living.

Later grief reactions may include depression, anger, and anxiety. You may feel frustrated that you are unable to 'fix things' or 'make



Children's Trauma Handbook

it better' for your child. As frustration continues, you may feel helpless or angry at your inability to make your child well.

You may feel helplessness and have feelings of loss of control over decisions about your child. Parents are often deeply saddened they are unable to ease their child's pain or fear during the hospitalization. Later trauma reactions may include the development of post traumatic stress disorder.

It is important to keep in mind that each person copes in his/her own way, with feelings being expressed in different ways and with different intensity. There is no one 'correct' way to cope.

Physical Reactions to Grief and Trauma

You may experience physical symptoms of grief and trauma, which include sleeping difficulties, loss of appetite, unexplainable fatigue, headaches, nightmares, and an inability to concentrate. These symptoms are our bodies' way of telling us that we are experiencing a great deal of emotional stress and we need to look at ways of managing it.

Other physical reactions to trauma can include:

- Being easily startled by sounds, sights, smells similar to those that existed at the time of the event; i.e. a car backfiring may sound like the gun shot that killed someone.
- Becomes irritable, aggressive, acting tough.
- Develops headaches, stomach problems, fatigue, and other ailments not previously present.

Siblings' Emotional Reactions

Siblings will experience a variety of emotions that may include fear, sadness, anger and/or feeling left out. It is common for brothers and sisters to have nightmares about the injury and the event surrounding the injury. It is also common for siblings to believe

Children's Trauma Handbook

they are in some way responsible. When children experience fear they often think of the worst scenario. It is important to be upfront and honest.

Siblings may direct anger towards their injured brother or sister. Typically this anger is about how the injury has disrupted family life or how as siblings, they now have more responsibility placed on them in the home. Additional responsibilities can be balanced by offering your other children special rewards to show them that their help is appreciated and not taken for granted.

Siblings may exhibit acting out behaviours resulting from their perception of being left out or not receiving as much attention as before. It is very important that parents ensure that siblings are included in the child's hospitalization. It is equally important that your family maintain some sense of normal routine in the home.

Concerns about Medical Information

Many parents express concerns surrounding their child's prognosis, procedures, investigations and tests. You are likely overwhelmed with the amount of information you receive from your child's health care team. Most parents prefer to receive thorough, candid and realistic information regarding their child's prognosis and care. You may also worry about your ability to understand and cope with all the information you receive.

Coping Strategies While Your Child is in Hospital

Because we are committed to supporting you through our model of family-centered care, we have services such as Social Work, Spiritual Care and Psychology, to assist you with coping.



Children's Trauma Handbook

Coping Strategies While Your Child is in Hospital

Nutrition	<ul style="list-style-type: none">✓ Eat well, drink lots of water and avoid caffeinated beverages.
Exercise	<ul style="list-style-type: none">✓ Take a walk outside of the hospital.
Rest and Sleep	<ul style="list-style-type: none">✓ Recognize your limitations and know when to take a break or have a nap.✓ Make arrangements to have a friend or family member stay with your child so you can have a break.
Keeping Track of Your Child's Progress	<ul style="list-style-type: none">✓ Keep a small notebook handy so you can write down questions to ask the medical care team and make a daily log of your child's progress.
Learning About Your Child's Injury	<ul style="list-style-type: none">✓ Get informed about your child's particular diagnosis and any associated problems.✓ Go to websites suggested at the end of this booklet.✓ Attend rehab sessions with your child.✓ Ask the nursing staff how you can participate in your child's daily care.
Getting Support for You	<ul style="list-style-type: none">✓ Choose a relative or friend to field calls and update people✓ Send out periodic group emails updating everyone on your child's progress. Free Internet access is available to all parents of patients on the 3rd floor, C Zone in the Family Resource Library (Room 301).

Children's Trauma Handbook

Coping Strategies While Your Child is in Hospital (continued)

Getting Support for You (continued)	<ul style="list-style-type: none">✓ Delegate someone to support you and be a voice for you. This person can keep an eye on you and help you get the support and time you need to take care of yourself.✓ Ask your Nurse Case Manager or nurse to speak with the Social Worker✓ Give yourself praise for being able to survive and cope.
Managing Home Life	<ul style="list-style-type: none">✓ Ask a friend or family member to coordinate having meals provided, babysitting, house cleaning or any other tasks that may need to be done while you're at the hospital.
Emotional Care of Your Other Children	<ul style="list-style-type: none">✓ Call your other child(ren) at a regular time each night to let them know how you are, how their brother/sister is, and give them a chance to share their day with you.✓ Try to ensure that you spend individual time with each of your children.✓ Keep your other children involved by having them make pictures, cards or videos to send to the hospital for their sibling.
Finances	<ul style="list-style-type: none">✓ Ask your Social Worker about financial assistance programs to assist with accommodation, parking and meals.



When Your Child is Involved in a Motor Vehicle Collision

Is my child eligible to submit an insurance claim?

If your child has been injured in a motor vehicle collision you need to contact your insurance company to make a claim for benefits. This claim is made regardless of who is at fault for the collision.

Whether the child was a driver, passenger, a pedestrian or a cyclist he/she is entitled to these benefits. This applies to a collision involving just one or more than one motor vehicle. Your insurance adjuster is required to clarify the coverage available and help you to make a claim.

If my child wasn't responsible for the injury, why do I have to make a claim to my own insurance company?

This is the most common question asked by parents. Part of the no-fault automobile insurance legislation means that it does not matter who is at fault for an insurance claim to be made.

In the case of a child, a claim is made on the parents' insurance policy. Parents often believe that the insurance company of the person at fault should pay the accident benefits and not their own insurance policy. Because they are no fault benefits, the claim is made to your own insurance. This does not prevent you from bringing a claim against the person at fault for your child's injuries but this is separate and apart from the no-fault benefits.

Will my insurance rates increase if a claim is made on my insurance policy?

Your rates will not go up because you make a claim for accident benefits unless you or someone operating your motor vehicle with

Children's Trauma Handbook

your consent caused the collision. If you or someone operating your vehicle was at fault, your rates will go up regardless of whether or not you make a claim for benefits and will not go up further because you are claiming for accident benefits.

Should I get a lawyer?

If your child's injury is the result of a motor vehicle collision, you may want to consider getting a legal opinion. If you choose to get a lawyer, we recommend that you get a Personal Injury Lawyer who specializes in injured victims involved in motor vehicle collisions.

A lawyer will act on your child's behalf to work with the insurance company to ensure that your child receives appropriate rehabilitation services upon discharge from the hospital. A lawyer will also advise you on possible lawsuits related to your child's injury.

Rehabilitation is often costly. Costs are dependent on your child's type of injury, the frequency and duration of therapy and other support services required. A lawyer who deals in motor vehicle collision cases will be able to ensure your child gets the rehabilitation benefits necessary and protect his/her future losses.

What if I can't afford a lawyer?

A lawyer who specializes in this type of work will generally see you without charge for an initial visit. Most Personal Injury Lawyers will work on a contingency fee. This means that you will not have to pay the lawyer for their services until the conclusion of the case and only if they obtain financial support for your child.



Children's Trauma Handbook

What other kinds of services may my child need?

It is the right of every child with an injury to receive accident benefits to assist his/her family with various financial needs during the time of recovery and rehabilitation. The child may require other services including:

- Attendant Care
- Educational Assistance
- Neuropsychological Assessment and Evaluation
- Counseling Services

How much funding is my child entitled to?

The automobile insurance legislation governs how much accident benefit funding your child is entitled to. One indicator the insurance company relies on is the Glasgow Coma Scale (GCS). An insurance adjuster will be assigned to your child and will assist in the determination of funding available to your child for rehabilitation and personal care related to their injuries.

Safety

Concerns

If at any time you are concerned about your child's care or the safety of your child, please speak to any member of the health care team immediately. A unit coordinator can also help respond to your concerns.

Patient Relation Specialist

A patient representative service is available to you. A patient relations specialist can help patients and their caregivers with question or concerns about the care and service your family is getting. Call 519-685-8500 extension 55882 if you require this service.

Children's Trauma Handbook

Handwashing

The most important way you can help minimize the spread of germs is to wash your hands and your child's hands often. Wash your hands with warm water, be sure to scrub between your fingers, your fingertips and fingernails, the back of your hands and wrists. You should scrub for at least 20 seconds, the time it takes to sing "Happy Birthday" twice.

Handsanitizing **must** be done upon entering and exiting the hospital and a patient's room. *Hand hygiene is everyone's responsibility.* It's alright to ask others if they've cleaned their hands - it's just a reminder, not a criticism.

Hospital Bracelets

All children are required to wear a hospital bracelet for proper identification while receiving care, treatments and medications. Children with allergies must also wear a red bracelet. Wearing these bracelets ensures safe identification to all members of the health care team at all times. Please let your nurse know if your child requires a new bracelet.

Infants 12 months and under will be fitted with an infant security bracelet that they will wear throughout their inpatient hospital stay. Please talk with your nurse about how this security device affects your mobility during your hospital stay.

Intravenous Pumps and Lines

Intravenous lines (IV) require care and observation. It is important that the line is not pulled or wrapped around any of your child's body parts. The connections and dressings must stay secure.



Children's Trauma Handbook

Children must check with a nurse prior to leaving the unit. Patients with medication infusing through a central line must have a plastic clamp hanging on the IV pole as a safety precaution. There are times that patients are not able to leave the unit or need to be accompanied by staff when certain medications or products are infusing.

If your pump begins to alarm while you are outside of your patient room, please contact your nurse or return to your unit immediately for assistance. Depending on the age of your child, you may need to assist and/or remind your child to remain close to the IV pump when moving around.

IV pumps need to be plugged in for a minimum of 12 hours per day. Please plug IV pumps in whenever possible. If you are leaving the unit, please ask your nurse to check the remaining battery power before you unplug the IV to leave the unit.

Latex Balloons

Due to the increasing number of latex allergies in the hospital, latex balloons are not allowed. Mylar balloons are an acceptable alternative.

Leaving the Bedside

When you leave, tell your child and the nurse where you are going, when you will return and who can assist him/her while you are away. Please ensure that the bedrails or sides of the crib are up and secure and only safe items are left within the child's reach.

Medications

We encourage you to be informed about your child's medications and dosages. It is important that you ask questions about the medications your child is receiving.

Children's Trauma Handbook

- For the safety of all children, please give home medications to your child's nurse for safe storage while in hospital. We also ask that you return any unused medications to the nursing station.
- Please be sure your nurse is aware of any medications or herbal remedies your child was taking prior to admission.

Security

Access Control and Visitor Screening

D Zone entrances on Level 3 and Level 2 is locked up at 8 pm and then opened again at 6 am. After hours access back into the building occurs at C Zone entrance Level 2.

Security Patrols

If you need an escort to or from your car or to the Ronald McDonald House, security patrols are available. Call dispatch at extension 52281 if you require Security assistance.

Personal Items

Unfortunately the hospital cannot be responsible for personal items and valuables while in hospital. We recommend that you keep valuables with you or at home if possible.



Discharge Planning

Any equipment needed at home will be arranged prior to discharge. All follow up appointments will be arranged prior to discharge and clear discharge instructions will be provided to your child and family prior to discharge.

Discharge time from Children's Hospital is 11:00 in the morning.

What services are available for my child if he/she was not involved in a motor vehicle collision?

All children with an injury that require ongoing treatment and/or therapy and have OHIP coverage may access services through Community Care Access Centre (CCAC). In the province of Ontario, if children are younger than school aged, rehabilitation services are provided through Children's Treatment Centers.

What services does CCAC provide for patients?

Your child may be eligible for:

1. The appointment of a CCAC Community Case Manager
2. An in-home occupational therapy assessment to determine your child's environmental and home safety.
3. Ongoing rehabilitative therapy such as occupational therapy and physiotherapy
4. Nursing care
5. Personal Support Worker
6. Equipment rental

Our family has private insurance from our employer. Will my extended health care benefits cover private therapists?

Many extended health care plans cover therapy provided by physiotherapists and speech language pathologists. Occupational therapists are rarely covered.

There is a cap on the maximum amount of coverage provided by extended health plans. The maximum amount ranges from approximately \$200-\$500 per therapy per year depending on the specific plan.

My child has been injured while on public property or under the care of someone else. Is there financial assistance available for my child's ongoing medical needs?

In a typical homeowner's policy it will contain legal liability. This includes both personal and premise liability. The coverage extends to all those insured under the homeowner's policy for any acts that were not intentional.

Personal liability provides coverage even where the insured person was not in their home at the time of the injury. Examples of this may include:

- Boating injuries
- Farming injuries
- Sporting injuries
- Animal bites
- Pranks and practical jokes gone wrong



Children's Trauma Handbook

Premise liability provides coverage arising out of the ownership, use or occupancy of a premise. Typically this would involve slip and fall incidents, but could also include injuries occurring while using another person's home.

How the law applies to your specific situation and whether your child is eligible for financial assistance through an insurer depends on many factors. These can only be fully explored by contacting your insurance adjuster to discuss details of your situation or through consultation with a Personal Injury Lawyer.

If your child is not eligible for financial assistance through your insurer, the Social Worker can explore other community and governmental resources that might be available for your child's ongoing needs.

Children's Trauma Handbook

Trauma Resources

This can be a very difficult and emotional time. We have provided some internet resources that may be of help. If you are interested in accessing resources in your area please contact the Trauma Program Nurse Case Manager or Social Worker for further information.

Children's Trauma Academy

<http://childtrauma.com/chpinf.html>

The National Institute for Trauma and Loss in Children

www.tlcinstitute.org

Child and Adolescent Mental Health Trauma Program

www.AdolescentMentalHealthcareProgram.htm

Children's Hospital, London Health Sciences Center Children's Trauma Program

www.lhsc.on.ca/PatientsFamiliesVisitors/ChildrensHospital/ProgramsandServices/PaediatricTrauma.htm

If you are looking for child and adolescent books on trauma, visit the Child and Family Resource Center at Children's Hospital, LHSC, Rm C3-301.

The Financial Services Commission of Ontario (FSCO)

<http://www.fSCO.gov.on.ca/english/insurance/auto/>

regulates automobile insurance. This site provides links to all of the Accident Benefits forms and has additional information about automobile insurance as it relates to a personal injury claim.



Injury Prevention

Injuries are the number one health concern for children. Nearly all of these injuries are predictable and preventable. Here at the Children’s Hospital, London Health Sciences Centre we strive to educate parents and members of our community to practice safe activities in safe environments with the appropriate equipment. Teaching children at a young age gives them the tools to protect themselves for life. We have provided links to Injury Prevention websites that may be helpful.

Ontario Injury Compass... www.smartrisk.ca

Child Safety Link..... www.childsafetylink@iwk.nshealth.ca

Think First..... www.thinkfirst.ca

Glossary

Abdomen - The area between the chest and the pelvis. Contains the liver, spleen, stomach, bowels, kidneys, bladder and in women the uterus.

Abrasion - A shallow injury to the skin caused by friction or rubbing. Sometimes referred to as a scrape.

Contusion - A bruise.

Endotracheal Tube (ETT) - A tube inserted through the mouth and into the trachea (windpipe). It guarantees that the airway is open and oxygen can enter the lungs. The process of inserting the ETT is intubation and the tube is often attached to a ventilator.

Extubated - Removal of the endotracheal (breathing) tube.

Fracture - A break in any bone, cartilage, or organ.

Gastrostomy Tube (G-tube) - A small tube inserted through an incision in the skin on the abdomen into the stomach. It can be temporary (weeks or months) or permanent. A g-tube can provide nutrition, fluids, and medicine and can be used if the patient has an injury to the mouth or throat, has difficulties swallowing, or has difficulties consuming enough calories.

Glasgow Coma Scale (GCS) - A neurological scale that scores a patient's level of consciousness. The scale looks at 3 small tests assessing the responses of the eyes, verbal and motor movements giving a score between 3 and 15.

Intravenous (IV) - A tiny plastic tube inserted directly into the vein. It is used to provide fluids, medications or nutrition directly into the blood stream.



Children's Trauma Handbook

Glossary (continued)

Nasogastric Tube (NG tube) - A flexible plastic tube that is inserted through the nose into the stomach. This may be used to provide nutrition, fluids or medications for short periods of time or to remove stomach contents.

Nasojejunum Tube (NJ Tube) - A flexible tube that is inserted through the nose through the stomach and enters the small bowel (the jejunum). This may be used to provide nutrition, fluids or medications for short periods of time. A NJ tube can be used if the patient had an injury to the stomach that required resting the stomach or if the patient had excessive vomiting.

Laceration - A tear or cut to the skin or an organ.

Sedation - Medication used to make the patient free of anxiety and to allow him/her to lie still or unconscious. It is an alternative to a general anaesthetic.

Tracheotomy - A surgical hole made into the neck creating an artificial airway. Can be used if a patient requires long term intubation and ventilation or has difficulty maintaining an open airway.

Urinary Catheter - A tube inserted into the bladder to drain urine.

Ventilator - A machine used to breathe for someone when they cannot breathe on their own.

This is My Trauma Team

My child's Nurse Case Manager is:

My child's Most Responsible Physician is:

My child's Social Worker is:

My child's Physiotherapist is:

My child's Occupational Therapist is:

My child's Speech-Language Pathologist is:

My child's CCAC Hospital Case Manager is:

My child's Dietitian is:

My child's Child Life Specialist is:

