

Vanderbilt Trauma Center Family Handbook





A message from Dr. Oscar Guillaumondegui, M.D., FACS

Medical Director, Trauma Intensive Care Unit

Hardly anyone thinks, “I’m going to get hurt today.” The doctors and staff at Vanderbilt Trauma know how difficult a sudden injury can be for you and your family. Every day, we treat patients who have injuries like yours. During the next few days and weeks, you and your family will have much to learn. Sometimes you may feel frustrated, angry, and scared. That’s normal. We hope this book will help you understand your condition and your care. Use the space in the back to take notes and write down your questions. Every member of the trauma staff is here to help you have the best recovery possible.

About Vanderbilt Trauma

Vanderbilt University Hospital is the only Level I Trauma Center in Middle Tennessee. Staff, equipment, and methods of treatment meet the highest standards. Research shows that trauma centers have a higher patient survival rate than standard hospital care for seriously injured patients.

A teaching and research hospital

Vanderbilt is a teaching and research hospital. Students of many health professions work alongside experienced medical staff. The hospital hopes you will agree to let students be involved in your loved one’s treatment. However, if you don’t want this, you have the right to say so.

What’s happened so far?

When your loved one arrived at the Trauma Center, a trauma team was waiting. This team includes trauma surgeons, emergency department doctors, nurses, a respiratory therapist, x-ray staff, and a social worker.

Your loved one’s care began in the Emergency Department with a physical exam to find life-threatening injuries. X-rays, ultrasound, CT scans, and lab tests helped doctors understand those injuries. After this first exam, your loved one either went to the operating room or to the Trauma Unit on the 10th floor of the hospital.

The trauma team is ready around the clock. Board-certified specialty doctors are also on call and available at any time. The doctors, nurses, and other staff understand the crisis you and your loved one face right now. They know your lives may be changed for a long time. They are ready to help.



Contents

This handbook was written to help you and other family members and friends understand how your loved one is being cared for in the Trauma Unit and what resources are available to help cope with your loved one's injuries.

About Vanderbilt Trauma	inside cover
– A teaching and research hospital	
What's happened so far?	inside cover
The Trauma Unit	4–7
– A typical day in the Trauma Unit	
– Equipment in the Trauma ICU	
– Family rounds	
– Why we may not use a patient's real name	
– If a patient isn't able to make decisions	
– Surrogate	
– Using a hospital phone	
Visiting	7
– Visiting hours	
– Family waiting rooms	
– Guest services	
Security	8
– Valuables and personal belongings	
Trauma stepdown after intensive care	8
– Transfer to another unit	
Rest and healing	9
– Keep Vanderbilt a restful and healing place	
– Be sure to take care of yourself	
Coping	9
– Chaplains	
– Rhea Chapel	
The Trauma Survivors Network	10
– MyTSN.org	
– Free services	
– In their own words: Wisdom from trauma survivors and families	
Internet access at VUMC	11
Medical professionals who care for your loved one	12–13
– Other departments caring for trauma patients	
The road to recovery for trauma survivors	14–15
– How the trauma team decides on the best care	
– Levels of care in the community	
– Vanderbilt services	
After the hospital stay	16
– Insurance and disability	
– Financial counselors at Vanderbilt	
– Disability payments	
– Employee benefits that can help	
Helpful websites	17
Map of Vanderbilt University Medical Center	18
Body diagrams	19–22
Injuries and problems	23



The Trauma Unit

A specially trained trauma team cares for your loved one in the Trauma Intensive Care Unit (ICU).

- They work toward making sure your loved one is as medically stable as possible.
- They let you know about your loved one's condition and any changes.
- Very early in the hospital stay, they begin planning with you about helping your loved one return to as normal a life as possible.

A typical day in the Trauma Unit

You can expect a busy place. Patients go to other areas of the hospital for x-rays and tests. Other seriously injured patients are brought into the Trauma Unit. Sometimes all visitors must leave the area because of surgical procedures and patient privacy issues.

Most patients need many kinds of equipment. Up-to-the-minute reports from the equipment help nurses and doctors make the best decisions. You and your loved one must never touch the equipment. Don't worry if you hear alarms. The trauma staff know which alarms need quick attention.

Equipment in the Trauma ICU

You may see some or all of this equipment:

- monitors that watch and record heart rate, oxygen level, breathing, and blood pressure
- intravenous (IV) and pumps to give medicine and sometimes food
- central line to give medicine
- oxygen tube to help your loved one breathe
- drainage bag for urine
- surgical drains and tubes
- feeding tube to give food
- lifts and other equipment that help us carefully move your loved one.

Family rounds

Most mornings, the trauma team will go on “rounds” to each patient’s bedside. During rounds, the trauma team will examine your loved one, check their progress, and plan for their care. Rounds are when team members talk face to face about each patient’s care.

Two people are welcome to be present for rounds. The Guest Services representative will escort them to the bedside. Both people should wear a visitor badge.

- Be on time. You should arrive 15 minutes before rounds begin. The time for rounds can change on weekends or when a new patient is brought to the Trauma ICU.
- Be prepared to see uncovered wounds and hear “medical talk” among the team. The attending doctor will explain so you can understand. Feel free to ask questions. If you have other questions, write them down, and ask a nurse or doctor later.
- Sometimes we may need to limit visits to your loved one. The nurse who makes decisions about changes to visiting will work with you to make a visiting plan.

This time is very valuable for everyone. Family and friends want to hear directly from the trauma team. Choosing one person to speak for the family lets staff concentrate on caring for your loved one, instead of repeating the same information over again to different people.

When you think of questions, write them down. If you’d like, use the notes pages at the end of this booklet to help you keep your notes together. It’s okay to ask the same question twice. Stress can make it hard to understand and remember. Ask until you understand. Keep your questions to the point. Remember that the doctors want to give every patient the time and attention they deserve.

Medical procedures will be done after rounds. At this time, the Trauma ICU will need to close for the safety and privacy of patients and families.



Family rounds schedule

- Monday, Tuesday, Thursday, Saturday, and Sunday: 8 a.m.
- Wednesday and Friday: 9 a.m.

The time for rounds can change on weekends or when a new patient is brought to the Trauma ICU.



Why we may not use a patient's real name

Hospital staff need a name right away when a patient comes to the Emergency Department. The Admitting Office gives the patient a substitute name so treatment is not delayed. Once the patient's identity is confirmed, the records are changed to the person's real name. Victims of violent crime will have additional safety precautions in place.

If a patient isn't able to make decisions

In an ideal world, patients are always able to make their own health care choices. This often isn't the case in the Trauma Center. It's helpful for patients who aren't able to make choices for themselves to name a Health Care Agent or a Power of Attorney for Health Care. This is a person, chosen by the patient, who can make decisions based on the patient's wishes. This authority only applies to health care. It does not apply to money or property.

Another option is a court-appointed guardian or conservator. This is a person chosen by the court, not the patient, to make choices about the patient's health care.

Surrogate

When a patient can't make their own choices because of injury or illness, the medical team will choose a family member or friend to make all decisions for them. This person is called a surrogate. The surrogate will fill out a legal form. Patient information will be communicated to the surrogate only. Because of privacy laws, trauma staff won't give patient information to anyone other than the surrogate. More information about this process will be given to the surrogate.

If there isn't a family member or friend who can make decisions for the patient, the patient's doctor can make health care decisions for the patient after agreeing on a plan of care with the Vanderbilt Ethics Committee. For more information, please ask the trauma staff.

Using a hospital phone

To dial a number ...



- inside of Vanderbilt, use only the last 5 numbers of the Vanderbilt phone number
- outside of Vanderbilt, dial 9 first, then the complete number

Visiting

Visiting your loved one is an important part of their care. Research shows that comforting visits from friends and family help most patients heal. During your visits, you can get acquainted with trauma staff and ask questions. You know the patient better than anyone else and may have information that can improve treatment. Visiting is also a good time to begin learning how to take care of your loved one at home.

Each family will have 2 visitor badges. Visitor badges may be picked up from the guest services representative on the 10th floor. Each pass is for that room only. To visit another patient, you must get the pass for that room. Wear your visitor badge above the waist where staff can see it. Remind others in your group to do the same.

Occasionally, visits may be delayed if your loved one or a nearby patient requires special care. Visits to patients with brain injuries are often limited because these patients need quiet time to lower stimulation to their brain.

Visits from children under the age of 14 will require special arrangements. Please ask the trauma staff for information.

If your loved one was a victim of a violent crime, please see the clinical staff leader for visiting instructions.

Visiting hours

Visiting hours are every day 9 a.m. to 9 p.m., except for:

- ICU beds 1 through 14 are closed from 10 a.m. to noon for procedures and from 6:45 to 7:30 a.m. and 6:45 to 7:30 p.m. for shift changes.
- Stepdown beds 15 through 31 are closed from 6:45 to 7:30 a.m. and 6:45 to 7:30 p.m. for shift changes.

Each patient may have 1 overnight guest. This person must wear an overnight visitor band from 9 p.m. to 9 a.m.

Family waiting rooms

Guest Services representatives in the family waiting rooms offer information and help from 7 a.m. to 6 p.m. You'll share the waiting rooms with other families and friends just like you. Many come from a long distance and are tired. People can feel on edge. Extra courtesy is always best.

If you stay in a family waiting room overnight, you must not bring your own pillows, blankets, or other sleeping materials. Please don't move the furniture.

Please bring to the hospital only the personal items you can keep with you at all times. Each morning at 11 a.m., you'll need to move everything from the waiting room so staff can clean the room. The hospital isn't responsible for lost items. Don't leave your personal belongings in the waiting room.

Guest Services

Guest Services representatives can give you information on lockers, showers, parking, lodging, banking, places to eat, internet access, laundry, and more.



Hillary – motor vehicle crash survivor



Security

The Trauma Center has its own 24-hour security, and the Vanderbilt Police Department works around the clock to keep patients, staff, and guests safe.

Valuables and personal belongings

Personal belongings are a person's clothing and personal items. Valuables are wallets, jewelry, and other pocket-size items. When your loved one arrived at the Emergency Department, a staff member put their belongings in a bag. Then they:

- wrote a description of each item on a Property Record sheet
- placed the items in a safe in the Cashier's Office
- sent the Property Record sheet to the Trauma Unit.

Picking up your loved one's valuables

These can be picked up by:

- the patient
- the patient's surrogate
- parents of a patient under 18
- a person who has proof of power of attorney.

Each person, including the patient, must have a picture ID and the Property Record sheet. It's best to get the valuables from the Cashier's Office during regular business hours.

8 a.m. to 6 p.m. Monday through Friday
9 a.m. to 2 p.m. on Saturday

You may also go to the Admitting Office on nights, weekends, and holidays.

Trauma stepdown after intensive care

The stepdown area (beds 15 through 31) of the Trauma Unit is for patients who've improved, but still need a lot of nursing care. This is where we teach your loved one how to take care of themselves at home.

One family member may stay with your loved one in stepdown. This person will be given an armband to identify them as the support person. During visiting hours, the support person must also have a visitor's pass.

Transfer to another unit

Usually patients move from the Trauma Center to other areas of the hospital as they improve. A patient might stay in the Trauma Unit for 24 hours or several weeks. Each person's progress is different. A trauma doctor or nurse practitioner will direct each patient's care wherever they are in the hospital.

Patients move to another area of the hospital only if a trauma doctor believes they're medically ready. If you need to find out if your loved one has been moved to another unit, call Patient Information at (615) 322-1000.

Rest and healing

Keep Vanderbilt a restful and healing place

When you're anywhere in the hospital, please don't talk in a loud voice or make a lot of noise, especially around patients. Patients need quiet, and other families deserve your courtesy too. Patient care comes first. The trauma team reserves the right to ask people to leave if they are causing a disturbance.

- Avoid talking on a cell phone in the Trauma Unit out of respect for patients and families. Cell phones may also interfere with electronic monitoring devices.
- Don't ask other patients and families about private details.
- When another patient's curtain or door is open, it's hard not to look. Please respect their privacy.
- If a door or curtain is closed, knock or call your loved one's name softly before going in.
- Vanderbilt is a smoke-free campus.
- Wash your hands before you go into your loved one's room and when you go out.
- Taking photos or video of patients without the patient's written consent is prohibited. Consent must be arranged with the nurse in charge.

Be sure to take care of yourself

The primary job of the trauma team is to treat patients. They do understand your stress too. You must take care of yourself. Worry and stress will be hard on you. Your loved one may not always heal as quickly as you would like.

Peer visitors from the Trauma Survivors Network will be available to answer questions and give support.

Keep taking any medicines that your doctor has prescribed for you. Take breaks. Go for a walk around the University campus or through Hillsboro Village. Get plenty of sleep, and eat regular meals. It helps you think better.

Coping

Sudden loss of any kind can leave you with many feelings. It's natural to be sad. Grief can make you feel numb, lost, anxious, or depressed. It may cause stomach aches or headaches. Each person grieves in their own way.

Here's what may help:

- Eat healthy food, even if it's just small amounts.
- Get enough sleep.
- Tell your friends and loved ones how you feel.
- Ask to talk with a chaplain.

Chaplains

The chaplains of the Vanderbilt Department of Pastoral Care visit people who need spiritual or emotional support during this hard time. They can meet the needs of families from many religious backgrounds. Call (615) 343-3535, or ask your nurse or doctor to call a chaplain for you.

Rhea Chapel

1st floor of Vanderbilt Hospital

Each Sunday at 10 a.m., there's a 30-minute non-denominational worship service for patients, families, and staff.



JP – motorcycle crash survivor and TSN Peer Visitor



Barbara – slip and fall survivor with chaplain

The Trauma Survivors Network

MyTSN.org

We've partnered with the American Trauma Society to bring the Trauma Survivors Network to our patients and their families. We want you to know that you're not alone. We can help.

Free services

- **TSN Peer Visitors** are former trauma patients or family members who visit you at the hospital. They bring a "been there before" point of view.
- **TSN Group Page** and **TSN Community Forum** are places where survivors, families, and friends can support each other, trade wisdom, and share stories.
- There are weekly and monthly **support groups** that meet at the hospital and at Vanderbilt Stallworth Rehabilitation Hospital. There are general support groups and injury-specific support groups, such as Traumatic Brain Injury, Traumatic Brain Injury for Caregivers, and Traumatic Spinal Cord Injury.
- The website **MyTSN.org** has the information you need right now. It connects patients and families with facts and services to help you from injury to recovery.
- **Traumapedia** is a dictionary of trauma terms on **MyTSN.org**.
- **Carepages** and **CaringBridge** are blogs that you or your family can create to keep friends and family updated.

In their own words: Wisdom from trauma survivors and families

"Dates and times for medical procedures, tests, or even discharge are never set in stone. They are targets, not guarantees. An emergency in the unit always comes first. At some time you may have an emergency that makes other patients wait."

"Understand your injuries and treatments. If a certain test is ordered, ask what that test will show. You have the right to talk with your doctor about different possibilities."

"Physical therapy really is important. Muscles lose their strength quickly. Any activity you can do will help you recover better. Ask for pain medicine about 30 minutes before therapy, so it won't hurt as much. You will be able to do more and make more progress."

"Plan ahead. Your discharge from the hospital may come earlier than you expect. You may not feel ready to go. The best way to be prepared is to make plans early. Ask your nurse who can help plan for rehabilitation, home care, home equipment, and doctor's appointments."

"It's not unusual to feel pretty good one day, then really tired and cranky the next. It can be frustrating to feel like you're losing ground. Be patient with yourself. Look at your progress over time."

"An unexpected hospital stay interrupts every bit of your life. Yesterday you were probably independent, but now you rely on other people. Don't be afraid to ask for help. Your family and friends need to know what to do."

"Create a patient blog on Carepages and CaringBridge. Ask a support person to keep a journal about your recovery."

"Join the Trauma Survivors Network. Ask a support person to log onto MyTSN.org. You can connect with others who have been exactly where you are today."

Internet access at VUMC

You can use the internet for free while you're at the hospital. Choose the network **VUMCGuest** on your wireless device. The password is **vumcguest**.



Elizabeth – motor vehicle crash survivor



Medical professionals who care for your loved one

Care partners assist nurses and are here for a patient's comfort and safety. They can draw blood, remove a urinary drainage tube, help care for surgical incisions, help patients out of bed, and help patients eat.

Case managers are registered nurses who help plan for trauma rehabilitation. This could include coordinating home health, insurance, referrals, and more.

Chaplains help with the spiritual needs of patients and families.

Fellows are doctors who have finished a surgical residency and are specializing in trauma.

Guest Services representatives are a family's first contact with the Trauma Unit. They help families feel comfortable in waiting rooms, tell them about places to eat and stay, and give them visitor badges.

Medical receptionists handle office duties, greet visitors, admit and discharge patients, and assist staff.

Neurosurgeons are doctors with specialized training in surgery of the brain or spinal cord.

Nurse practitioners are registered nurses with a master's degree and advanced practice certification. They work under the supervision of a doctor and can do many of the same things as a doctor.

Occupational therapists help patients relearn normal things like getting out of bed, bathing, dressing, and eating. Occupational therapists also help patients move better and think more clearly about movements.

Orthopedic surgeons are doctors with specialized training in surgery on bones and joints.

Patient Affairs representatives help you find an answer to a question or solve a problem. They also will let caregivers know if you appreciated them. Your comments will be passed on to the caregivers and their supervisors.

Pharmacists work closely with doctors and nurses as the experts on medicines. They help doctors make good decisions about medicines.

Physical therapists help patients regain strength and the ability to move as normally as possible.

Registered dietitians teach patients about the kinds of foods they should eat.

Registered nurses are licensed professional nurses who provide direct bedside care and communicate with a patient's health care team.

Respiratory therapists work with doctors and recommend treatments for breathing problems.

Residents are doctors who are getting specialized training in surgery and emergency medicine.

Security officers and **Vanderbilt police officers** are on duty 24 hours a day to keep the unit safe for patients, staff, and families.

Social workers provide emotional support and help patients and families solve problems. They also provide grief counseling, coping assessments to help people through their crisis, stress management, and community resources.

Speech and language therapists work with language, memory, and swallowing problems.

The Trauma Survivors Network program manager understands what survivors and their families need in the community and also what the community has to offer to help you cope. The program manager helps with peer visits, support groups, and often just listens so you know that you're not alone.

Trauma surgeons are doctors specially trained in surgery to treat injuries of the chest, belly, and internal organs. They don't do surgery on the brain, spinal cord, or bones.

Trauma unit leaders are managers, assistant managers, and nurse educators who supervise patient care staff. They answer your questions and help you with any problems or concerns that may come up during the hospital stay.

Other departments caring for trauma patients

Anesthesia and pain management specialists are doctors and nurses who work with doctors to manage a patient's pain.

Physiatrists are doctors who work with the health care team to plan rehabilitation. They use tests and medical exams to prescribe wheelchairs, braces, and artificial limbs.

The palliative care team works with the trauma team when a patient faces difficult medical decisions. The goal is to carry out a patient's wishes. When recovery is not possible or quality of life becomes unacceptable, the palliative care team helps patients move to an appropriate level of care.





Caytie – motor vehicle crash survivor

The road to recovery for trauma survivors

Each person, injury, and path to recovery is different. The trauma team will recommend the best kind of care for your loved one.

After discharge from the hospital, the team will decide the next phase of care. Your loved one may need nursing care or may not be able to live alone. Physical therapists, occupational therapists, or speech therapists may recommend special equipment or certain kinds of therapy.

How the trauma team decides on the best care

The trauma team will consider:

- the recommendation of your loved one's attending doctor
- the kind of care available at home
- progress in recovery.

A case manager or social worker will work with your loved one to make plans. They'll contact insurance companies to see what expenses the insurance will pay. They'll also help make the care arrangements. Social workers can sometimes tell you about groups in the community that can help.

Getting approvals on facilities

If your loved one isn't discharged to their home, their attending doctor must approve the kind of facility they'll be transferred to. The doctor at the facility must agree that the facility offers the services needed and that they have space. Your loved one's insurance must agree to pay. If not, other payment arrangements must be made.

Levels of care in the community

Community facilities offer patients many different kinds of care for different levels of recovery. Your loved one's doctor knows what's needed. It's important to follow the doctor's recommendations. Your loved one's progress will depend on the kind of care and rehabilitation they need. Rehabilitation is the process of helping someone improve and recover thinking, movement, and other abilities.

Long-term acute care hospital

This kind of hospital is for people with several injuries, breathing problems, or medical complications who need a longer hospital stay for treatment. It's a step between a hospital intensive care unit and rehabilitation.

Skilled nursing facility

If your loved one is not yet well enough to do 3 hours of daily therapy, they might need a short stay at a skilled nursing facility. This type of facility gives nursing care while your loved one gains strength to move to a rehabilitation hospital or home.

Rehabilitation hospital

If your loved one is strong enough to do at least 3 hours of therapy each day, they may be able to go to a rehabilitation hospital like Vanderbilt Stallworth Rehabilitation Hospital.

Home with home health care

Your loved one may be able to live at home with nurses and therapists coming to the home. A case manager will make the arrangements for this before hospital discharge and will give you a home health agency's name and phone number.

Home with outpatient care

If your loved one is well enough to stay at home and go to a physical therapy clinic or other outpatient care, the doctor will give you a prescription for this care at hospital discharge. You will need to make your own appointments.

Home with no outside home care

Many patients don't need special nursing care or any kind of therapy. Your loved one's Trauma Center doctor might recommend that they go see their own doctor after hospital discharge. You would need to make your own appointments.

Vanderbilt Services

Vanderbilt Stallworth Rehabilitation Hospital

The 80-bed Vanderbilt Stallworth Rehabilitation Hospital provides inpatient rehabilitation services to adults and children over the age of 6 after an illness or injury. It's at the south edge of the Vanderbilt campus. Some of our programs are:

- amputation
- burns
- stroke
- traumatic brain injury
- orthopedic and major multiple trauma
- spinal cord injuries.

A partial list of therapies and services:

- physical therapy
- occupational therapy
- speech/language therapy
- respiratory therapy
- recreation therapy
- rehabilitation nursing.

Pi Beta Phi Rehabilitation Institute at Vanderbilt Bill Wilkerson Center

Pi Beta Phi Rehabilitation Institute is a multi-disciplinary rehabilitation program that provides physical therapy, occupational therapy, speech therapy, and mental health services to individuals recovering from traumatic brain injury, stroke, and other neurological conditions.

Phone (615) 936-5040, Fax (615) 936-5699

Comprehensive TBI Evaluation Clinic

This multi-specialty clinic allows follow-up visits at no charge approximately 3 months after discharge for patients who've suffered traumatic brain injuries. The clinic is made up of social workers, a trauma doctor, speech-language pathologists, trauma survivor peer visitors, and community services that test and evaluate current needs, future recommendations, and provide community resources to maximize patient and family recovery.

Phone (615) 322-2063

Vanderbilt Trauma Clinic

Doctors and nurse practitioners specialize in care for trauma patients when they leave the hospital. They understand the kind of healing that many injuries require.

Phone (615) 322-2063, Fax (615) 936-0185

Phone after hours and weekends (615) 936-0175

Vanderbilt Amputee Clinic

Orthopedic staff provide customized assessment and recommend a prescription for a prosthetic that will allow patients to regain their quality of life after limb loss.

Phone (615) 343-5409, Fax (615) 875-1079



Wayne – motorcycle crash survivor

After the hospital stay

Insurance and disability

Many patients will need specialized care after they leave Vanderbilt Hospital. A case manager, social worker, or financial counselor will contact your insurance company to see which costs insurance will pay. They'll also help you make arrangements for the care.

Financial counselors at Vanderbilt

Insurance coverage for trauma patients can be very complicated. If a financial counselor hasn't contacted you to help you with insurance and payment questions, call the Vanderbilt Hospital admitting office at (615) 322-0657. Ask for a financial counselor.

Disability payments

Your social worker or case manager can answer basic questions and give you information on Social Security. Patients or family members are responsible for applying for these payments.

You can apply for Supplemental Security Income (SSI) on the Social Security website at SSA.gov. You can also call your local Social Security office or call toll free (800) 772-1213 (TTY (800) 325-0778).

Patients must be disabled for at least a year before they can get SSI payments. An application takes many months to process.

Employee benefits that can help

Call your loved one's human resources office for more information on these employee benefits.

Family Medical Leave Act (FMLA)

The United States has a law that says certain employers have to hold a person's job if work is missed for a sickness or injury, or if a family member misses work to take care of the patient for a period of time.

Short-term disability

Short-term disability insurance pays a percentage of a patient's salary if they become disabled for a short time. This means they miss work for a short time because of sickness or injury. If the injury happened at work, workers compensation may cover missed salary.

Long-term disability

Long-term disability may be provided by an employer's insurance plan, private insurance, or a federal or state program.

Letters for employers, schools, and others

The hospital has letters to send to employers, schools, or courts that say your loved one is in the hospital. Your nurse can tell you how to get the letters. You can use the letters only while your loved one is a patient in the hospital.

Helpful websites

American with Disabilities Act

ADA.gov

Amputee Coalition of America

Amputee-Coalition.org

Brain Injury Association

BIAusa.org

Canine Companions for Independence

CCI.org

Centers for Disease Control, Injury, Violence & Safety

CDC.gov / injuryviolencesafety

Centerstone Mental Health Facilities

Centerstone.org

Cerebral Palsy Foundation

(help for all people with disability)

UCP.org

Christopher and Dana Reeve Foundation

Paralysis.org

The Compassionate Friends

(support for grief and loss)

CompassionateFriends.org

Easter Seals Tennessee

(help for all people with disability)

EasterSealsTN.com

Epilepsy Foundation Middle and West Tennessee

EpilepsyTN.org

Family and Children's Service

FCSNashville.org

Family Caregivers Alliance

(services for caregivers of patients with chronic, disabling health care conditions)

Caregiver.org

Federal Emergency Management Agency

FEMA.gov

Government Information on Disability Programs

Disability.gov

LifeCare Family Services

LifeCareFamily.org

Mid-Tennessee Council for the Blind

ACB.org / Tennessee / mtcb

National Organization for Victim Assistance

TryNOVA.org

National Center for Post Traumatic Stress Disorder

PTSD.va.gov / public

National Institute of Mental Health

NIMH.nih.gov

Neurotrauma Registry

NeuroTraumaRegistry.com

The National Spinal Cord Injury Association

SpinalCord.org

The National Center for Victims of Crime

NCVC.org

Senior Directory

SeniorDirectory.com

Pet Partners

(service animals)

DeltaSociety.org

Social Security Disability Information

SSA.gov / pgm / disability.htm

Tennessee Poison Center

mc.Vanderbilt.edu / poisoncenter

Tennessee Suicide Prevention Network

TSPN.org

Trauma Survivors Network at Vanderbilt

MyTSN.org

Vanderbilt Emergency Department

VanderbiltHealth.com / er

Vanderbilt Emergency Preparedness

VUMC.org / emergency

Vanderbilt Guest Services

VanderbiltHealth.com / guestservices

Vanderbilt Orthopedics

VanderbiltHealth.com / orthopaedics

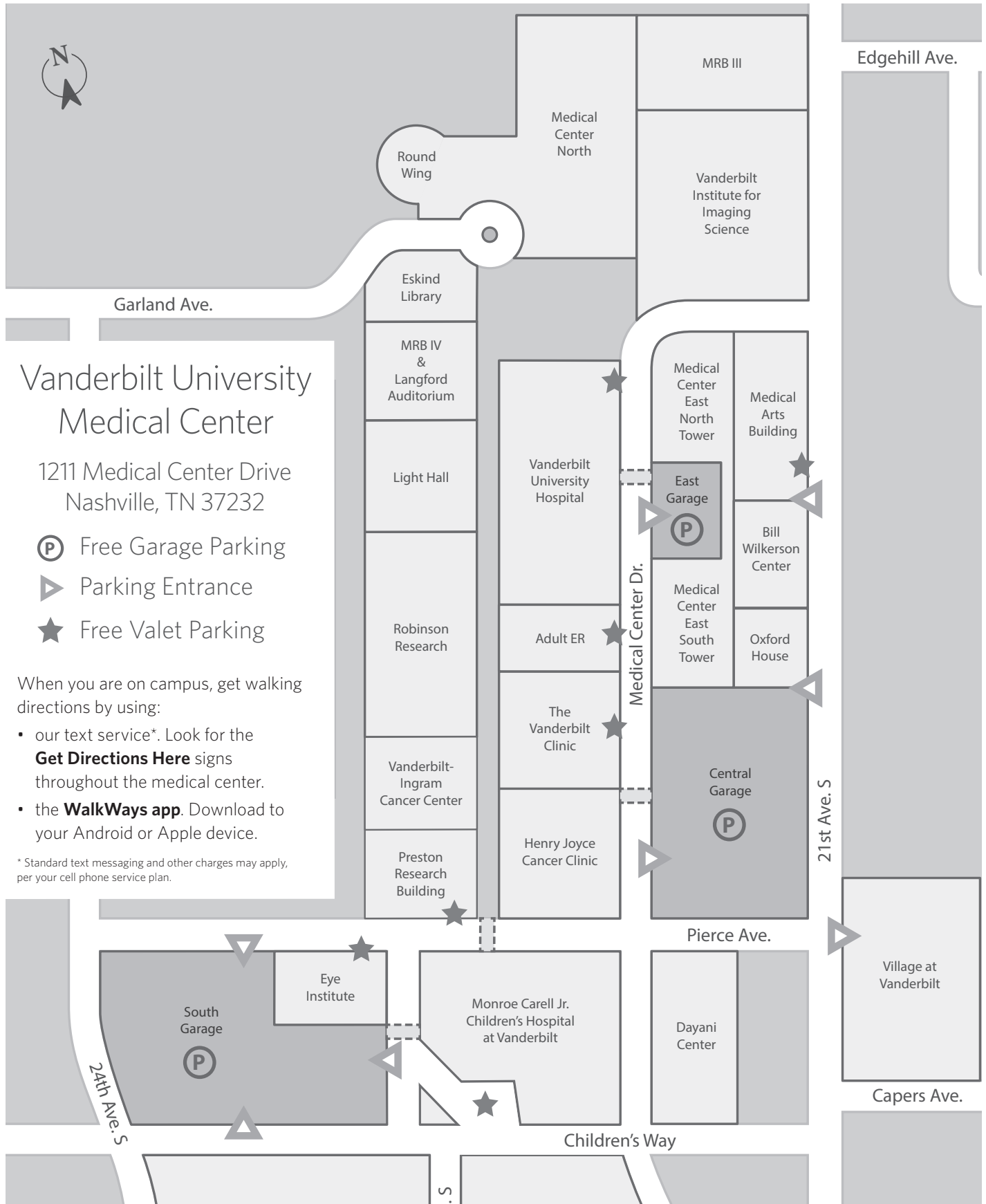
Vanderbilt Stallworth Rehabilitation Hospital

VanderbiltStallworthRehab.com

Vanderbilt University Medical Center

VanderbiltHealth.com

Map of Vanderbilt University Medical Center



Vanderbilt University Medical Center

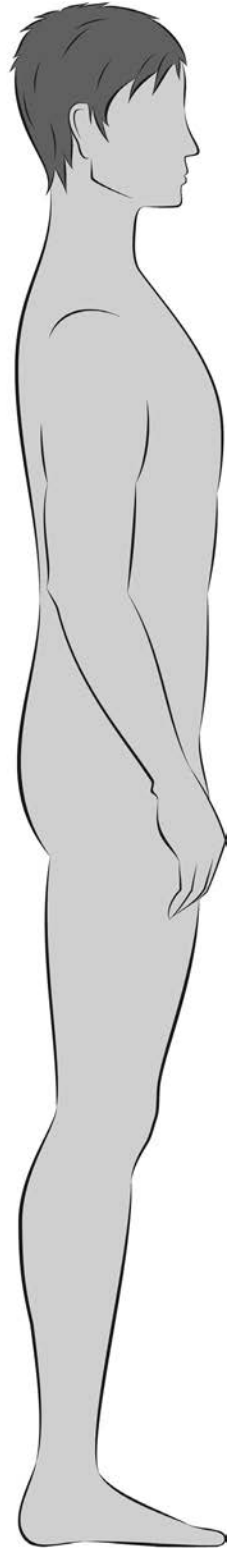
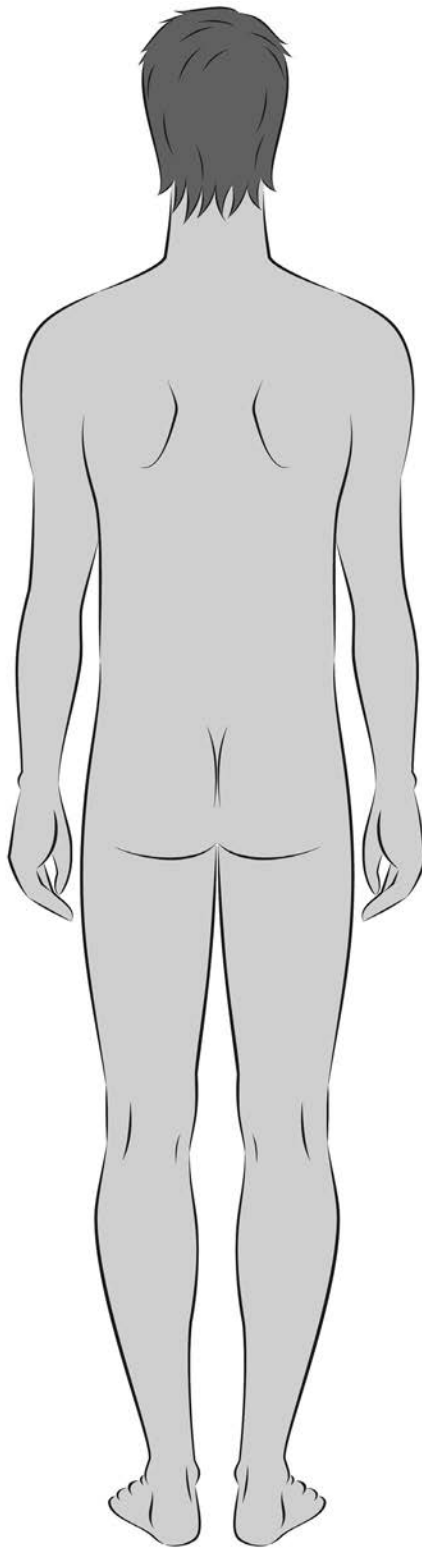
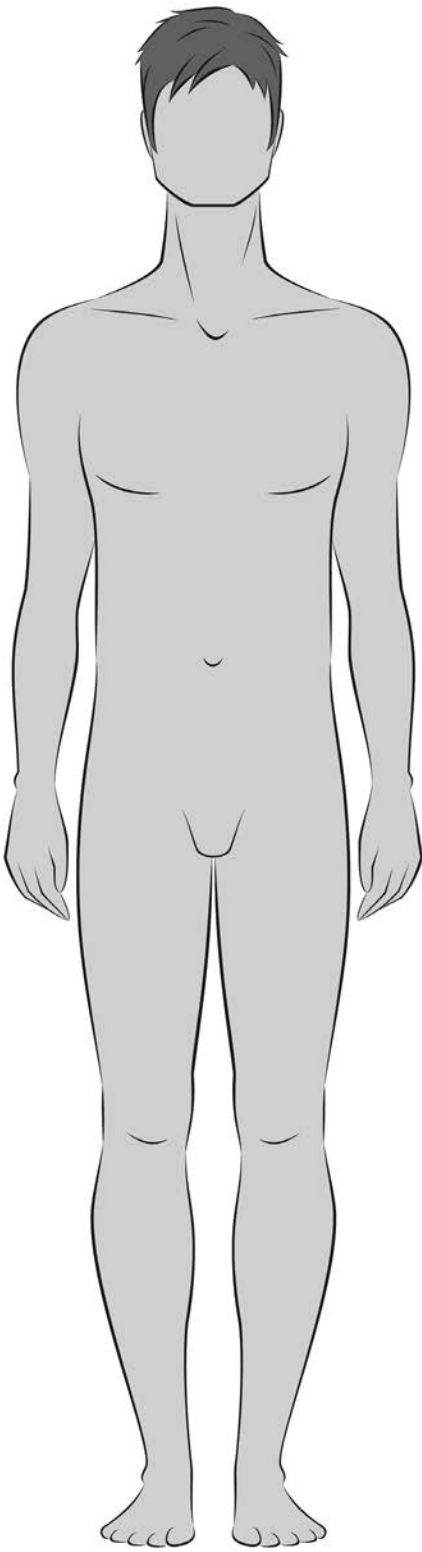
1211 Medical Center Drive
Nashville, TN 37232

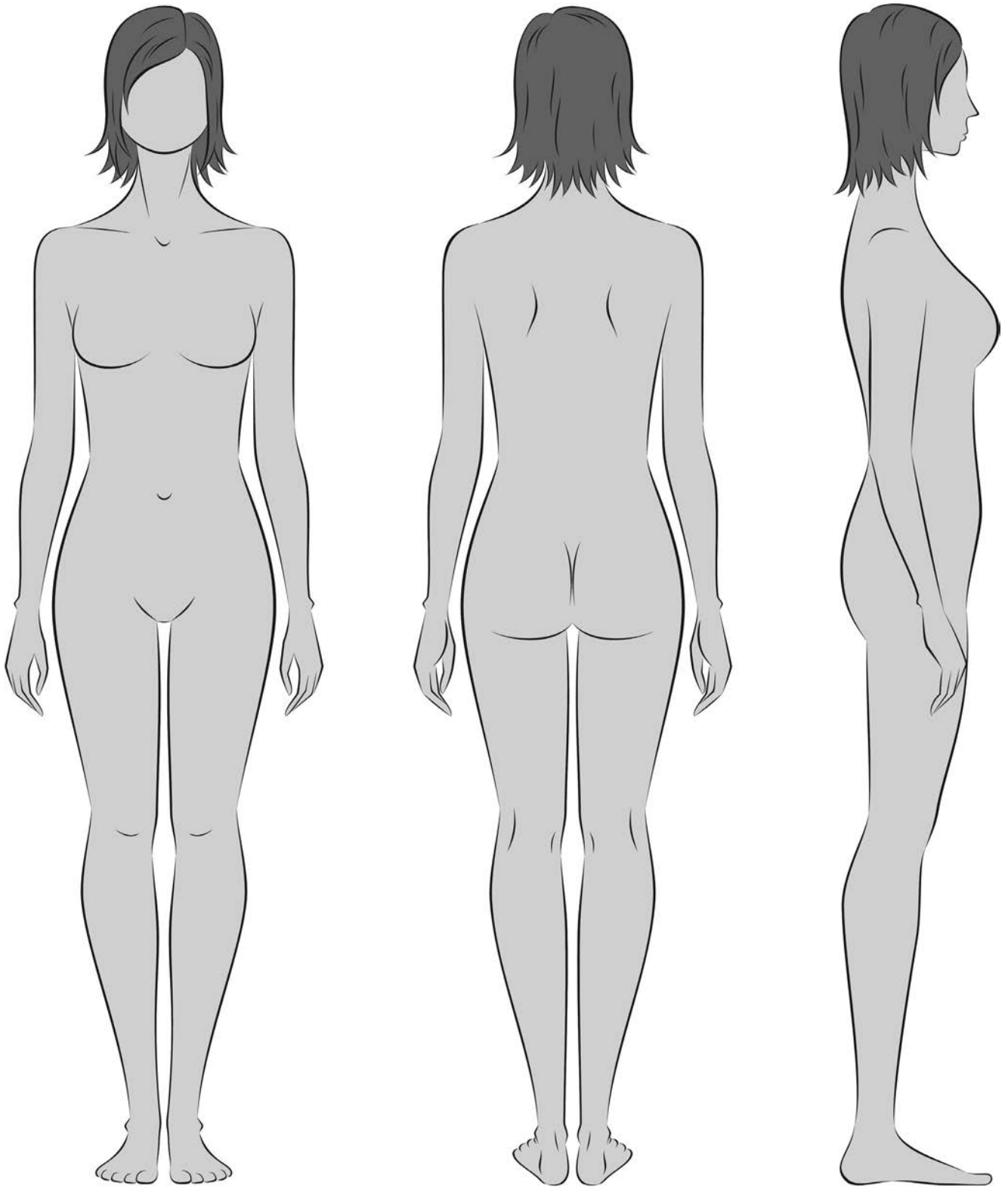
- Free Garage Parking
- Parking Entrance
- Free Valet Parking

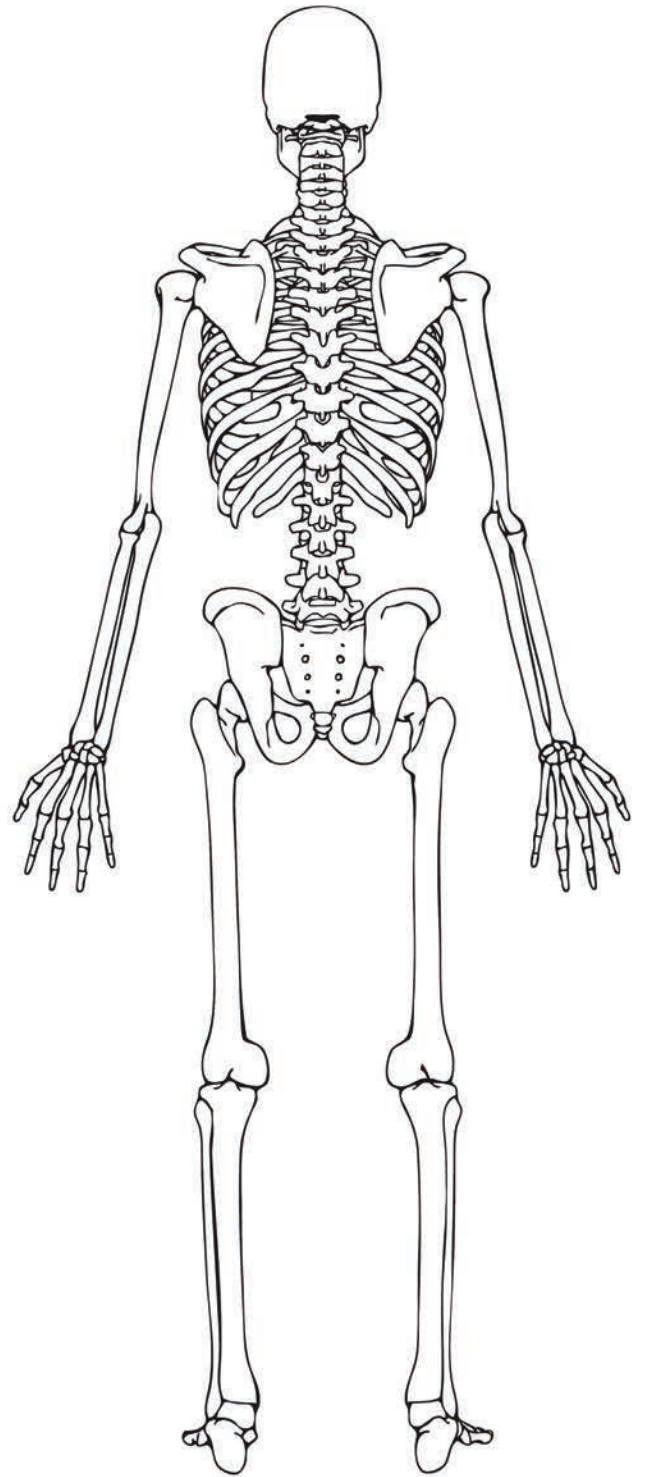
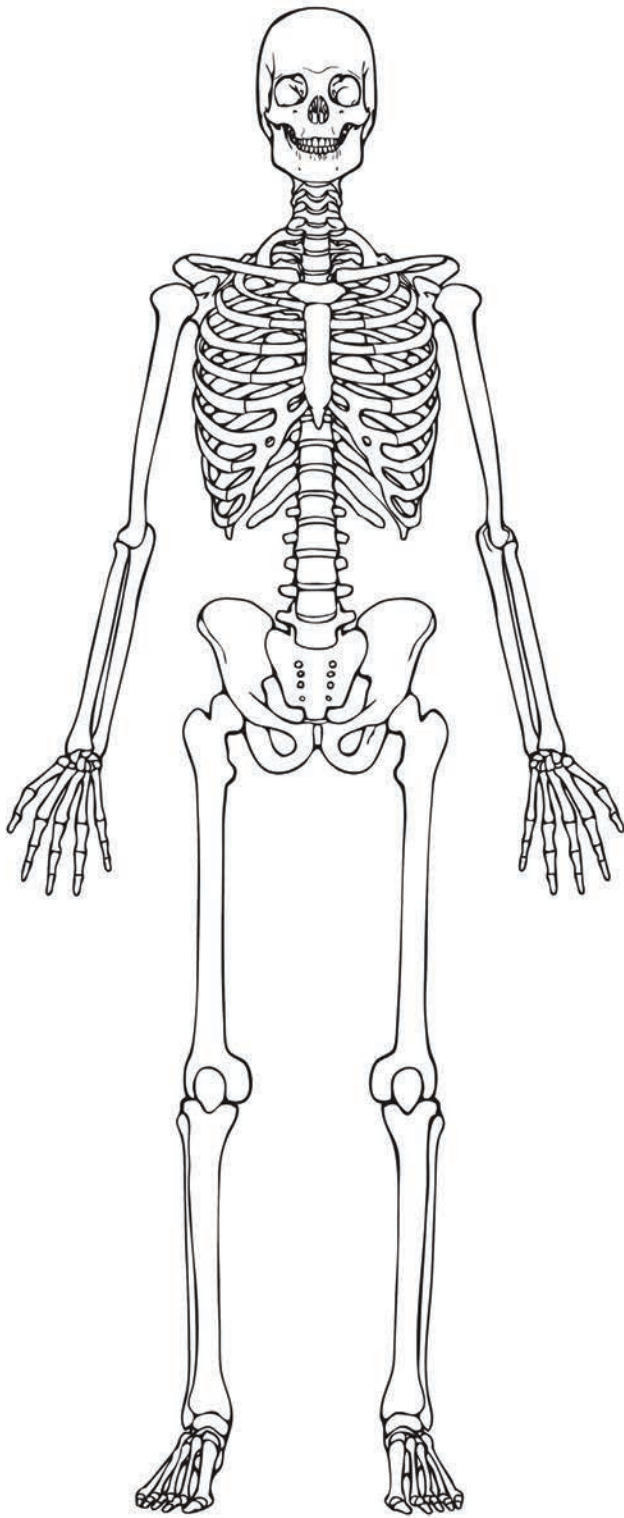
When you are on campus, get walking directions by using:

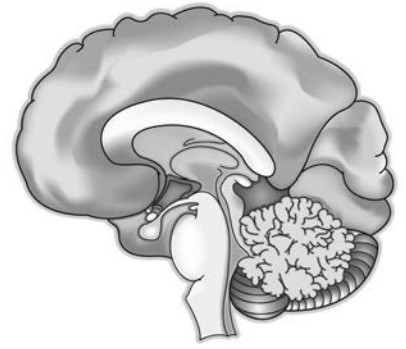
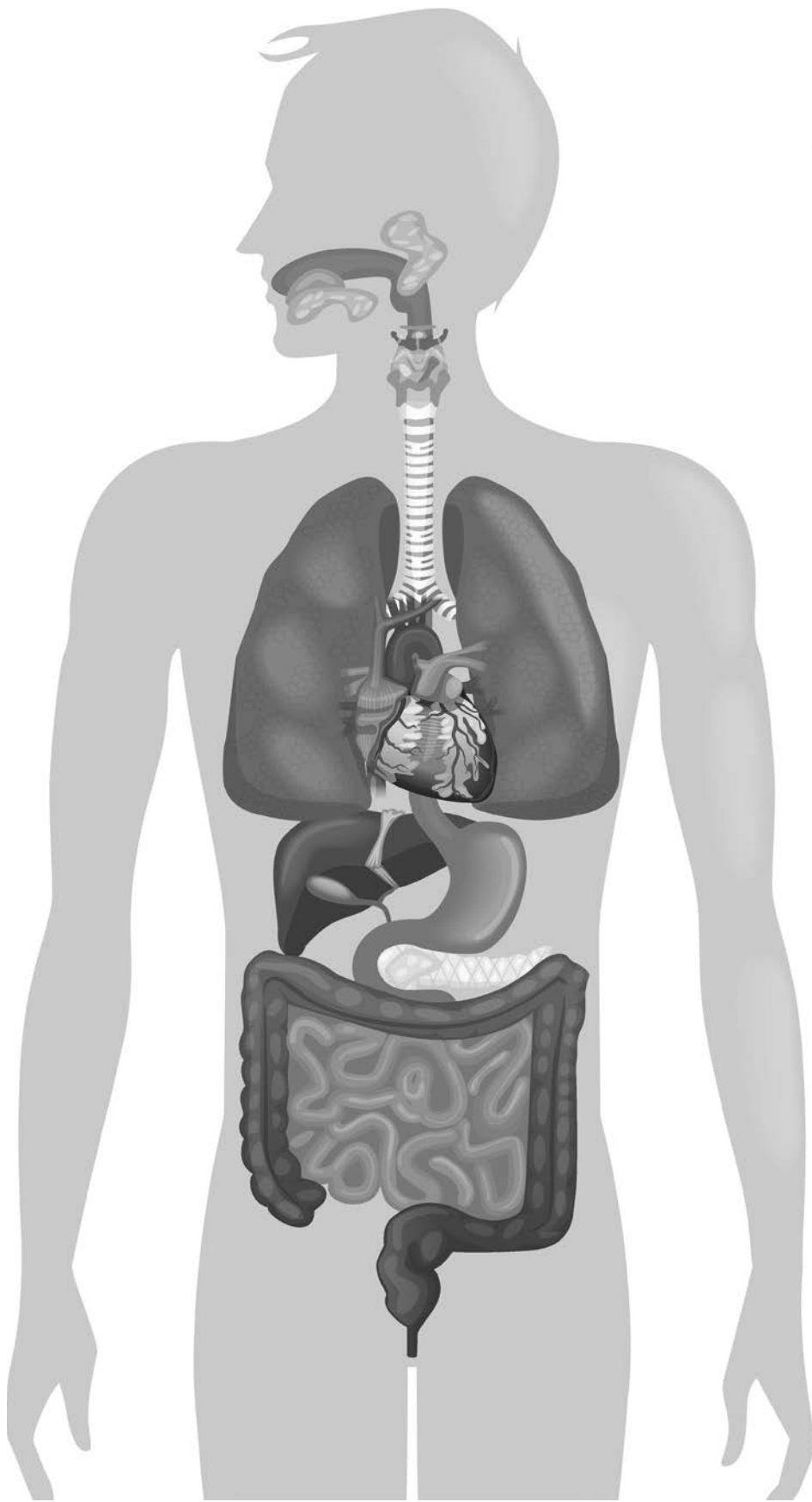
- our text service*. Look for the **Get Directions Here** signs throughout the medical center.
- the **WalkWays app**. Download to your Android or Apple device.

* Standard text messaging and other charges may apply, per your cell phone service plan.









Injuries and problems

Procedures, tests, surgeries

Procedure/test/surgery	Date	Doctor	Result/outcome

Contacts

Doctors

Nurses

Social worker

Rehabilitation/therapists

Home care

Others

Vanderbilt Trauma Center

Vanderbilt University Hospital
(615) 322-5000

Daily Visiting Hours
9 a.m. to 9 p.m.

VANDERBILT  UNIVERSITY
MEDICAL CENTER