Major Trauma Rapid Access Acute Rehabilitation

Welcome to Ward J2

In the East of England, Cambridge University Hospitals is the Major Trauma Centre (MTC). Depending on journey time and injury severity, patients can be transported directly to the MTC following on scene assessment, or may be transferred from a trauma unit (your local district general hospital) following initial care and stabilisation. Further information about the major trauma network can be found within the leaflet ‘Your Care with Us’.

About the Ward

Ward J2 has 21 beds and 13 of these beds are to look after major trauma patients who have sustained serious injury and who are determined medically safe to leave critical care, high dependency and other specialist ward areas within the Trust by a consultant. We are a highly specialist ward that assesses an individual’s ongoing rehabilitation needs. The other eight beds are designated for longer term neuro rehabilitation care for Cambridgeshire and some Suffolk patients. Not all major trauma patients are eligible for these beds, as services will exist within their local area appointed by that area’s Clinical Commission Group (CCG formerly PCTs).

It is especially important to be aware that caring for a major trauma patient involves a huge number of staff and many different areas of treatment, doctors, nurses and therapists. It might mean that a patient may be moved around the hospital quite a lot in the first few days or weeks of their hospital stay and lots of different staff will be involved in their care. With so much input it can be confusing who is who. Please ask the nurse in charge if you are unsure and to clarify or seek the latest information recorded in the notes.

Neurosurgeons, trauma orthopaedic, plastic, general surgical, ENT and rehabilitation doctors have clinic commitments and might be scrubbed in theatre, however, the nursing and therapy team will endeavour to contact and seek clarification where ever possible.

We recognise that it is an extremely stressful time for relatives, friends and family. Particularly when transferring from a critical care or higher dependency area to a lower nurse ratio per patient ie from a one to one care environment to an area where there is one nurse overseeing the care of seven patients.

At times, tough decisions are made to transfer a patient to a ward, as a critical care bed is needed for another individual who has experienced a major trauma. We try to avoid transferring people at night, but the realities and nature of major trauma do not always make this possible. We have a strict policy on patients arriving from critical and higher dependency areas and increase clinical observations to detect early deterioration and escalate accordingly.
If the nursing, medical and critical care outreach team feel that a ward environment has become unsafe a higher dependency bed is found.

On Ward J2 we assess on-going care needs to help maximise an individual’s potential and identify their rehabilitation needs early on. Hopefully, you will be discharged directly from here to home with community support, or you may need further rehabilitation before getting home at your local trauma unit or a specialist centre. If a referral to a specialist centre is required there may be a period of waiting before a bed is available, and it is important to note that it will be necessary to transfer you back to your local trauma unit. The local trauma unit will continue with the goals outlined in an individual’s rehabilitation prescription, as discussed in the; ‘Your Care with Us’ leaflet.

You can be reassured that you or your family member or friend is in the best place they can be possibly be at this time and we understand the financial burden of travelling from within the East of England Network to Cambridge and will endeavour to get patient’s back to appropriate local locations when safe to do so.

The multidisciplinary team (MDT) is led by a consultant in rehabilitation medicine, who oversees an individual’s rehabilitation prescription on a weekly basis and the goals set during your stay by the MDT. It can sometimes take time to fully complete and undertake assessments. Particularly, if a person has post-traumatic amnesia (PTA) and presents with cognitive difficulties. PTA is a state of confusion that occurs immediately following a traumatic brain injury in which the injured person is disoriented and unable to remember events. Time is needed to determine any other factors accounting for the confusion and rule out other causes.

All those involved know that it can be an incredibly difficult and upsetting time and we will try and keep you informed at all times.

Major trauma rapid access acute rehabilitation is all about you and your healthcare team agreeing and planning ways in which to help you with the injuries you have sustained. We hope your stay will be comfortable. Please do not hesitate to ask any questions.

**Essential information**

**Doctors**

For major trauma patients the Trust operates a shared care model. For example, this could be a neurosurgical, orthopaedic, plastic, ENT, and/or a general surgeon. A specialist consultant is assigned to have overall medical responsibility, usually the speciality who has had the greatest input prior to the patient leaving critical care, in conjunction, with a rehabilitation consultant. The nursing staff will be able to identify the responsible team looking after you. Please note that rehabilitation and speciality consultants themselves do not review each day but members of their team are contacted daily.
Discharge planning
Most major trauma patients have complex discharge needs. At times, discharge plans can change as individuals progress and recover during their stay on Ward J2 and might have improved beyond their initial plan.

The MDT meet formally once a week to discuss all rehabilitation plans in more detail and meet informally daily to review ongoing needs and goals. When there are complex issues, a family meeting can be arranged with the MDT, usually after the formal MDT meeting.

The MDT and nursing staff will let you know in advance when you are likely to be discharged from the ward and what the initial plan will be. We will also discuss with you how you will get home or the arrangements for transfer to a specialist rehabilitation setting or local hospital.

Privacy & Dignity
We are committed to treating all patients with privacy and dignity in a safe, clean and comfortable environment. This means, with a few exceptions, we will care for you in same sex bays in wards with separate sanitary facilities for men and women. For your added privacy we would recommend your bring in loose, comfortable clothing to change into.

Security
Please keep your belongings to a minimum and store them in your bedside locker.

For your own health and safety, please tell a member of the ward staff if you leave the ward at any time.

Ward facilities
We have a day room and a dining room for patients and visitors’ use, which has information about health issues and organisations associated with major trauma:

- Headway offers a weekly drop in clinic, held in our dining room, for patients and their families giving support and advice on traumatic brain injury.
- Spinal Cord Injuries Association offer peer support and a meeting with a local representative can be arranged with them to visit you.
- The Department of Works and Pensions offer an appointment service and can come to the ward to discuss social benefits for major trauma patients only. This is a referral process and needs to be arranged with the unit co-ordinator.

Post is delivered twice a day to the ward. Outgoing post can be placed in the out tray at the reception desk.

Toilets on the wards are for the use of patients only. Visitors’ toilets are situated near the reception desk.
On your arrival and ward J2 staff

When you are first admitted, you will meet a member of the nursing staff as soon as possible. If there is a short delay, please bear with us – we might be caring for another patient or in the middle of dispensing controlled pain medication which takes two nurses. We recognise how stressful moving to a new area, with new staff can be and we are here to learn and understand your needs and support you and your family during this difficult time.

Nursing Staff

During your stay, you will be cared for by one of two nursing teams, who work a variety of shifts that cover the 24hr cycle, led by a nurse in charge. Nurses work three shifts patterns:

- Early (07:00 to 15:00)
- Late (12:30 to 20:00)
- Night (19:30 to 07:30)

During the overlap period we handover your care to the next team of staff. Your named nurse for the shift will come to see you at the start of each shift.

Please try not to interrupt the nursing staff while they are doing the 'drug round' or checking medicines.

Nursing Uniforms

- Divisional lead nurse: Black
- Senior clinical nurse: Black/Red
- Senior sister/charge nurse: Navy blue
- Junior charge nurse/junior sister: Royal blue
- Staff nurse: White with blue stripes
- Health care assistants: White with grey stripes
- Student nurses: Grey and white

MDT Uniforms and role

Clinical nurse practitioners, dark blue with red piping. They work with your specialist consultant and can give you further advice and information about your care and treatment.

Physiotherapists, white with blue piping. They assess and help people recover movement and function to their maximum ability.

Occupational therapists, white with green piping. Assess and help people to live as independently as possible and have a sense of identity. This could involve essential day to day tasks such as self-care, work or leisure.

Neuropsychologists, non uniform. These specialise in head injuries and neurological disorders, provide assessment and advice for mental functions such as memory, thinking and problem solving, and also emotional issues.
Speech and language therapists, non uniform. They assess and help people with talking, understanding and swallowing.

Dieticians, purple. They assess, diagnose and treat diet and nutrition problems experienced by an individual.

Neuro psychiatrist, non uniform. They assess and help people who experience post-traumatic stress and other mental health conditions.

Unit co-ordinator, non uniform. It’s office based and coordinates major trauma patient allocation within the hospital.

Housekeepers, green. Who will bring you your meals and drinks and ensure the cleanliness of the ward.

We also liaise with critical care outreach nurses, pain specialist nurses; falls risk coordinator, drug and alcohol liaison (DIAL) team, tracheostomy specialist nurses, tissue viability specialist nurses, discharge planning specialist nurses and social workers.

Our ward clerk works Monday to Friday: 08:00 to 16:00 hours, and can help with general enquiries and make clinic appointments.

Food and drink
We will bring you three meals each day (breakfast, lunch and supper) and hot drinks at intervals. When you arrive, we will explain how this works and will ask you if you have any special dietary requirements.

We operate a ‘protected’ mealtime service from 12:15 to 12:45. Non-essential tasks are stopped and the focus is centred on eating and drinking. Visiting is restricted during this time, unless just one family member is actively involved in assisting and encouraging nutritional intake. This needs to be arranged beforehand with the nurse in charge.

Please check with nursing staff before you take or a visitor gives you, any food or drink that has been brought in for you or purchased within the hospital. Many of our patients experience swallowing problems and need to follow a specific textured food advice from speech and language therapists. This is to prevent further complications such as choking or aspiration pneumonia which can cause an acute deterioration in your medical condition. If safe to do so you can sign a self-disclaimer to reheat food brought in from home.

Clothing and Laundry
We encourage patients to wear daytime clothes when they feel able. We do not, however, have facilities to launder your clothes. It is very helpful if relatives can take responsibility for this.
Visiting
You may visit from 13:00 until 19:00. It is extremely important that patients rest in between visiting hours and that visitors also take the time to eat, drink and refresh.

Only two visitors are allowed at the bedside at any time due to health and fire safety. Children under the age of 16 must be strictly supervised by a parent or guardian.

When you have visitors, please be considerate to other patients, who may be feeling very unwell. A lot of noise or commotion may prevent others from resting and cause agitation. This is especially important for patients who have sustained a traumatic brain injury.

If you are well enough, visitors can take you outside of the ward, but please check with a member of staff first to assess if it safe and appropriate to do so. There is a courtyard accessible via the ward if it is not appropriate to leave.

Visitors are requested not to sit on the patient’s bed.

To reduce infection we do not allow cut flowers on the ward; flowers in oasis are acceptable. Any flowers delivered, will be placed in the day room if cut.

To help us prevent the spread of any infections, please ask visitors to use the hand rub at the entrance to the ward on arrival and on leaving.

Further advice
If you or your visiting relatives have any concerns, please discuss these with your nursing staff, ward manager or senior clinical nurse. Our Patient Advice and Liaison Service (PALS) can also be contacted Tel: 01223 216756.

You will have a Patientline phone by your bed, which enables you to phone in and out directly. Where possible, please encourage people to contact you on this phone (incoming calls are free to you).

It is very helpful if you nominate just one member of your family to make enquiries to staff about your progress – they can then pass on the information to others.

Please call after 08:00 as the changeover of nursing staff will have been completed by this time.

Directions and travel
Ward J2 is on level two at the back of the F and G lifts. For security, there is an intercom at the ward door.

Parking is restricted on the site, and we encourage visitors to use public transport. Please follow the signs for visitors’ parking (Car Park J) and enter the hospital by the main entrance. Here, there are drop-off only and disabled parking spaces.

If you are likely to be hospitalised for two weeks or more, your visitors can get a discounted parking ticket from the main reception. This allows you to exit from the car parks for 14 consecutive days from the day you validate the ticket.
Contact details
Ward J2, Box 248,
Addenbrooke’s NHS Trust,
Hills Road,
Cambridge CB2 0QQ
Tel: 01223 349881

We are now a smoke-free site: smoking will not be allowed anywhere on the hospital site.
For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

Other formats:
If you would like this information in another language, large print or audio, please ask the department where you are being treated, to contact the patient information team: patient.information@addenbrookes.nhs.uk.
Please note: We do not currently hold many leaflets in other languages; written translation requests are funded and agreed by the department who has authored the leaflet.