Facts

For more than 50 years, the R Adams Cowley Shock Trauma Center, University of Maryland, has been a worldwide leader in trauma care. Located in Downtown Baltimore, Shock Trauma is the heart of Maryland’s exceptional Emergency Medical Services (EMS) — the first coordinated system in the country and a national model of excellence. To date, more than 200,000 people have been cared for at Shock Trauma.

When Life is on the Line...

“The R Adams Cowley Shock Trauma Center is Maryland’s Primary Adult Resource Center (PARC) serving more than 6,500 critically ill and severely injured people each year. These are people who get up each day, leave their home for work or school and end up here at Shock Trauma. Our team is committed to giving every person a second chance.”

Thomas M. Scalea, MD, FACS, MCCM

We Heal

As one of the highest-volume trauma centers in the United States, teams of providers are standing by 24/7 to receive, resuscitate, stabilize and treat those whose lives are threatened by time-sensitive injury, including: acute complex orthopaedic injury, spinal injury, brain injury, facial trauma, multiple organ dysfunction, respiratory failure, soft-tissue infection and sepsis.

We Teach

The Shock Trauma/Surgical Critical Care Fellowship is the largest and one of the most prestigious programs of its kind. The fellowship produces physician leaders in academic surgery who specialize in critical care and trauma.

We Discover

The Shock Trauma research program aims to become the benchmark for national and international trauma research that addresses issues of injury prevention, patient care, delivery of care, public policy and financing of trauma care and systems of care. The program includes: clinical research trials, a place to test emergency technologies and a collaboration with the U.S. Air Force through the C-STARS-MD program.

We Care

In keeping with the mission of preventing severe injury and death, teams from Shock Trauma conduct a variety of prevention programs in collaboration with schools, community groups and the court system. The programs target adolescents and adults on topics including seatbelt use, violence prevention and safe driving strategies focused on eliminating distracted or impaired driving. For more information, email prevention@umm.edu.
Facts

INJURY IS A DISEASE THAT HAS NO AGE, GENDER, RACIAL, SOCIAL OR ECONOMIC BOUNDARIES.

R Adams Cowley Shock Trauma Center, University of Maryland:

We are the designated trauma hospital in Maryland to treat the most severely injured and critically ill patients.

Approximately 95% of patients brought to Shock Trauma survive their injuries.

Falls and motor vehicle collisions are the leading cause of injury among Shock Trauma patients.

Shock Trauma maintains an advanced resuscitation team capable of responding to the scene of seriously injured patients. This physician-led Go-Team complements first responders by providing critical care and surgical services typically considered beyond the scope of EMS clinicians.

The Center for Injury Prevention and Policy offers programs for violence and injury prevention reaching over 32,000 Marylanders. Stop the Bleed training was added in 2017 and has reached 13,088 people.

Shock Trauma’s Center for Critical Care and Trauma Education has a 10,000-square-foot medical simulation area with four reconfigurable labs and three adjacent classrooms and debriefing areas. The simulation center supports the development, implementation, and continuous evaluation of many courses related to trauma and critical care management including ATLS, ATCN, ATOM, CALS and BEST.

The Critical Care Resuscitation Unit (CCRU) is a state-of-the-art 6-bed unit. Each year, the CCRU sees more than 1,400 critically ill patients with neurosurgical, neurological, vascular, cardiac and medical emergencies.

The Center for Hyperbaric Medicine is internationally recognized for its leadership and expertise in the clinical application of hyperbaric therapy. It is the statewide referral center for people who experience decompression sickness, carbon monoxide poisoning, smoke inhalation, delayed effects of radiation treatment, non-healing wounds, gas gangrene, and treatment for dive emergencies. The Center has the only multi-place hyperbaric chamber in Maryland and can accommodate up to 23 patients and care providers per dive. In FY 2023, the Center provided inpatient and outpatient treatment for a total of 3,963 dive hours.

R ADAMS COWLEY, MD

Known as the “Father of Trauma Medicine,” Dr. Cowley was the pioneer who first proposed the Golden Hour concept, which describes the first 60 minutes following injury when definitive care is crucial to trauma patients’ survival. He was among the first to perform open heart surgery and lobby for helicopter evacuations. He also invented a surgical clamp that bears his name and helped develop a prototype pacemaker.

SHOCK TRAUMA LEADERSHIP

Thomas M. Scalea, MD, FACS, MCCM
the Honorable Francis X. Kelly Distinguished Professor of Trauma Surgery, Physician-in-Chief and Director of the Program in Trauma

David T. Efron, MD
Professor of Surgery
Chief of Trauma
Medical Director, R Adams Cowley Shock Trauma Center

Kristie Snedeker, DPT
Vice President, R Adams Cowley Shock Trauma Center

Stephanie Jordan
Associate Administrator, Shock Trauma Associates, PA

Glenn Bedell
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Claudia Handley, MS, MBA, RN, NEA-BC
Director of Nursing

Justin Graves, MS, MBA, RN
Director of Trauma Programs

Karen McQuillan, MS, RN, CNS-BC, CCRN, CNRN, FAAN
Clinical Nurse Specialist Lead

Paul Thurman, PhD, RN, ACNPC, CCNS, CCRN, CNRN
Nurse Scientist

Rebecca Gilmore, MSN, RN, TCRN
Trauma Program Manager and Base Station Coordinator

A better state of care.

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