

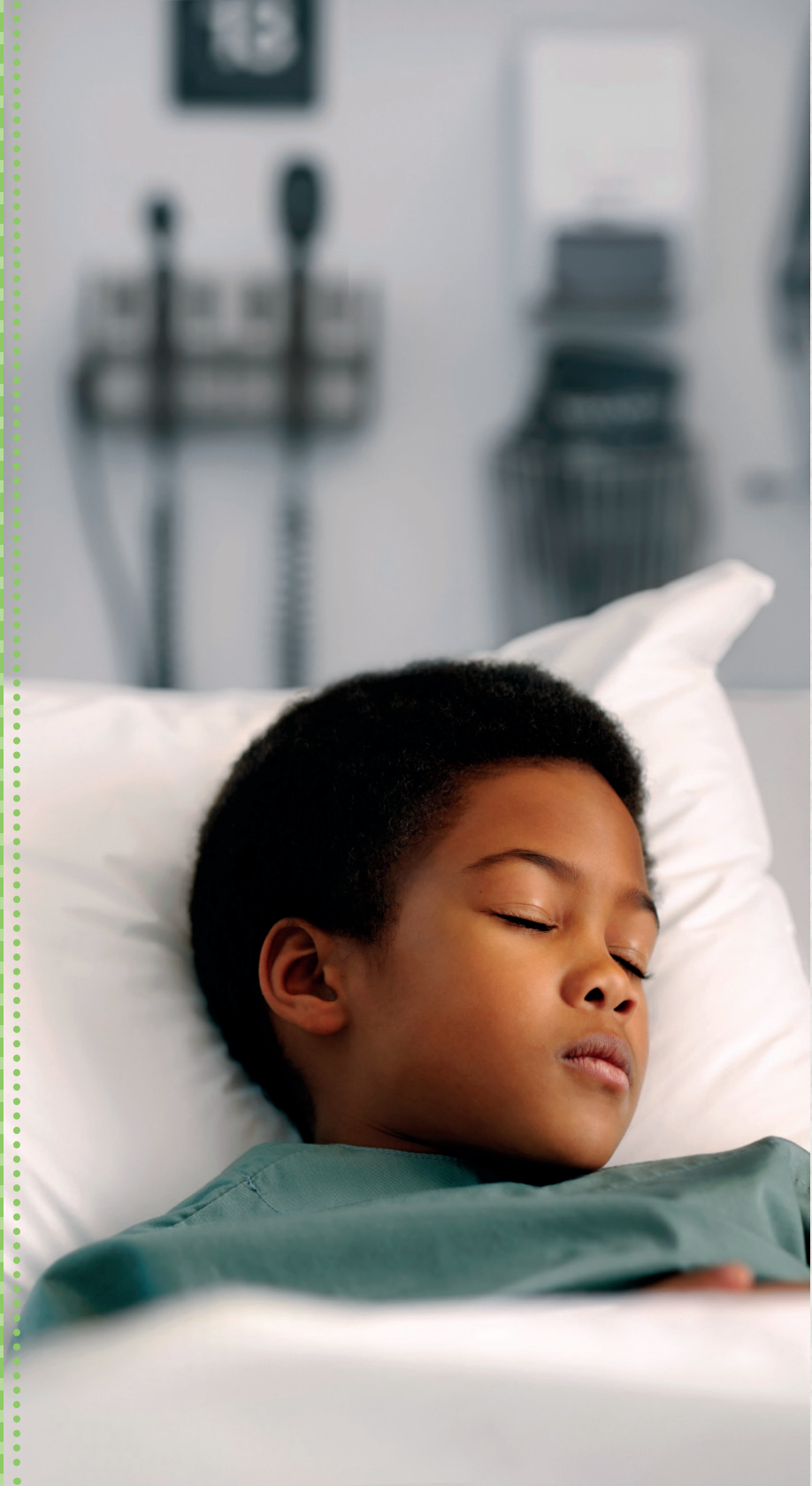
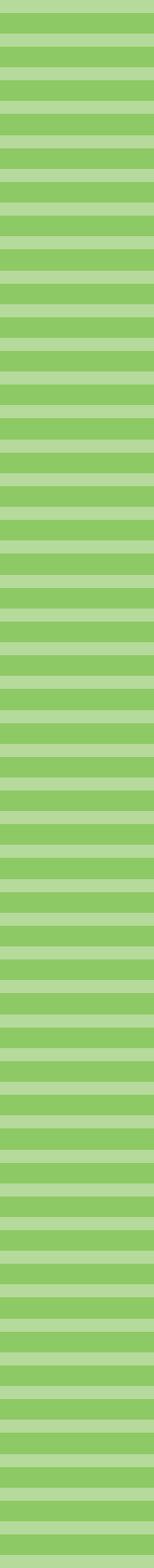


the Children's Center

A HANDBOOK FOR PARENTS



CAPE FEAR VALLEY
CHILDREN'S CENTER



Dear Parents and Family Members,

Your child has been admitted to Cape Fear Valley Children's Center. You will also hear it referred to as the Pediatric Unit. Your child is here because he or she requires close observation and nursing care.

We realize that this is a very stressful time for you and your family. You probably have many questions regarding your child's care and condition.

This handbook is being given to you to help answer some of those questions.

Near the end of this book, there is space for you to write down questions as they come to you. We strongly encourage you to ask questions as they arise.

Your well-being is very important to us and to your child – so please tell us your needs, questions and concerns.

We want you to be completely satisfied with our services. If you are not, please contact the Patient Care Manager at (910) 615-5594.

Sincerely,

The Children's Center Staff



the Children's Center

About Visiting

Parents, grandparents and legal guardians are always welcome in our unit and may visit 24 hours a day. We believe the presence of family members is a vital part of your child's recovery, and we encourage you to participate in your child's care as much as you wish.

Our rooms have sleepchairs to accommodate a parent who wishes to spend the night in his or her child's room.

If you are unable to spend the night, another family member, such as a grandparent, aunt, or uncle, may stay with your child during the night. However, siblings under age 18 may not spend the night with the child. Please notify your child's nurse if someone other than a parent will be staying with your child.

Children under 12 years of age may visit with permission from your child's nurse. Please remind the visiting child not to go into another child's room, run through the halls, or play with the hospital equipment. It has been our experience that both the patient and the sibling benefit most from short, supervised visits.

If you or any of your child's visitors has a fever, cold, flu, stomach virus or rash, we ask that they not visit your child. Any visitors who have been recently exposed to communicable diseases (measles, chicken pox, mumps, etc.) should not visit. This is to protect the health of your child, as well as other children in the Children's Center.

We have found that too many visitors may cause confusion and too much excitement for a sick child. Therefore, please limit visitors. Always be aware of your sick child's need for rest and quiet.

We follow the posted hospital visiting hours on the Children's Center.



Pediatric Social Work Services

A Pediatric Social Worker is available to provide emotional support to your child and your family during your child's hospitalization.

The Pediatric Social Worker can also help if you have financial concerns, housing needs or need information about other community resources, including support groups. Please let your nurse know if you would like to speak with the social worker.

Child Life Services

A Child Life Specialist is available to assist your child in adjusting to the hospital environment.

Child Life Specialists are educated in child development and the effects of hospitalization on children and families. They are trained to explain medical diagnoses and treatment to children of all ages and can assist in preparing your child for any medical procedures.

In addition to therapeutic interventions, the Child Life staff, as well as our specially trained Peds Pal Volunteers, are available for recreational and diversional activities either at the bedside or in the playroom.

Pediatric Playroom

The pediatric playroom is available to patients during playroom hours. However, certain conditions may restrict your child from going to the playroom, such as fever, diarrhea, etc. Please check with your child's nurse or a Child Life Specialist for more information.

Your child is welcome to play with any toys in the appropriate age category and may take a toy back to his or her hospital room if desired. Please do not return toys to the playroom; leave them in your child's room. Staff members will collect the toys after your child is discharged and clean them before they are returned to the playroom.

Please do not bring food or drinks into the playroom.

Due to infection control policies, no siblings are allowed in the playroom. This is strictly for patient use only.

Video Games and Movies

The Child Life Program has video game systems and a selection of games for your child's recreational use. As there are a limited number of game systems available, there may sometimes be a wait. Children who cannot come to the playroom will be given priority. Please do not bring games from home for use on our systems.

Each patient room has DVD players with a selection of DVDs on the unit. You are welcome to bring videos from home. Please make sure they are clearly labeled with your name.

If your child is interested in using a game system, please contact your child's nurse, the Child Life Specialist or a Peds Pal Volunteer.

Room Assignments

Your child has been placed in a room according to age and diagnosis. Due to frequent fluctuations in patient census, it may be necessary to change your child's room during his or her hospital stay.

Every effort will be made to notify you of a room change. As this is not always possible, please stop at the nurse's station if your child's room has been changed during your absence.

Telephones

Each room is provided with a telephone that you may use. Dial 9 to reach an outside line. The phone number for your child's room is on the board in your room.

When you are unable to be with your child, you may call us to inquire about your child's condition. To ensure patient confidentiality, nurses may only give information to a parent or legal guardian who is able to state the PIN number given at admission. Please ask relatives and friends to call you for information regarding your child's condition.



To speak to the nurse caring for your child, call your child's unit:

Children's Center
(910) 615-5590

Pediatric Intensive Care Unit
(910) 615-4750

How You Can Help Your Child During Hospitalization

Children often fantasize and may even think that hospitalization is a punishment for previous behavior; be honest in your answers and explain things in simple, brief, clear language.

Upon request, our Child Life Specialist is available to explain procedures and tests that have been scheduled for your child, or to help your child adjust to the hospital experience.

Sometimes leaving a personal item will help your child adjust to your absence more easily, but be sure to mark each item with your name.

Helpful Hints In Supporting Your Hospitalized Child

Infants

The biggest fear for hospitalized infants is being separated from their parents. This is known as separation anxiety. Even though infants may be too young to understand words, they are able to understand the special way their parents hold, feed, dress and talk to them. Therefore, we encourage you to visit often and cuddle your infant whenever possible.

Toddlers and Preschool Children

Children ages two to five are very curious and protective of their bodies. They need to know what is happening to them and why.

At this age, children take words at face value, so be careful how you explain things. Be honest, simple and brief, and tell your child about your expectations. Encourage your child to make up stories about what is happening and hospital life in general.

Be sure to tell your child when you are leaving and when you expect to return. Time is a difficult concept for children to understand, so use examples rather than actual times. For example say, “I will be here when the sun comes up” or “after Sesame Street.”

School Age Children

Children ages six to 12 years like to stay busy with their various leisure interests. Peers become increasingly important. They may want to join each other in games and craft activities.

Parents should begin to share more information with their child concerning his or her medical condition. The child will ask about and should receive concrete explanations of his or her medical procedures and treatments. Encouraging familiar objects and people, as well as allowing choices are two positive interventions for this age group.

Adolescents

Adolescents in the hospital need to be included in decisions about their healthcare and treatment. They may need encouragement to ask their doctor questions. Writing questions down before meeting with their doctor may help them (and you) ask the questions you need regarding your child's care.

Adolescents feel more comfortable in the hospital when they can wear their own clothing and have personal items with them.

What To Bring To The Hospital

Your child may enjoy having some familiar toys, books, blankets, pictures or videos during his or her hospital stay. If you need some suggestions for small gifts, please ask your child's nurse, the Child Life Specialist or the Pediatric Social Worker.

Although we will provide your child with a hospital gown, he or she may prefer to wear pajamas brought from home. That is perfectly fine. Please remember, though, that we do not have facilities to wash personal clothing.

We do our best to protect your child's belongings, but we cannot be responsible for lost articles.

Safety Measures

If oxygen is required to help your child breathe easier, make sure you show any toys or gifts to a nurse. Many items can be quite hazardous in the presence of oxygen.

Always put the side rails up when you leave the bedside. Our beds are higher than your cribs at home, and hospital floors are hard. For their safety, children under age three will be placed into a crib.

If your child requires IVs or other treatments, seek the assistance of the nurse to help you get your child out of bed, at least for the first couple of times until you feel comfortable.

Notify the nursing staff when you arrive in the Children's Center and when you leave.

Please do not bring your child anything to eat or drink without first consulting the nurse. Meal times are approximately 8:30 a.m., 12:30 p.m. and 5:30 p.m. You and your child may be able to make meal selections.

For your child's protection, we ask that latex rubber balloons not be brought into your child's room.

If your child has been placed on "isolation," your child's nurse will instruct you on what is required, i.e., gloves, gown, mask, etc. The nurse will also instruct you where to leave your personal belongings.

For security purposes, please note that all Children's Center staff members wear PINK BADGES with their picture, name and title in clear view. Do not give your child to anyone that does not display a pink identification badge with his or her picture on it. If you are still unsure, contact your nurse immediately to identify the person.

All hospital visitors must stop at the medical center's security desk and show a photo ID before visiting patients. A temporary photo badge is provided on the spot. After 12 hours, the paper the badge is printed on will display a red "VOID" symbol, indicating it has expired. The wearer must then return to the security desk for a new temporary badge.

At the Children's Center, visitors will need to sign in at the security desk on the unit. When visitors sign in, security personnel checks to make sure the visitor's name is on a list approved by the parents of the child. If a visitor is not listed, he or she will not be allowed to visit the patient. Please make sure you create a visitor list for your child and give it to the nurses.

Cape Fear Valley is a tobacco-free campus. Smoking and other tobacco products are not allowed anywhere on the health system's grounds, including the parking lots. No drugs, alcohol or weapons are allowed on hospital premises.

Understanding Our Language

While we encourage you to spend time on the unit with your child, we sometimes forget that much of what is said may be unfamiliar or even alarming to you. You are likely to hear some of the terms below. Again, we encourage you to ask questions about words or expressions we use that you do not understand.

Anemia: The condition of too few red blood cells or low level of blood hemoglobin.

Antibiotics: Medicine used in treating bacterial infections.

Apnea: The condition of not breathing. It is very common in premature infants. If severe, it may require medications or mechanical ventilation.

Blood Culture: A special lab test that shows if there is an infection in the bloodstream and is monitored over the course of a few days.

Blood Gas: A lab measurement of acid, oxygen and carbon dioxide in the blood. It shows how well the lungs are functioning.

BMP (Basic Metabolic Panel)/CMP (Complete Metabolic Panel): A blood test that measures chemicals in the body needed for normal cell function.

CAT Scan/CT Scan: A computerized x-ray exam that provides pictures of inside the body.

CBC (Complete Blood Count): A blood test that looks at the types and number of cells in the blood. This test is used to see if your child has an infection.

Central Line or CVC (Central Venous Catheter): Small tube or catheter placed in a large central vein to give fluids or draw blood from. It can also be used to monitor central venous pressure.

CPT (Chest Physiotherapy): Clapping on your child's chest or using a device to loosen mucus in the lungs.



CSF (Cerebral Spinal Fluid): Fluid that covers the brain and spinal column to cushion, moisten and protect it.

Culture: A test to look for possible infection by growing bacteria from the spinal fluid, blood, urine or other parts of the body.

EEG (Electroencephalogram): A test that records the electrical activity of the brain.

EKG (Electrocardiogram): A test that records the electric current produced by the heart to help us obtain information about the heart and its functioning.

Electrolytes: Chemicals, such as sodium, potassium and chloride, in the body that are needed for normal cell function.

Foley Catheter: A soft tube placed into the bladder to drain urine.

IV (Intravenous): A small tube or catheter placed in a vein to give fluids and medications.

Lipids: A liquid form of fat given through a vein when the patient is not able to get nutrition in other ways.

LP (Lumbar Puncture): A procedure in which the physician places a needle between the vertebrae in the back to obtain spinal fluid for testing.



Monitor: A machine that is used to watch heart rate, respiratory rate and blood pressures. It sounds an alarm if any of the rates change.

MRI (Magnetic Resonance Imaging): A machine that uses strong magnetic forces to see structures in the body.

Nasal Cannula: A plastic tubing placed into the nose to give more oxygen.

NG (Nasogastric Tube): A plastic tube passed through the nose into the stomach to give liquids and medicine. It can also be used for removing stomach contents.

NPO: An order given that the patient is not to be given anything to eat or drink by mouth.

Pulse Ox (Pulse Oximeter): A device used to measure the percentage of oxygen carried in the blood.

Retracting: The sucking in of the patient's chest during breathing because the patient is using muscles to breathe that are not usually needed.

Room Air: The normal air we breathe. It has an oxygen concentration of about 21 percent.

Sats (Oxygen Saturations): The percentage of oxygen carried in the bloodstream and measured by a pulse oximeter.

Sepsis: An infection in the blood or other tissues.

Suction: Removal of mucus from the nose and throat, or from a breathing tube using a plastic tube connected to a vacuum source.

TPN (Total Parental Nutrition): A liquid form of nutrition given through a vein when the patient is not able to get nutrition in other ways.

Ultrasound: The use of sound waves to look inside the body.



Discharge From The Hospital

When your child is ready to be discharged from the hospital, the nurse or physician will explain any treatment or medical plan to be followed at home.

Your child's nurse will write instructions for you based on your physician's discharge orders and give you a copy to take home.

Your physician may also leave prescriptions for medications that can be filled at your pharmacy or here at Valley Pharmacy, which is located in the main lobby. Please notify your nurse if you would like them filled here before your child is discharged.

Your child's physician or nurse will let you know when your child has been discharged. Please plan to take your child home as soon as you are notified of discharge, as we often have other children waiting to be admitted.

At Home Again

On returning home, your child may feel unsettled for awhile. Your child may fuss or cry when you leave, be fearful of strangers or become argumentative with siblings. This behavior may be your child's way of expressing some of the thoughts and fears that could not be put into words while he or she was in the hospital.

Young children may not fully understand why they had to go away to the hospital. Encourage your child to talk about his or her experiences. Give your child time to adjust to home life again.



Your Satisfaction

The staff of the Children's Center hopes that you always feel comfortable in communicating any questions or concerns you may have during your child's stay.

We are always striving to improve the services we provide to our patients and their families. We want to make your experience as positive as possible.

If we fall short of that during your child's stay, please let us know right away.

We want you to be completely satisfied with our services. If you are not, please contact the Patient Care Manager at (910) 615-5594.

After your child's discharge you may receive a survey about your child's hospital stay. Please take a moment to complete your survey. Your comments are invaluable to us.



QUESTIONS TO ASK YOUR CHILD'S DOCTOR OR NURSE



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