



NewYork-Presbyterian Hospital  
**Patient and Visitor Guide**

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During Your Child's Stay



**NewYork-Presbyterian**  
Phyllis and David Komansky  
Center for Children's Health

## Important Phone Numbers

Admitting Department	(212) 746-4250
General Information	(212) 746-5454
Medical Records	(212) 746-0530
Patient Information	(212) 746-5000
Patient Services Administration	(212) 746-4293
Telephone and Television	(212) 746-5083



**NewYork-Presbyterian**  
Phyllis and David Komansky  
Center for Children's Health

[www.childrensnyp.org](http://www.childrensnyp.org)

## WELCOME

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Welcome to the NewYork-Presbyterian/Phyllis and David Komansky Center for Children's Health. Here you will find a staff dedicated to always providing the highest quality, most compassionate care and service to each and every one of our pediatric patients in a warm and friendly environment.

To help you and your family while your child is in the Hospital, we have developed this ***During Your Child's Stay*** Guide. It includes information about services and amenities that are available to make your child and family members as comfortable as possible. It also provides important information about your child's health care team and what you need to know to prepare for your child's discharge home. We want you to be an active participant in your child's care, and you will find that our staff members encourage you to ask questions and share with them any concerns that you or your family members might have.

NewYork-Presbyterian Hospital is one of the most comprehensive academic medical centers in the world, with leading specialists in every field of medicine. We are very proud of the outstanding care we provide. Most importantly, we are proud of our staff's commitment to taking great care of your child and your family.

At NewYork-Presbyterian, **We Put Patients First**. So if you have any questions or if there is anything we can do to ease your child's stay, don't hesitate to talk to your child's doctor or any member of the care team.

Very truly yours,



Steven J. Corwin, M.D.  
*Chief Executive Officer*  
NewYork-Presbyterian Hospital





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## A FAMILY-CENTERED PHILOSOPHY

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Family-centered care promotes the health and well-being of children and their families through a respectful family-professional partnership. This approach relies on families, physicians, staff, and administrators working together to care for children. Family-centered care honors the strengths, cultures, traditions, and expertise that everyone brings to this relationship. Family involvement in their child's health care can help foster better health outcomes and greater patient satisfaction.

To further promote family-centered care, family-centered rounds are conducted on many units. During family-centered rounds, parents are invited to listen to the health care team discuss their child's care plan, share any recent observations of their child that concern them, and ask questions about their child's care. Since there is limited time during rounds, parents can request a meeting with the doctors later in the day to discuss their child's care plan in more detail.

Parents and caregivers should always be a part of the care plan for their child. Even if you do not participate in family-centered rounds, you should ask your child's nurse about the care plan for the day. If you want to participate in family-centered rounds, let your child's nurse know each day.

### Family Advisory Council

The Komansky Center Family Advisory Council is a group of dedicated parents whose children have been treated here, Hospital staff, and physicians who work together to make the Hospital a better place for children and families and to help improve care. The primary goal of the Family Advisory Council is to promote family-centered care, an approach to health care that respects the central role the family plays in caring for a sick child, both in and out of the Hospital setting. With family-centered care, doctors, nurses, administrators, and families all collaborate in an environment of trust and respect. Family Advisory Council members are parents and caregivers. They understand that hospitals can be overwhelming. That is why they work closely with Hospital staff to help other families get the information they need to care for their children with confidence and to help ease the stress of having a child in the Hospital.

If you would like to find out more about the Family Advisory Council, call (212) 746-6007 or visit [www.childrensnyp.org](http://www.childrensnyp.org) and click on the Komansky Center for Children's Health to visit our Families and Visitors section.



## FOR YOUR CHILD'S CARE

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### Your Child's Care Team

During your child's stay, you will encounter a number of health care professionals who work together to coordinate your child's treatment. They make up your child's health care team. You and your family are also an important part of the care team. We encourage you to speak up and let your needs and concerns be known. As an academic medical center, NewYork-Presbyterian trains new physicians and serves as a site for the teaching of medical and health professional students. These individuals may participate in aspects of your child's care under close supervision of appropriate Hospital staff.

### Doctors

There may be many doctors involved in your child's care. In addition to your child's attending doctor, who is often your child's personal doctor or the doctor who admitted your child, your child may be seen by other medical or surgical specialists for consultation, as well as fellows or residents. A fellow is a doctor pursuing further training in his or her subspecialty. A resident is a doctor who has completed medical school and is enrolled in a residency training program in a particular specialty. Residents are also referred to as housestaff and work under the careful supervision of attending doctors.

The Doctors caring for my child are:

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### Nurses

There may be many nurses involved in your child's care as well. They work closely with the doctors and other members of the health care team. Our nursing team includes the Patient Care Director, nurse practitioners, staff nurses, nursing assistants, and ICU technicians. The Patient Care Director is responsible for the supervision of all nursing care on a particular unit or units. A registered nurse, who is designated as your child's primary nurse, plans and coordinates your child's overall nursing care and assigns tasks as appropriate to other members of the nursing team.

My child's Nurses are:

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### Physician Assistants

Physician assistants are health professionals who are members of your health care team. Under the supervision of your child's attending physician, they can deliver a broad range of medical and surgical services, conduct physical exams, diagnose and treat illnesses, order and interpret tests, counsel on preventive health care, assist in surgery, and prescribe medications.

My child's Physician Assistant is:

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### Physical Therapists

Physical therapists assess your child's physical and functional needs and provide exercises and programs to help your child regain strength, restore mobility, and improve ability to function in preparation for discharge.

My child's Physical Therapist is:

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### Occupational Therapists

Occupational therapists provide therapy designed to help improve your child's ability to carry out age-related activities of daily living, such as eating, dressing, bathing, and grooming, following discharge.

My child's Occupational Therapist is:

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### Feeding Specialists

Feeding specialists assist babies and children who may need help in regaining or improving feeding skills.

My child's Feeding Specialist is:

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### Respiratory Therapists

Respiratory therapists provide care to patients who need assistance with breathing difficulties.

My child's Respiratory Therapist is:

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### Dietitians

Registered dietitians are also professional members of your child's health care team. They assess the nutritional needs of our young patients. Upon admission, your child's doctor will order a diet appropriate for your child. Our registered dietitians develop a nutrition treatment plan for your child that supports the medical care provided by his or her doctor. If your child is on a special diet, the registered dietitian may work with you directly to coordinate this diet during hospitalization. If your child requires a special diet following discharge, your child's dietitian will provide you with information and teach you how to follow the diet at home.

My child's Dietitian is:

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### Nutrition Assistant

Nutrition assistants take your child's daily meal orders and deliver the meals to your child's room. You can also ask your nutrition assistant to provide snacks for your child.

My child's Nutrition Assistant is:

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### Social Workers

Social workers are key members of the health care team, working with children and their families to help manage the complexities of the Hospital stay. Our social workers are committed to educating parents, serving as advocates, and facilitating communication during and after the Hospital stay. They perform psychosocial assessments, provide counseling and support to help families cope with the emotional stresses of illness and hospitalization, assist with discharge planning to promote continuity of care, and provide referrals to community services and resources.

My child's Social Worker is:

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### Child Life Specialists

Child Life Specialists are credentialed professionals who strive to make the Hospital experience as manageable as possible for children and their families. They address the emotional, developmental, and psychosocial needs of patients and families by providing positive coping skills and support during the health care experience. Child Life Specialists also use play, music, and art programs to help normalize the Hospital stay.

Our Child Life Specialist is:

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### Unit Clerks

Unit clerks greet patients, family members, and visitors as they arrive on the unit, answer phones, respond to call bells, and schedule tests. They also check the accuracy of the information on your child's ID band. They are available to answer your questions and direct you within the unit. If the unit clerk does not know the answer, he or she is responsible for finding the appropriate person on the unit who can help you.

My child's Unit Clerk is:

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### Laboratory Personnel

Laboratory technologists manage laboratory testing. Phlebotomists are members of the laboratory team and are trained to draw blood.

### Lactation Specialists

Lactation specialists are available to help mothers learn techniques for breastfeeding their babies and increasing their milk supply.

### Patient Escorts

Patient escorts are staff members who transport your child to and from tests and procedures in the Hospital. Only staff members wearing purple ID badges can transport patients to locations off the unit.

### Radiology Technologists

Radiology technologists are specially trained health professionals who perform radiology examinations, including X-rays, CT scans, MRI scans, and ultrasound procedures.

### Environmental Services Workers (Housekeepers)

Environmental services workers are responsible for providing a clean and safe environment for patients and staff, including cleaning your child's room every day.

### Volunteers

Volunteers provide vital assistance to our patients, families, and health care professionals. Throughout the Hospital, they can be found lending a helping hand with a wide range of tasks and activities. They welcome patients and families, provide toys and games, do arts and crafts activities, and serve as a companion when one is needed. If you feel a volunteer could help your child in some way, please let your child's nurse know. All parent members of the Family Advisory Council are official Hospital volunteers and are a resource for patients and their families when they are on the units. You should always feel comfortable asking a Family Advisory Council volunteer for help, guidance, or direction.

### Family Advisor

A family advisor is a member of the Hospital staff who manages all administrative duties of the Komansky Center Family Advisory Council. A family advisor acts as a liaison between patients and administration and the Family Advisory Council. The family advisor also oversees the management of the Family Advisory Council's support luncheons, workshops, and tea hours. During these events, trained volunteer members of the Family Advisory Council provide peer support to the parents of children admitted to the Neonatal Intensive Care Unit or 6 North/Pediatric Intensive Care Unit.

### **Your Child's Meals**

Your child will be offered a choice of meals from the Hospital menu, with specific attention to any dietary restrictions that may be related to his or her condition or treatment.

If you have any questions about your child's diet, menu items, or about bringing food from home, you may contact your dietitian. A food service supervisor is also available to answer your questions.

A nutrition assistant will help you and your child choose meals from the Hospital menu. Our menu offers a variety of children's favorites and healthy choices, including main entrees, salads, sandwiches, and snacks. Special requests, including kosher or vegetarian meals, can also be accommodated. You can request snacks and meals for your child by asking your nutrition assistant. Meals are served during the following times:

Breakfast: 7 am to 8:30 am

Lunch: 12 noon to 1:30 pm

Dinner: 5 pm to 6:30 pm

Snacks such as juice, crackers, cereal, and milk are available on each patient unit.

### **Meal Munchies**

Meal munchies are food items available at all times in case your child is hungry or unable to receive a meal during meal hours. Children don't have to miss a meal because they are having a test or just not hungry. When the test is over and your child is allowed to eat, your nutrition assistant can provide a list of items available.

### **Food from Home**

If you would like to bring home-cooked meals, please find out if your child has any dietary restrictions. As many of our pediatric patients are on very specialized diets, we request that you do not offer any food or drinks to other children. Guidelines for storage of food are posted on all refrigerators designated for family use.

### Your Child's Medications

It is important to know your child's medications. If the medications given to your child are not familiar, alert the doctor or nurse. In addition:

- Make sure that all of your child's doctors know the medications and supplements that your child had been taking at the time of hospitalization. These include prescription and over-the-counter medicines, as well as dietary supplements, such as vitamins and herbs.
- Tell your child's doctor and nurse about any allergies and/or adverse reactions your child has had to medications.
- When your child's doctor writes a prescription, make sure you can read it and know what the medication is for, how it is used, and what reactions you might expect.
- Ask for information about your child's medicines in terms you can understand when the medicines are prescribed and when you receive them.
- When your child is being discharged from the Hospital, ask the doctor or nurse to explain the treatment plan you will follow at home.
- In terms of medication safety, parents should also speak with the doctor about the child's usual diet, as certain foods interact with medications and, in some cases, should not be eaten.



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You may find it helpful to keep a list of your child's medications with you at all times. You may want to use the chart below to keep track of your child's prescription and over-the-counter medications — especially since the medications your child was taking before coming to the Hospital may now change as a result of admission.

Name of Medication	Dose Amount	How Often/Time of Day Medicine is Taken	Special Notes/ Date Started or Stopped

### Allergies

Let your child's doctor and nurse know if your child has any allergies, especially to medications and food, and/or to other substances. Please list your child's allergies here.

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### Hourly Rounding

A member of your child's care team will come to your child's bedside every hour or so to make sure that your child is comfortable and to see if he or she is in need of anything. The staff member will ask about pain level, whether your child needs to use the bathroom, and answer any questions you may have. Please let us know if there is anything we can do to make your child's stay more comfortable.

### Managing Your Child's Pain

Managing pain is important and may help your child get better faster. Walking, deep breathing, and physical therapy are easier if your child has less pain. You should always let your child's health care team and primary nurse know if your child is feeling pain. Your child's health care team will ask your child to describe his or her pain and pain level. Your child may be asked to rate his or her pain on a scale of "0 to 10" or to choose a "face" on a scale that indicates the level of pain. This will also help your child's health care team determine if treatment or medication should be changed. If you feel your child's pain is not adequately relieved, tell his or her nurse immediately.

The Hospital has specially trained Pain Resource Nurses who provide support to your child's health care team and who will consult with you on any pain management concerns or issues. This will help us meet your child's pain management needs and keep your child comfortable throughout his or her hospitalization.

### Rapid Response Team

A Rapid Response Team is a special Hospital team that can be called by your child's nurse if your child's condition changes quickly. The Rapid Response Team is made up of at least two of the following professionals: critical care nurse, doctor, physician assistant, nurse practitioner, and respiratory therapist. The Rapid Response Team works closely with your child's primary doctor and nurse to provide care. The team can be called any time of the day or night. If you have any questions about the Rapid Response Team, please talk to your child's nurse or doctor.

### Nursing Station Phone Numbers

Greenberg Pavilion 1st Floor	Pediatric Emergency Department	(212) 746-3300
Greenberg Pavilion 6 North	Pediatrics	(212) 746-0309
Greenberg Pavilion 6 West	Neonatal Intensive Care Unit	(212) 746-0318
Greenberg Pavilion 6 South	Pediatric Intensive Care Unit	(212) 746-0308
Greenberg Pavilion 8 South	William Randolph Hearst Burn Center	(212) 746-0327
Payson 9th Floor	Pediatric Procedures/Sedation Unit	(212) 746-5879

### **Child Life Services**

(212) 746-3518

A child's needs in the Hospital are similar to those at home — to feel secure, comforted, and accepted and to be able to engage in age-appropriate activities. These needs are often magnified by the stress of illness and hospitalization. Recognizing that being hospitalized can be frightening to children, the Hospital's Child Life Services creates an environment to help ease children's fears and provide the important emotional and psychosocial care to make the Hospital experience as manageable as possible for children and their families.

A Child Life Specialist is a specially trained professional with a bachelor's degree or a master's degree in child life, education, psychology, or other closely related field. To become a certified Child Life Specialist, one must complete an internship and take a written exam.

Certified Child Life Specialists:

- provide developmental, educational, and therapeutic interventions
- facilitate coping
- recognize the developmental issues specifically related to health care experiences
- advocate for family-centered care and the rights of the hospitalized child

For more information, you can visit the Child Life Council, [www.childlife.org](http://www.childlife.org).

The Child Life Center in the Komansky Center for Children's Health is filled with toys, video games, and computers, and provides a respite from the medical setting. Located on Greenberg 6 North, the Child Life Center offers age-appropriate activities for children to use in the playroom or to borrow to use in their room.

Computers are available for patient use, and families often use them to quickly check their email so they can feel connected as well. We also have laptop computers, as well as various game systems, which can be signed out for a child's or teen's use at his or her bedside. Please check with the Child Life Specialist on your unit for the hours that the Child Life Center is open.

Child Life Services also has a board-certified music therapist. Music therapists use music to decrease stress, anxiety, and pain, and help children and teens express their concerns and fears. Music therapists are credentialed professionals who have completed an approved music therapy program.



**Pet Therapy**

(212) 746-4690

Being in a hospital can be stressful for children. The Hospital's pet therapy program provides weekly visits from therapy dogs to our hospitalized children with permission from their doctor. The use of therapy dogs has been shown to help reduce stress for some pediatric patients and their families.

**School Program**

(212) 746-5140

Hospitalized children in grades K through 12 can keep up with their studies through the Hospital's school program, which provides a teacher certified through the New York City Department of Education. Please speak to the Hospital's school teacher for more information. In addition to providing classroom or bedside instruction on-site, the program maintains a close liaison with your child's home school and facilitates the provision of remedial help or tutoring as needed. Teachers also help prepare and administer city- and state-required tests, including Regents exams, the SAT, and the GED exam.

**Pediatric Support Team**

The Komansky Center for Children's Health is focused on maximizing the support provided to patients and their families when a child suffers from a chronic illness. The Pediatric Support Team is a medical team that addresses the needs of these patients by optimizing their quality of life and offering suggestions regarding symptom management. The goal of the Pediatric Support Team is to assist in clarifying patient and family treatment preferences and to support the patient, family, and health care team. Please speak with your child's nurse if you would like a consultation with the Pediatric Support Team.

### Support Groups

(212) 746-4320

Sometimes patients and/or their families need special support that can often best be found in the company of others who are sharing a similar experience. Support groups can help patients and family members manage and cope with illness or disability. The groups are offered free of charge. Please call the Department of Social Work for more information or speak to your child's social worker.

### Patient Services Administration

(212) 746-4293

Patient Services Administration provides a central location for patients and families to voice their opinions — both positive and negative — about any aspect of Hospital care or services. Our Patient Services Administration personnel can help you and your family with questions and concerns, explain Hospital policy and procedures, and take appropriate steps to see that your child's rights as a patient are respected. Each Patient Services Administration staff member is trained in managing the issues that can have an impact on the quality of the patient experience. The Patient Services Administration staff is also available to address any ethical concerns that may arise during your child's stay.

### Interpreter Services

Interpreters for foreign languages and sign language can be arranged by a member of our staff free of charge. Indicate to a member of our staff if you will need this service, and an interpreter will be arranged for you. Equipment for patients who are hearing impaired is also available.



### **Services for the Visually Impaired**

If you are visually impaired, our staff will assist you with forms. The Patient Bill of Rights and various selected forms are available in Braille through Patient Services Administration.

### **Ethics Consultation**

The Hospital has an Ethics Committee, and its representatives are available to you, your family members, and Hospital staff for help when ethical issues relating to care arise. The Ethics Committee can provide counsel in areas such as ventilator use, feeding tubes, and dialysis. Please speak with your nurse, doctor, social worker, chaplain, or a representative from Patient Services Administration for more information.

### **Pastoral Care**

(212) 746-6971

Monday through Friday, 9 am to 5 pm

The Hospital's Department of Pastoral Care and Education can provide spiritual and emotional support to you and your loved ones while your child is in the Hospital. Chaplains are trained to work with people of all faiths and those who have no religious affiliation. We have multi-faith chaplains who are available to provide religious guidance and to help maintain religious or ritual observances. If you would like to talk to a chaplain during your child's Hospital stay, please let your nurse know. The Leland Eggleston Cofer Memorial Chapel, located in the first floor lobby of the main Hospital entrance at 525 East 68th Street, is open daily for prayer and meditation for people of all faiths.

**24-Hour Emergency On-Call Chaplain:** Contact the page operator at (212) 746-5100 and provide the operator with the On-Call Chaplain's pager number 17205.

### **Myra Mahon Patient Resource Center**

(646) 962-4472

Weill Greenberg Center

1305 York Avenue at East 70th Street, Second Floor

Monday through Friday, 9 am to 5 pm

The Myra Mahon Patient Resource Center of Weill Cornell Medical College is open to patients, their families, friends, and caregivers. The Center provides a library, reading room, lounge areas, computers with Internet access, and wireless Internet connectivity. A medical librarian is available Monday through Friday, from 9 am to 5 pm, to offer confidential assistance with health information questions and can prepare and deliver a customized package of material. The Center also maintains a schedule of health and wellness events where you can learn from expert speakers about the latest advances in health care.

## FOR YOUR CONSIDERATION

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### Guest Facilities

NewYork-Presbyterian Guest Facility at the Helmsley Medical Tower

(212) 472-8400

Located adjacent to the Hospital

1320 York Avenue, between East 70th and 71st Streets

New York, NY 10021

[www.nypguestfacility.com](http://www.nypguestfacility.com)

The Helmsley Medical Tower of NewYork-Presbyterian/Weill Cornell offers modern, comfortable guest facilities for patients, family members, and others traveling to our Hospital from out of town.

### Hospitality for Family and Friends

Hospitality for Family and Friends is an organization that helps children with cancer and their families and friends who are from out of town and in need of a hotel room in Manhattan, but cannot afford the rates. For more information, ask to speak with a social worker.

### International Services

(212) 746-4455

If your primary residence is in a country other than the United States, please contact International Services. Our International Services staff speak many languages and are available to assist patients and families with a variety of medical and non-medical services, including scheduling physician appointments, escorting patients to procedures, requesting second medical opinions, and providing information about lodging. The International Services Office is located in the lobby of the Greenberg Pavilion.



myNYP.org

My Health Explained | My Health Tools | My Doctors | Request an Appointment | Pay Hospital Bill

myNYP.org YOUR PERSONAL HEALTH CONNECTION WITH NewYork-Presbyterian [SIGN IN](#)

**Welcome**

This web site is a free service that lets you safely:

- Store** all of your health information online.
- Share** it with trusted family members and clinicians.
- Learn** about important health issues that affect you and your family.

[REGISTER NOW](#) [▶](#) Already have an account? [Sign In](#)

**Watch our introduction video**  
Learn how myNYP.org and Microsoft® HealthVault™ are working together to help you take charge of your health.  
[View the video](#)

**Learn about cardiac health**  
Find out more about the tests, treatments, and instructions that affect you and your cardiac health.  
[Read more](#)

**Access medical records**  
See your medical visit details from NewYork-Presbyterian, stored in security-enhanced HealthVault.  
[Register now](#)

STORED IN HealthVault myNYP.org uses Microsoft® HealthVault™ to store your data. [Learn more](#)

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Columbia University  
College of Physicians and Surgeons

Weill Cornell  
Medical College

### Online Personal Health Record: myNYP.org

NewYork-Presbyterian Hospital is pleased to offer myNYP.org, a free online service for management of personal and family health records that puts you in charge of your child's health information and offers you the ability to consolidate and organize significant amounts of health information in a private account. You can access your child's information wherever and whenever needed and can easily share information with clinicians, trusted family members, and other caregivers. With myNYP.org, you can create your child's own electronic health record and store as much or as little health information as you wish in one convenient place online. This includes medical conditions and history, medications, surgery reports, lab results and test reports, immunization records, Hospital discharge instructions, doctor and insurance information, and emergency contacts.

NewYork-Presbyterian cares about patient privacy. Therefore, myNYP.org was developed in collaboration with Microsoft® and uses Microsoft® HealthVault™ — a privacy and security-enhanced online service — to store patient information. Once stored, information can only be accessed and shared by you or with your permission. In addition, online tools offered by myNYP.org can help you manage health and wellness. "My Health Explained" helps you better understand treatments, tests, and procedures used to diagnose and treat your child's condition. "My Health Tools" includes useful tools to help you manage your child's chronic conditions such as diabetes; keep track of his or her weight, monitor diet, and chart progress; and prepare for emergencies.

## FOR YOUR FAMILY'S COMFORT AND CONVENIENCE

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### Telephone Service

#### Local Calls

Local calls are free to the following area codes: 212, 201, 347, 516, 551, 631, 646, 718, 914, 917, and 973 and may be dialed directly from your child's Hospital room.

#### Long Distance Calls

Calls to area codes beyond those listed above are considered long distance. There is a small daily charge for long distance telephone service within the United States.

### Television Service

(212) 746-5083

The Komansky Center for Children's Health provides complimentary television access at the bedside, enabling pediatric patients to watch their favorite programs. Television programming includes all network and local stations, as well as the Disney Channel, Family Channel, Nickelodeon, and many others.

A VCR/DVD player is available at every bedside for family use. Please feel free to bring your child's favorite video from home. You may also request videos/DVDs from the Child Life Specialist on your child's unit. On 6 North, there is an open cabinet where your child may borrow a DVD or VHS tape at any time. These tapes must be returned to a Child Life Specialist for cleaning after use.

If you have any difficulties with television service, call (212) 746-5083.

### Internet Access

Family members can use a personal laptop computer and most other mobile wireless devices in the Hospital. You can connect your computer or device to our Wireless Guest Network, which is designed for guests and patients at the Hospital, by selecting "guest-net" from the list of networks that appears when you click on the wireless icon. Launch your device's web browser and it will automatically present a disclaimer page listing the Terms and Conditions and Acceptable Use for the Wireless Guest Network. You must select "I Agree" at the bottom of the page in order to use guest-net. Most web browsers are compatible with this process.

Guest-Net Wi-Fi connection is an open and unencrypted wireless network with Internet-only access. No connectivity to the Hospital's intranet resources is available.

## Unit Amenities for Parents and Families

### Parent Accommodations

Parents are encouraged to stay with their children. Pullout beds are available on many patient floors.

### Shower/Bathroom Facilities

Shower facilities are available for parents and family members. Patient floors will either have a shower in the room for parent use or a common shower facility. Common shower facilities are single bathroom/shower rooms and are available to everyone on the floor. Soap and towels are provided. Parents and families should feel free to take a shower at any time of day.

### Laundry

Laundry facilities are available 24 hours a day for parent and family use. The laundry room is located across from the family lounge in the Greenberg Pavilion, room 6-309. The cost is \$1.00 per load, and only coins are accepted. Detergent and toiletries are also available in a vending machine located next to the washer and dryer.

### Family Lounges

Family lounges are located on each unit. Our main family lounge, located in the Greenberg Pavilion, room 6-636, is the largest of the family lounges. This lounge includes a pantry with a microwave and vending machines for food, beverages, and snacks. The lounge provides a comfortable, welcoming space with tables and chairs for dining, a television set, magazines, and three computers with Internet access for use by families. The "Quiet Room," located next to the family lounge in the Greenberg Pavilion, room 6-311, allows NICU parents to stay overnight or to rest during the day.

### Breastfeeding Room

Breastfeeding is encouraged at the Komansky Center. If you are unable to nurse your child at any time during your stay, breast pumps are available on patient care units. There is also a room located in the NICU (6 West, room 6-356) with multiple breast pumps and three private rooms in which you can pump. Breast pump kits and storage bags are also available in this room. Storage of breast milk is provided on each unit. Please make sure that the breast milk is labeled with your child's name and medical record number, which can be found on your child's ID band, or ask a nurse to help you. Ask your child's nurse how your breast milk should be stored for your child's future feedings. If you need help or have questions about breastfeeding, you can arrange to see a lactation consultant by calling (212) 746-3295.

### Visiting Hours

Parents/Guardians: Any time of day or night

Family Members and Friends: 12 noon to 8 pm

We understand the presence of family and friends is important to your child's well-being. Parents are encouraged to stay around-the-clock. One parent may stay at all times; the other parent may remain at the child's bedside until 10 pm. In general, visiting hours for family members and friends are from 12 noon to 8 pm. Visiting hours may be limited in critical care areas and may also be modified on any patient care unit to best meet the needs of the child. All visitors must show valid photo identification, such as a driver's license or passport. If you have any questions about our visiting policies or hours, please ask your child's nurse.

### Sibling Visits

It is helpful for siblings to be prepared before visiting for what they may see or hear. Speak with the Child Life Specialist on your child's unit if you would like to make arrangements for sibling preparation.

### Quiet Time

All inpatient units of the Hospital observe a daily quiet time to help provide your child and your family with a calming health care environment and to enable your child to rest. Designated quiet time hours are posted on each unit and announced when they begin. During this time, staff and others on the unit are asked to keep noise levels to a minimum.

### Information Desk

(212) 746-4690

Monday through Friday, 7:30 am to 8 pm

Saturday, Sunday, and Holidays, 8 am to 8 pm

The Information Desk is located just past the lobby of the main Hospital entrance at 525 East 68th Street. You will see the symbol **i** indicating its location. The Information Desk can provide directions and information to patients and visitors.





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**Gift Shop**

(212) 746-4230

Monday through Friday, 7:30 am to 9 pm  
Saturday and Sunday, 8:30 am to 9 pm

The Gift Shop is located behind the Information Desk. It offers a wide selection of items, including flowers, toiletries, newspapers, magazines, cards, snacks, beverages, gifts, and Mylar balloons. You may call the Gift Shop to have deliveries made to your child's room. In addition, breast pumps can be rented through the Gift Shop.

For the health and safety of our patients, latex balloons are prohibited in the Hospital. Mylar balloons and flowers (fresh cut, artificial, and dried arrangements) are prohibited in all intensive care units, recovery rooms, operating rooms, nurseries, the labor and delivery unit, and oncology and transplant units.

**Hairstylist**

(917) 502-8942

The stylist provides services in your child's room. To make an appointment, you can call (917) 502-8942 or ask a member of the nursing staff to make arrangements for you. Payment is due at the time service is rendered.

### **Places to Eat**

The map in the front pocket of this Guide includes a list of neighborhood restaurants. In addition, there are several places to have a meal or snack within the Hospital as follows:

#### **The Garden Café (cafeteria)**

Monday through Friday, 6 am to 8 pm

Saturday and Sunday, 7 am to 8 pm

The Garden Café is located on the "B" level of the main Hospital building. You can ask for directions at the Information Desk located just past the main lobby of the East 68th Street entrance.

The Garden Café is open for breakfast, lunch, and dinner. Dinner offerings include hot food, pizza, and a salad bar. For daily specials, call (212) 746-6368.

#### **Au Bon Pain**

24 hours a day/7 days a week

Au Bon Pain is located near the Information Desk just past the Hospital's main lobby. The menu includes pastries, hot and cold sandwiches, soups, salads, hormone-free chicken, vegetarian/vegan options, and artisan breads.

In addition, the Hospital has two Au Bon Pain kiosks in the following locations:

- Starr Pavilion lobby, entrance on East 70th Street  
Monday through Friday, 7 am to 3 pm
- Perelman Heart Center atrium, fourth floor of the Greenberg Pavilion  
Monday through Friday, 7 am to 7 pm

### **Vending Machines**

Vending machines are available 24 hours a day in the area adjacent to the Garden Café on the "B" level. Additional vending machines are located near the visitor lounges in the Greenberg Pavilion.

### **Public Restrooms**

Public restrooms are located throughout the Hospital and on every floor, usually near the elevators.

## FOR YOUR CHILD'S SAFETY AND SECURITY

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### Important Patient Safety Information

At NewYork-Presbyterian Hospital, we want to work closely with you to make your child's care safe. By getting involved in your child's care, asking questions, and speaking up, you will help us achieve optimum outcomes for your child.

### Be Actively Involved in Your Child's Care

Your child's health care team will keep you informed about your child's care. They will listen to your concerns, answer your questions, and explain your child's treatment plan. If English is not your primary language and you need assistance, we will provide an interpreter for you. When your child is discharged, you will receive written instructions to take home.

### Ask Questions and Speak Up

- Actively participate in decisions about your child's treatment.
- Ask questions about your child's care and treatment.
- Ask questions about your child's discharge instructions.
- Tell us if you do not understand what we are saying to you.
- Ask for an interpreter if you do not understand English.

### Keep Your Child's Health Care Team Informed

- Share your child's medical history with his or her health care team.
- Tell us about your child's medical problems and prior surgeries.
- Tell us if your child has any allergies.

### Know Your Child's Medications

While your child is in the Hospital, ask about all medications he or she is given and why they have been prescribed. Remember to take home your child's written medication instructions.

### Expect Staff to Check and Recheck Your Child's Identification Band

Your child must wear his or her Hospital identification (ID) band at all times. Our staff will review the information on your child's Hospital ID band before giving any medications, before tests, procedures, and X-rays, or when giving your child his or her food tray. If your child's ID band comes off or is unreadable, ask us to replace it.

### Understand Medical Bracelets

Your child may wear a special color-coded bracelet to alert medical staff to food, medication, or other allergies as follows:

- If your child has a latex allergy, he or she will wear a purple bracelet.
- If your child has any food/drug allergies, he or she will wear a red bracelet.

Please make sure to tell your child's attending physician or nurse about any condition unique to your child upon your arrival at the Hospital.

### Practice Crib and Bed Safety

All crib side rails must be fully raised and in the locked position every time your child is in the crib. If you need instruction on how to operate the crib, please ask a staff member for assistance.

For older children, bed controls are located on the upper side rails. The bed must be kept in the lowest position to enable children to move in and out of bed easily.

### Use the Call Button

There is a red button on the television remote control that may be used to call for help whenever it is needed. Call buttons are also located in all bathrooms.

### Help Prevent Falls

For your child's protection, we strive to make every effort to prevent falls during his or her Hospital stay. This includes placing the call button within reach, helping your child get out of bed, and taking your child for walks on the nursing unit. If your child is at risk for falling, we will take extra precautions. You can help prevent falls by:

- helping your child get out of bed or a chair or, if you are not available, telling your child to call for help before he or she gets out of bed or a chair
- keeping your child's call button close by so he or she can reach it at all times
- having your child wear Hospital-provided non-skid socks or shoes when he or she walks around
- making sure the brakes are locked before your child gets in or out of a wheelchair
- if your child wears glasses, making sure he or she has them on before getting out of bed
- following the staff's instructions to prevent falls

### Preventing Infections

Preventing infections is one of the most important goals of the Hospital. While not every infection is preventable, many can be prevented by taking certain precautions.

### Practice Hand Hygiene

One of the best ways to prevent infections is hand hygiene. Hand hygiene refers to cleaning hands with soap and water or with an alcohol-based hand sanitizer. Alcohol-based products are an easy way to perform hand hygiene. Throughout the Hospital, you will see Purell® dispensers and bottles in hallways and patient rooms.

Your child's health care team will clean their hands before and after providing care to prevent the spread of infection. They are required to use Purell® or wash their hands with soap and water. If you're not sure that your child's health care provider cleaned his or her hands, please ask the provider to do so before examining your child or performing a procedure. They will be glad you reminded them.

### Follow Visitor Guidelines

We want you to help prevent the spread of infection. If any of your child's family members or friends has a cold, cough, fever, or rash, please ask them not to visit until they are well. Ask your child's visitors to clean their hands with Purell® before they come into your child's room.



### Know About Health Care-Associated Infections and Precautions

All hospitals strive to prevent health care-associated infections. These infections include:

- Surgical site infections, which can happen after surgery at the area on the body where the surgery was performed.
- Central line-associated blood stream infections, which can occur in patients who have a central line catheter in their vein. These catheters are placed so that patients can receive medications and blood transfusions.
- Multi-drug resistant organism infection, which is a type of infection that may not be related to a procedure. This type of infection, which can affect any part of the body, is caused by bacteria resistant to many antibiotics. Resistance means that the bacteria have become harder to treat. These infections can be passed from patient to patient if proper prevention practices are not followed. They can also occur as a result of treatment with antibiotics.

When your child has a procedure, such as an operation, a cardiac catheterization, or a central line placement, strict guidelines are in place to help prevent infections. Sterile drapes are used to create barriers to prevent contamination of the body site being worked on. In addition to performing hand hygiene, the health care team:

- wears sterile gowns, gloves, caps, and masks
- uses sterile supplies and surgical instruments
- cleans the skin with an antiseptic where the procedure is to be done

Before some operations, patients are given antibiotics to prevent infections.

In some cases, to help prevent health care-associated infections, we place patients on isolation precautions in a single room. Patients who have been diagnosed with a multi-drug resistant organism infection may also be placed on contact isolation. If your child is on contact isolation, health care team members may wear a mask, gown, or gloves when coming to see your child — although your child may still be in a two-bedded room. Please check with your child's nurse about precautions you should take.

There will be a sign on the child's door or bed with a picture that will detail what your family and members of the health care team will need to wear to prevent the spread of contagious germs to others.

If your child requires infection control precautions, he or she will not be able to go to the playroom. Additional precautions may be necessary for the welfare of your child. Please feel free to discuss these with your child's health care team at any time.

If you have questions about preventing health care-associated infections, please ask your child's doctor or nurse.

### **Balloons/Flowers**

For the health and safety of our patients, latex balloons are prohibited in the Hospital as patients and staff members may be allergic to latex. Additionally, latex balloons pose an environmental hazard inside and outside of the Hospital. Silk flowers are preferred over real flowers, as real flowers pose an allergy risk to some patients. Mylar balloons and flowers (fresh cut, artificial, and dried arrangements) are prohibited in all intensive care units, recovery rooms, operating rooms, nurseries, the labor and delivery unit, and oncology and transplant units.

### **Electrical Appliances**

Electrical appliances from home, such as hair dryers and other plug-in items, are not permitted on the units. Special permission to use electronics from home may be granted in rare instances and must be pre-approved by our Biomedical Engineering Department. If you have any questions, please speak with your child's nurse.

### **Other Pediatric Patients**

For the safety of all of our pediatric patients, please do not feed, pick up, or care for other children who are patients on your child's unit.

### **Staff ID Badges**

Every staff member and volunteer is required to wear a Hospital identification badge that includes a photograph, name, and role in the Hospital. Do not hesitate to ask employees or visitors to identify themselves. If you have any concerns about the identity of any person entering your child's room, contact a member of the nursing staff immediately. Report any suspicious behavior immediately to the Security Department at extension 6-0911. Only staff wearing purple ID badges can transport patients to locations off the unit.



### **Security**

Within the Hospital, call extension 6-0911

Outside the Hospital, call (212) 746-0911

The Security Department monitors the Hospital and its properties 24 hours a day, 7 days a week. Special security measures in the maternity and pediatric areas provide further security for newborns and children during their stay in the Hospital. Please note that anyone entering the Hospital will be asked to show identification.

### **Parent Identification Badge**

To make it easier for parents and guardians to come and go within the Hospital, and to support the Hospital's security program, an identification badge is provided following your child's admission. Once your child is settled, you can go to the front desk where your photo will be taken and an ID badge issued. The process takes just a few minutes. The badge will contain your photo and an expiration date based on your child's estimated length of stay. You should wear this badge whenever you are in the Hospital. Expiration dates will be extended as necessary. Grandparents and siblings will receive regular visitor passes.

### **Patient Escorts**

If your child is in the NICU or PICU, he or she may only be escorted to a procedure by a doctor or nurse. A child in the General Pediatrics Unit may be escorted to a procedure by a patient escort who transports patients to and from tests or procedures in other parts of the Hospital.

### **Valuables**

The Hospital is not responsible for loss or damage to any personal property kept in your child's room. Please send valuables home with a friend or family member for safekeeping. If this is not possible, contact the Patient Care Director or Security to have the valuables locked in a safe.

### **Lost and Found**

(212) 746-0911

Lost and Found is located in the Security Department in the Annex Building at 523 East 70th Street.

### **No Smoking Policy**

NewYork-Presbyterian Hospital is a completely smoke-free environment — indoors and outdoors. Smoking is prohibited in Hospital buildings, at entrances, on all outside grounds, and in gardens, courtyards, and parking facilities. For information on programs to help you stop smoking, visit the Hospital's website at <http://nyp.org/services/smoking-cessation.html>.

## PREPARING TO GO HOME

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### Discharge Information

Discharge planning begins on your child's first day in the Hospital. Your child's social worker will evaluate your child's needs and, along with your child's health care team, will help determine what arrangements should be made in order for your child to have everything he or she needs at home.

These needs may include:

- homecare services
- medical equipment and/or supplies
- community resources
- counseling
- rehabilitation
- home school instruction
- transportation

Since it is often a lengthy process to set up all of the appropriate services and have them approved by your insurance provider or Medicaid, the social worker will begin this process early in your child's stay. The goal is to make your child's transition from the Hospital to home as effortless as possible. Discharge plans are reviewed daily.

Your child's physician, in collaboration with other members of the health care team, will decide when it is appropriate to discharge your child from the Hospital. The family is included in this planning process. You will generally be notified the day prior to discharge that your child may go home. A registered nurse works collaboratively with care coordinators, social workers, physicians, and other Hospital departments in planning for discharge and for continued care following discharge.

You will receive a discharge notice and discharge instructions that will include information on managing your child's care at home, home care assistance, safe and effective use of medication and equipment, pain management, overall safety, modified diets, food/drug interactions, and follow-up care. Do not hesitate to ask your child's nurse to explain discharge instructions. An envelope for your child's discharge information is provided in the front pocket of this Guide so you will be able to easily keep track of the material.

A parent or guardian must be available to take his or her child home. As you make arrangements to leave the Hospital, please note that discharge time is before 10 am.

### Going Home Checklist

The following will help you prepare for a smooth transition home for your child.

\_\_\_ Ask for information about your child's medicines.

\_\_\_ Make sure you understand what the medicines are for and how they are given.

\_\_\_ Ask for information about homecare services your child may need or that have been arranged for your child.

\_\_\_ Ask your child's physician, nurse, and nutritionist to explain the treatment plan you will follow at home.

\_\_\_ Ask for a copy of your child's discharge summary, which will list the following:

- diagnosis and procedures performed
- discharge instructions for medications, diet, and activity
- follow-up appointments

\_\_\_ If your child is an infant or toddler, bring a safety seat for the car ride home.

\_\_\_ What else should I ask my child's doctor, nurse, or therapist? \_\_\_\_\_

\_\_\_ The date of my child's follow-up appointment is: \_\_\_\_\_

\_\_\_ The telephone number of my child's doctor is: \_\_\_\_\_



**Your Child's Medication List**

You can use this chart to update your child's list of prescription and over-the-counter medications in preparation for discharge.

Name of Medication	Dose/Amount	How Often/Time of Day Medicine is Taken	Special Notes/ Date Started or Stopped

**Discharge Phone Call**

We are interested in learning how we can better serve our patients and families. After your child is discharged, you may receive a discharge phone call from the Hospital. The purpose of this call is to see how your child is feeling, inquire about your child's and family's experience during your child's hospitalization, and to make your child's transition home as easy as possible. Before your child is discharged, please tell your nurse the most convenient telephone number and time for this call.

**Patient Satisfaction Survey**

Approximately two weeks after your child's discharge, you may receive a Patient Satisfaction Survey in the mail. The Survey will ask about your child's stay in the Hospital. Please take a moment to complete and return this Survey. This Survey is very important to us. Your participation will help us take steps to improve the Hospital experience for our patients and families.

**Cashier**

(212) 746-4311

Monday through Friday, 8 am to 5:15 pm

Saturday and Sunday, 9 am to 4 pm

The Cashier is located in the main Hospital on the first floor off the main entrance lobby. Payment for Hospital charges and other services can be made by cash, personal check, traveler's checks, and most major credit cards.

**Billing**

Your child's Hospital bill will reflect all of the Hospital services he or she received during his or her stay. Charges fall into two categories:

- basic daily rate, which includes your child's room, meals, nursing care, and housekeeping
- charges for special services, which include the operating room, recovery room, and/or items your child's physician orders, such as X-rays or laboratory tests

You may receive separate bills from physicians who bill independently for their services. You may also receive bills from physicians who did not see your child in person, but who provided professional services related to diagnosing and interpreting test results while your child was a patient. These include pathologists, radiologists, and other specialists. If you have questions about their bills, please call the number printed on the statement you receive from them.

**Insurance**

(866) 252-0101

All insured patients and families should familiarize themselves with the terms of their insurance coverage, including commercial insurance carriers, HMOs, Medicare, and Medicaid. This will help you understand which Hospital services are covered and what your responsibilities are, if any. You should also bring copies of your insurance cards. The Hospital is responsible for submitting bills to your insurance company for Hospital services and will do everything it can to expedite your claim. You may receive a bill from the Hospital for any deductible/copay/coinsurance or non-covered items, as indicated on the explanation of benefits received from your insurance company. If you have any questions regarding your insurance coverage, please call (866) 252-0101 or the telephone number indicated on your billing statement.

**Notice to Uninsured or Underinsured Patients**

**(866) 252-0101**

If you are uninsured, you will be responsible for payment of your child's Hospital bill unless you are eligible for and receive coverage from other payment sources. NewYork-Presbyterian Hospital offers assistance to patients who do not have insurance or are underinsured to determine whether there may be other sources of payment available to cover Hospital services rendered here, such as Medicaid, Medicare 1011, Workers' Compensation, No-Fault, COBRA benefits, or Charity Care.

**Charity Care/Financial Aid Policy**

**(866) 252-0101**

NewYork-Presbyterian Hospital has a long-standing policy to assist patients who receive health care services at our Hospital and are in need of financial aid, regardless of age, gender, race, national origin, socioeconomic or immigrant status, sexual orientation, or religious affiliation. If you have a financial obligation to NewYork-Presbyterian and believe you cannot afford to pay, the Hospital has a charity care/financial aid policy that can assist qualified patients. Information regarding eligibility for charity care/financial aid and the application process are available from the Admitting Department or by calling toll-free (866) 252-0101.

**Medical Records (Health Information Management)**

**(212) 746-0530**

**Mailing Address:**

Medical Correspondence Unit  
NewYork-Presbyterian/Weill Cornell  
525 East 68th Street, Box 126  
New York, NY 10065-4879

**Drop-Off Location:**

Medical Correspondence Unit  
Main Hospital Building  
Payson Corridor, Basement Level, P-04

Under New York State law, all health care practitioners and facilities must grant patients access to their medical records. You may request information as parents or as guardians who are authorized for the child's care. If you would like to request a copy of your child's Hospital medical record, please carefully review and complete the *Hospital Release of Information Authorization* form in full and either mail or bring it to the Medical Correspondence Unit. The form is available in English and Spanish on the Hospital's website, or you may pick it up from the Medical Correspondence Unit. To access the form, type the following in your browser: <http://nyp.org/patients/medical-records.html>. Please read the form carefully and check the appropriate box for the information you need.

The office is open Monday through Friday, 9 am to 4 pm. After hours, completed forms may be placed in the mail slot to the right of the door.

## PATIENT RIGHTS AND RESPONSIBILITIES

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### Your Child's Rights

Your child has certain rights and protections as a patient guaranteed by state and federal laws. These laws help promote the quality and safety of your child's hospital care. Please review *Your Rights as a Hospital Patient in New York State*, which can be found in the pocket of this Guide. Share it with family and friends involved in your child's care. If you have a question about your child's rights, or do not understand something, speak to your child's nurse, doctor, social worker, or Patient Services Administration representative.

### Your Responsibilities

This Statement of Responsibilities was designed to demonstrate that mutual respect and cooperation are basic to the delivery of quality health care. You are responsible to:

- Provide, to the best of your knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to your child's health.
- Notify your child's doctor or nurse if your child has recently been taking any of the following: vitamins, minerals, both prescription and non-prescription medications, and herbal and nutritional supplements. By letting them know what your child is taking, they can take steps to avoid possible problems with the medications and treatments your child may be getting during his or her Hospital stay.
- Let your child's nurse know if food is brought in from the outside. We need to see that the food is stored safely and won't interfere with your child's special diet or treatment.
- Report any unexpected changes in your child's condition to the responsible medical care provider.
- Report whether you clearly understand each proposed course of action in your child's care and what is expected of you.
- Follow the treatment plan recommended by the health care team responsible for your child's care. This group may include doctors, nurses, and allied health personnel who are carrying out the coordinated plan of care, implementing doctor's orders, and enforcing applicable Hospital rules and regulations.
- Be responsible for your actions if you refuse treatment for your child or do not follow your child's medical care providers' instructions.
- Follow Hospital rules and regulations affecting patient care and conduct.
- Be considerate of the rights of other patients and Hospital personnel, especially with regard to minimizing noise, refraining from smoking, and assuring the appropriate conduct of your child's visitors.
- Be respectful of the property of others.
- Assure that the financial obligations for your child's health care are fulfilled as promptly as possible.

### Organ Donation

Should you wish to consider organ donation and enroll in the New York State Donate Life Registry, you may do so by calling the New York State Organ and Tissue Donor Registry toll-free at (866) NYDONOR or (866) 693-6667. You may also enroll through the New York State Department of Health website at [www.health.state.ny.us/professionals/patients/donation/organ](http://www.health.state.ny.us/professionals/patients/donation/organ).

### If You Have Concerns

If you have any questions or concerns regarding your child's rights and/or responsibilities as a patient at NewYork-Presbyterian Hospital, please call Patient Services Administration at (212) 746-4293.

If you feel we have not been able to address your concerns, you may also call:

- New York State Department of Health (800) 804-5447
- The Joint Commission, a hospital accreditation organization (800) 994-6610



## FINDING YOUR WAY AROUND

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The Hospital's official address and phone number are:

NewYork-Presbyterian/Phyllis and David Komansky Center for Children's Health (212) 746-5454

NewYork-Presbyterian Hospital/Weill Cornell Medical Center

525 East 68th Street, Sixth Floor

New York, NY 10065

### Directions

#### By Subway

Take the #6 train to East 68th Street. Walk four blocks east to York Avenue or take the M66 bus eastbound to York Avenue.

#### By Bus

Take the M31 to the East 69th Street stop, which is directly in front of NewYork-Presbyterian/Weill Cornell. The M31 operates north and south on York Avenue, and crosstown on 57th Street.

Crosstown buses M66 and M72 allow you to transfer to the M31 at York Avenue.

For additional bus and subway information, call the Metropolitan Transportation Authority at (718) 330-1234.

#### By Car

Approaching the Hospital from the south, take the FDR Drive northbound to the 61st Street exit. Turn right onto York Avenue, go north to 68th Street, and turn right into the main entrance circle.

Approaching the Hospital from the north, take the FDR Drive southbound to the 71st Street exit. Turn left onto York Avenue, go south to 68th Street, and turn left into the main entrance circle.

## **Parking**

We strongly recommend parking at our licensed and insured Hospital parking garages listed below. Most major credit cards are accepted.

### **Greenberg Pavilion Garage**

(212) 746-2015

525 East 68th Street

Open 24 hours. Handicapped accessible.

Valet parking is located in the circular driveway at the main Hospital entrance. Payment may be made to the Hospital Cashier, Monday through Friday, 8 am to 9 pm and Saturday, 9 am to 4 pm. At other times, payment may be made at the parking booth located at the center of the main entrance circle.

### **Helmsley Medical Tower Garage**

(212) 746-1974

507 East 70th Street, between York Avenue and the FDR Drive

Valet parking. Open 24 hours.

### **Laurence G. Payson House Garage**

(212) 746-1977

426 East 71st Street, between York and First Avenues (on left)

Valet parking. Open 24 hours.

### **The Phipps House Garage**

(212) 746-1979

1285 York Avenue, between 68th and 69th Streets

Valet parking. Open 7 am to midnight.

## **Map and Neighborhood Services**

In the pocket of this Guide, you will find a map that identifies locations that may be important for you to know on the NewYork-Presbyterian/Weill Cornell campus and in the surrounding neighborhood. For your convenience, we have also included a list of restaurants, pharmacies, ATM machines, and other local resources.

## HELPFUL INFORMATION FOR PARENTS

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### Understanding Medical Terms

At the suggestion of the Family Advisory Council, the information below has been provided to help you and your family members familiarize yourselves with hospital terms you may hear during your child's stay.

#### A-Line [Arterial Catheter]

A special catheter that is placed in an artery and used to check blood pressure and draw blood samples. These catheters reduce the number of needle sticks for blood tests that your child may require.

#### Ambu Bag and Mask

A piece of equipment consisting of a rubber bag and face mask which, when squeezed by hand, fills the lungs with oxygen and assists breathing.

#### Anemia

A condition where there are not enough red blood cells or hemoglobin in the blood. Premature and sick children are not always able to make enough red blood cells to replace the ones lost when blood is taken from them for testing.

#### Antibiotics/Antimicrobials

Drugs which either destroy microorganisms (bacteria, viruses, fungi) or slow their growth. These drugs are used in treating infections.

#### Apgar Score

A score taken at birth to measure the condition of your infant, including heart rate, respiratory effort, muscle tone, reflexes, and color.

#### Apnea

This is a condition that occurs when a child stops breathing for longer than 20 seconds.

#### Artery

These are the blood vessels that carry oxygen-rich blood through your body.

#### Aspiration

To breathe a substance into the windpipe or lungs.

#### Bagging

A procedure used to help a child breathe. A small bag attached to a mask is placed over the child's nose and mouth or breathing tube. Air is pumped through the mask to provide oxygen.

#### Bilirubin

A product of the breakdown of red blood cells. It is a measure of the level of jaundice. Bilirubin is filtered out of the blood by the liver. In premature children, the liver is immature so it doesn't filter as well as it should and this leads to jaundice.

#### Blood Culture

A sample of blood sent to the lab to test for infection.

#### Blood Gas

A laboratory test performed on blood drawn from the vein to determine the amount of oxygen and carbon dioxide in the blood. This test helps in the assessment of lung and heart function.

#### Blood Pressure

A measure of the force of blood moving through blood vessels. Can be taken periodically using a cuff on the arm or leg or monitored continuously using a transducer hooked up to the umbilical artery catheter [UAC] or to a peripheral arterial line.

**BMP [Basic Metabolic Panel]**

See “electrolytes.”

**BPD [Bronchopulmonary Dysplasia]**

A term referring to a chronic lung disease most commonly seen in children who have had long-term breathing problems and oxygen needs. This term is often used interchangeably with Chronic Lung Disease [CLD].

**Bradycardia [Brady]**

A heart rate that is slower than normal.

**Breast Pump**

An electric machine used by a mother to express milk from her breasts.

**Carbon Dioxide**

The gas we breathe out as a waste product.

**Cardiorespiratory Monitor [C-R Monitor]**

See “heart rate monitor.”

**Catheter**

A tube used for putting fluids into or removing fluids from the body.

**CBC [Complete Blood Count]**

A blood test done to determine if an infection is present and/or the child is anemic.

**CC's**

Metric measure of liquids [30 cc's is 1 ounce].

**Central Line**

A special IV line that is inserted into a large vein that is used to give fluid or draw blood.

**Chest Tubes**

Tubes inserted through the skin, into the space around the lungs to drain fluid or air.

**Chest PT [Chest Physiotherapy]**

Tapping on the chest to assist in the drainage of mucus/secretions.

**Chronic Lung Disease [CLD]**

Refers to changes in the lungs seen on X-rays in children who may have a continued need for oxygen or extra breathing support. This term is often used interchangeably with Bronchopulmonary Dysplasia [BPD].

**Chronological Age**

The age of the child counting from his/her birth date. It does not account for the child's prematurity.

**Cleft Lip and/or Cleft Palate**

Cleft lip and cleft palate are birth abnormalities of the mouth and lip. Cleft lip and cleft palate occur early in pregnancy while the mouth and lips are developing. In the case of cleft lip, the sides of the lip, and in the case of cleft palate, the sides of the roof of the mouth, do not fuse together as they should. A child can have cleft lip, cleft palate, or both.

**Coarctation of the Aorta**

Coarctation of the aorta is a narrowing or constriction of the aorta obstructing blood flow to the lower part of the body and increasing blood pressure above the region of constriction.

### Congenital Diaphragmatic Hernia [CDH]

CDH is a defect or opening in the child's diaphragm [the diaphragm is the muscle that separates the chest cavity from the abdominal cavity]. With this type of birth defect, some of the organs that are normally found in the abdomen move up into the chest cavity through this abnormal opening. These abdominal organs that are in the chest cavity can affect how the lungs develop and grow.

### CPAP [Continuous Positive Airway Pressure]

A continuous flow of pressurized air/oxygen into the lungs through prongs in the child's nose to help the lungs inflate properly. With nasal CPAP, your child is doing all of the breathing. A head cap is placed to anchor the tubing on the child's head area with nasal prongs placed snugly on the child's nostrils. The pressure and oxygen are delivered through this tubing.

### Cyanosis

Refers to a dusky, bluish color of the skin, lips, and/or nail beds as a result of not having enough oxygen in the blood.

### Desaturation [Desats]

A term indicating that the child's oxygen level is below the normal range.

### Dextrostix

Measures the blood sugar level, usually drawn from the heel.

### Diuretic

A type of medication used to increase the amount of urine a child produces to decrease the extra fluid in the body.

### Echocardiogram [ECHO]

This is an ultrasound of the heart usually performed by the cardiologist. It can identify heart anomalies and show how the blood is pumping throughout the heart's chambers and in the vessels leading to and from the heart.

### Edema

Also known as "puffiness," this is swelling due to extra fluid under the skin causing a swollen appearance.

### Electrocardiogram [EKG]

A graphic picture of the heart rhythm.

### Electrode

A patch placed on the child's chest to measure the heart rate and breathing rate.

### Electrolytes [LYTES]

The measurement of sodium, potassium, and chloride in the child's blood. The results of this test may indicate the need for supplements of these very important minerals. Also referred to as BMP [basic metabolic panel].

### Endotracheal Tube [ETT]

A soft plastic tube that is placed into the child's nose or mouth and down into the windpipe [trachea] and is connected to a respirator. When a child is intubated with an endotracheal tube [ETT], he or she is unable to speak or make noise. Intubation is the process of placing an ETT into a child, and extubation is the process of taking it out.

### Esophageal Atresia [EA]

The esophagus is a tube that leads from the throat to the stomach. With esophageal atresia, the esophagus does not form properly while the fetus is developing before birth. As a result of this abnormal development of the esophagus, there are two parts of the esophagus — an upper part and a lower part — that are not connected to each other. Esophageal atresia often occurs with another birth defect known as tracheo-esophageal fistula [TEF].

### Expressed Breast Milk [EBM]

Milk that the mother expresses using a pump. This milk can be frozen and saved for a child who is not feeding.

### Extubation

Removal of the endotracheal (breathing) tube from the airway.

### Foley

A catheter placed in the bladder to drain urine.

### Fortifier/Human Milk Fortifier

A powder substance that supplements breast milk and gives it extra calories, minerals, proteins, and vitamins. This supplement is mixed with the mother's breast milk and fed to the preterm child.

### Gastroesophageal Reflux Disease [GERD]

Gastroesophageal reflux disease [GERD] is a common condition in children under one year of age. This condition is often referred to as GERD. GERD is when liquid from the stomach comes back up into the esophagus [food pipe]. It may come all the way back to the mouth causing the child to “spit up.”

### Gastroschisis

A gastroschisis is an uncommon congenital birth defect. It is an opening in the abdominal wall that occurs before birth while the child is developing. Due to the opening in the abdominal wall, the stomach and small and large intestines are not enclosed by the abdominal wall and develop outside of the body.

### Gavage

A method of feeding children through a tube inserted into the stomach through the nose or mouth. This is often referred to as NGT [nasogastric tube] feedings. The tube is small enough that it can be left in place in between feedings without bothering the child. Premature infants often require tube feedings from the beginning since they are unable to coordinate sucking, swallowing, and breathing.

### Gestational Age

The gestational age of a full-term baby is 37 to 42 weeks.

### Glucose

A type of sugar in the blood. Different types of glucose monitoring are done, but the most common is done using a glucometer.

### Glycerin Suppository

Also known as the “silver bullet,” a glycerin suppository helps the child have a bowel movement.

### Hearing Exam

According to New York State law, all newborns must have their hearing screened before being discharged home.

### Heart Rate Monitor

This monitor provides waveforms and numerical readings of the child's heart rate and respirations. Three adhesive electrodes [leads] stick to the child's skin. An alarm rings if the readings are not within the normal limits. False alarms are common and usually happen when the child wiggles or a lead falls off. This is also referred to as the cardiorespiratory monitor.

### Heat Lamp

A heat source resembling a large light bulb on a rolling stand that can be placed near the opened door of an isolette to keep the child warm during procedures.

### Heelstick

The method of taking blood from a child by pricking the child's heel.

### Hemoglobin

The iron-containing part of the red blood cells that carries oxygen from the lungs to tissues throughout the body.

### Hernia [Inguinal and/or Umbilical Hernia]

Occur in either the groin [inguinal] or belly button [umbilical] area. These occur due to a weakness in the abdominal [belly] muscles. Hernias are small amounts of bowel that pass through the weak muscles. They look like soft lumps that change size and shape. Some can be big, but they are usually painless.

### Hydrocephalus

Hydrocephalus is sometimes referred to as "water on the brain." Hydrocephalus is a build-up of cerebrospinal fluid in the ventricles of the brain, leading to the enlargement and swelling of the ventricle[s].

### Hydronephrosis

Hydronephrosis is a stretching or swelling of the inside portion of the kidney. Hydronephrosis usually occurs because of a blockage in the ureter where it joins the kidney. This blockage prevents urine from draining into the bladder. Hydronephrosis may also be due to blockage at any part of the path the urine takes, or it can also occur because of abnormal flow of urine causing the urine to backwash or reflux back up into the kidney from the bladder. This condition is called vesicoureteral reflux.

### Hypoglycemia

Low blood sugar level in the blood.

### Hypoplastic Left Heart Syndrome [HLHS]

In hypoplastic left heart syndrome, most of the structures on the left side of the heart [including the left ventricle, mitral valve, aorta, and aortic valve] are small and underdeveloped. The degree of underdevelopment differs from child to child. The functional ability of the left ventricle can be severely affected resulting in the failure of the left ventricle to pump an adequate blood volume to the body.

### Hypoxia

A decrease in the level of oxygen in the blood.

### Incubator/Isolette

This is an enclosed bed that provides a warm environment and allows easy observation of the child. A sensor may be placed on the child's skin for temperature control depending on the child's size and temperature stability.

### Infiltrate

This term is used when referring to an intravenous line [IV] that is no longer in the vein and must be re-sited.

### Intake and Output

An accounting of fluid taken in, lost, or secreted.

### Intralipids

A white, high calorie fat solution that is delivered by IV.

### Intraventricular Hemorrhage [IVH]

A condition where bleeding occurs in the ventricles of the brain. This is diagnosed by ultrasound.

### Intubation

Placement of an endotracheal tube [ETT] through the nose or mouth into the trachea [windpipe].

### IV/PIV Line

#### [Intravenous/Peripheral Intravenous Line]

A small catheter placed a short distance into a vein to provide fluids, nutrition, and/or medications. Children can have IV's in their scalps, hands, arms, legs, and feet. These sites are rotated if the IV infiltrates.

### Jaundice [Hyperbilirubinemia]

The yellow color seen in the skin due to the buildup of bilirubin.

### Lytes

See "electrolytes."

### Meconium

This is the first stool passed by an infant. These stools can last for days and are dark green, thick, and tarlike.

### Meconium Aspiration Syndrome [MAS]

This is a condition that affects the child's lungs making it difficult for the child to breathe. MAS occurs when a child makes a bowel movement [meconium] before birth. The meconium mixes with the amniotic fluid and as the child swallows and breathes, the meconium gets into the lungs and causes irritation and inflammation in the delicate lung tissues.

### Mucus

A fluid secreted by the membranes of the nose, trachea, and lungs.

### Murmur

A sound of blood going through the heart a different way than usual. It is detected by using a stethoscope and listening to the heartbeat on the chest or back.

### Nasal Cannula

Small soft plastic prongs that are placed in the child's nose to deliver oxygen or air.

### Necrotizing Enterocolitis [NEC]

A serious condition where the intestines may stop working. It is treated by stopping feedings and administering antibiotics. Sometimes surgery is needed to remove the diseased part[s] of the intestine.

### Neonatal

The period of time from birth to 28 days old.

### Newborn Screening Program

New York State has a newborn screening test that looks for blood and metabolic disorders. All babies will have a small sample of blood taken, usually on the third day of life. If detected early, some of these conditions can be treated. The State will contact you directly if the results are abnormal or otherwise require follow-up.

### NG Tube [Nasogastric Tube]

A tube placed through the nose into the stomach to remove or administer medications or fluids.

### NICU

Neonatal Intensive Care Unit

### NPO

An abbreviation meaning no food or drink by mouth.

### Omphalocele

An omphalocele is an abnormality occurring before birth as a fetus is forming in its mother's uterus. This birth defect occurs very early in pregnancy where some of the abdominal organs protrude through an opening in the abdominal muscles in the area of the umbilical cord. A thin, translucent membrane covers the protruding organs.

### OR

An abbreviation used for the operating room.

### Oxygen

An odorless, colorless gas needed by body cells. We breathe room air, which is 21 percent oxygen; a child can be given up to 100 percent oxygen if needed.

### PDA [Patent Ductus Arteriosis]

The ductus is a blood vessel that keeps the blood away from the lungs before a baby is born. Usually the ductus closes shortly after birth. If this vessel stays open it may interfere with normal blood flow causing stress to the heart and lungs. PDA can be treated with medication or surgery if necessary.

### Periventricular Leukomalacia [PVL]

A term used to refer to damage and softening of the white matter around the area of the ventricles in the brain. The white matter is the inner part of the brain that transmits information between the nerve cells and the spinal cord, as well as from one part of the brain to another. Depending on the area of the brain that is affected, children with PVL may have difficulties in overall development. Some areas that may be affected are the ability to walk, talk, speak, or see.

### Persistent Pulmonary Hypertension of the Newborn [PPHN]

PPHN is a condition that affects the child's breathing and the ability of the child's lungs to oxygenate the body. In PPHN, the blood vessels that travel to the lungs in order to receive oxygen are narrowed and tight. As a result of this tightness, the blood that is traveling to the lungs has to travel under higher pressure than normal. Because of this higher pressure, all the blood that needs to go to the lungs does not reach them and is often shunted away. Not all the blood receives oxygen and, as a result, the tissues of the body also receive lower levels of oxygen.

**PICC Line [Peripheral Inserted Central Catheter]**

A long, plastic intravenous line placed deep into a large vein using sterile technique that can deliver special nutritional supplements. This line can be left for long periods of time without having to take it out. It is considered a central or deep line.

**PICU**

Pediatric Intensive Care Unit

**Phototherapy [Bili Lights]**

A special ultraviolet light used in the treatment of some types of jaundice/hyperbilirubinemia. Phototherapy lights are used to break down and eliminate the bilirubin that causes jaundice. Eye shields are placed over the baby's eyes to protect them from the light.

**Pneumonia**

Inflammation or infection in the lungs.

**Pneumothorax**

A condition where air is trapped in the space between the lungs and the outer covering of the lungs. This buildup of air compresses the lung and makes it hard for it to expand normally.

**PO**

An abbreviation which means by mouth.

**Postmature**

A baby born after 42 weeks.

**Posterior Urethral Valves [PUV]**

Posterior urethral valves [PUV] are an abnormality of the urethra, which is the tube that drains urine from the bladder to the outside of the body for elimination. The abnormality occurs when the

urethral valves, which are small leaflets of tissue, have a narrow, slit-like opening that partially blocks urine outflow from the bladder. Reversed or abnormal flow of urine occurs and can affect all of the urinary tract organs, including the urethra, bladder, ureters, and kidneys. The organs of the urinary tract become filled with urine and swell. The degree of urinary outflow obstruction from the bladder will determine the severity of the problem.

**Premature**

A baby born before 37 weeks.

**Pulse Oximeter**

A sensor that is placed on the hand or foot to monitor the concentration of oxygen in the child's blood.

**Radiant or Overhead Warmer**

One type of bed in which children can be placed. An overhead heat source keeps the child warm. A sensor placed on the child's skin controls the temperature, thus the child cannot wear a shirt. This bed is open on all sides and allows easy access to the child.

**Red Blood Cells**

These cells are responsible for carrying oxygen throughout the body.

**Reflux**

A condition in which contents from the stomach come back up into the esophagus and cause discomfort for the child. See gastroesophageal reflux disease [GERD].

### Respirator or Ventilator

A machine used to deliver oxygen into the lungs to assist breathing.

### Respiratory Distress Syndrome [RDS]

The air sacs in the lungs collapse, making it difficult to get enough air into the lungs.

### Room Air

The air we all breathe.

### Sepsis

Refers to an infection that occurs in the blood. If there is any question that an infection may be brewing, blood is drawn for culture and complete blood counts. Antibiotics may also be started.

### Septic Work-Up

Refers to the evaluation done when an infection is suspected. It usually includes blood drawn for CBC and culture. In some cases the medical team may request that a lumbar puncture and suprapubic tap be performed as well.

### Servo

A method to control temperature that uses a probe placed on the belly.

### Spina Bifida/Myelomeningocele

A condition in which there is abnormal development of the back bones, spinal cord, surrounding nerves, and the fluid-filled sac that surrounds the spinal cord. This neurological condition can cause a portion of the spinal cord and the surrounding structures to develop outside, instead of inside, the body. The defect can occur anywhere along the spine.

### Spinal Tap [LP/Lumbar Puncture]

Insertion of a small needle through the skin of the lower back into the spinal canal to obtain a sample of spinal fluid.

### Suction

Removal of mucus and fluid from the nose, mouth, or endotracheal tube.

### Surfactant or Survanta

An artificial substance that is delivered directly into the lungs through the breathing tube that prevents the air sacs from collapsing.

### Tachycardia

A heart rate that is faster than the average range.

### Tachypnea

A breathing rate that is faster than the average range.

### Tetralogy of Fallot [TOF]

This is a congenital heart defect that is made of four different abnormalities.

- Ventricular Septal Defect [VSD] - an abnormal opening that allows blood to pass from the right ventricle to the left ventricle without going through the lungs.
- Pulmonary Stenosis - a narrowing at or just under the pulmonary valve that partially blocks the flow of blood from the right side of the heart to the lungs.
- Right Ventricular Hypertrophy - the right ventricle becomes more muscular than normal because it must pump against the obstructed outflow tract.

- Overriding Aorta - rather than sitting in its normal position coming from the left ventricle, the aorta sits over or “overrides” the ventricular septal defect.

### TPN

#### [Total Parenteral Nutrition/Hyperalimentation]

Special nutrition that is given through a vein. TPN is used in children who cannot be fed breast milk or formula or as a supplement until full nutrition can be given by mouth.

#### Tracheoesophageal Fistula [TEF]

Tracheoesophageal fistula is a type of birth defect where there is an abnormal connection in one or more places between the esophagus [the tube that leads from the mouth to the stomach] and the trachea [the tube that leads from the throat to the windpipe and lungs]. Normally, the esophagus and the trachea are two separate tubes that are not connected. When a child with a TEF swallows, the liquid can pass through the abnormal connection between the esophagus and the trachea. When this happens, liquid gets into the child’s lungs. This can cause the child to have difficulty breathing and an infection in the lungs [pneumonia].

#### Transfusion

Treatment that provides blood or blood products intravenously. A consent form must be signed by the child’s parent or guardian for this to take place, but exceptions are made in the case of a life-threatening emergency, which requires an immediate transfusion.

#### Transient Tachypnea of the Newborn [TTN]

Transient tachypnea of the newborn is a condition where the baby breathes more quickly than normal because of the increased lung fluid

left in the lungs. TTN most often affects full-term or almost full-term babies soon after they are born. TTN is a temporary condition that improves over the first few hours to day of life. Once the TTN resolves, most babies have no further problems with their breathing.

#### Transposition of the Great Arteries [TGA]

A condition where the position of the pulmonary artery and the aorta are reversed. As a result:

- The aorta originates from the right ventricle, so most of the blood returning to the heart from the body is pumped back out without first going to the lungs.
- The pulmonary artery originates from the left ventricle, so that most of the blood returning from the lungs goes back to the lungs again. This results in abnormal circulation of blood.

#### UAC [Umbilical Artery Catheter]/UVC [Umbilical Venous Catheter]

A soft, clear catheter placed into one of the umbilical cord vessels [artery and/or vein]. These are used to monitor BP, give fluids, and draw blood for testing without having to prick the child. These lines are placed at birth using sterile technique.

#### Ultrasound

A procedure that uses sound waves to produce a picture of internal organs.

#### Umbilicus/Belly Button

The cord, which usually dries up and falls off after a short time. It is used to support the UAC/UVC lines.

**Veins**

Blood vessels that carry deoxygenated blood back to the lungs for oxygenation.

**Ventilator**

A machine used to help a child breathe. The machine connects to the ETT that has been placed into the trachea. [See also respirator.]

**Ventricles**

Spaces in the brain where spinal fluid circulates.

**Vernix**

The thick, white substance that protects the infant's skin in the womb. Premature infants do not usually have vernix as they have not had time to make it.

**Vital Signs**

The combination of temperature, heart rate, breathing rate, and blood pressure being recorded on the child.

**Vitamin K**

A vitamin shot usually given once shortly after birth to help the blood clot normally. All children receive this intramuscular injection.

**White Blood Cells**

These are the cells in the body responsible for fighting infection.

**X-rays**

A picture taken to check organs, bones, or medical tubing placed inside the body, as well as to evaluate for any evidence of infection or fracture.

## Educational Resources

Following is a list of resources that members of the Family Advisory Council have found to be useful references.

### Books

*The Savvy Mom's Guide to Medical Care*, Pamela F. Gallin, MD

*You: the Smart Patient: An Insider's Handbook for Getting the Best Treatment*, Michael F. Roizen, MD and Mehmet C. Oz, MD

*The Elephant in the Playroom*, Denise Brody

### General Information

- KidsHealth [www.kidshealth.org](http://www.kidshealth.org)  
KidsHealth provides doctor-approved health information about children from before birth through adolescence. Created by The Nemours Foundation's Center for Children's Health Media, KidsHealth provides families with accurate, up-to-date, and jargon-free health information.
- New York Online Access to Health [www.noah-health.org](http://www.noah-health.org)  
Your link to quality-filtered consumer health information
- Medline Plus [www.nlm.nih.gov/medlineplus](http://www.nlm.nih.gov/medlineplus)  
Trusted Health Information for You — a service of the U.S. National Library of Medicine and the National Institutes of Health
- Institute for Patient- and Family-Centered Care [www.ipfcc.org](http://www.ipfcc.org)
- American Academy of Pediatrics (AAP) [www.aap.org](http://www.aap.org)  
*AAP Policy Statement on Family-Centered Care and the Pediatrician's Role*  
<http://aappolicy.aappublications.org/cgi/content/full/pediatrics;112/3/691>
- American Hospital Association (AHA) [www.aha.org](http://www.aha.org)  
*Strategies for Leadership: Advancing the Practice of Patient- and Family-Centered Care*  
[www.aha.org/aha/content/2005/pdf/resourceguide.pdf](http://www.aha.org/aha/content/2005/pdf/resourceguide.pdf)
- Institute of Medicine Quality and Patient Safety [www.iom.edu](http://www.iom.edu)  
*Quality and Patient Safety*  
<http://iom.edu/Global/Topics/Quality-Patient-Safety.aspx>
- American Academy of Family Physicians <http://familydoctor.org>  
Health information for the whole family, including clear and concise patient handouts written and reviewed by physicians and patient education professionals about common medical concerns and conditions

- Express Scripts' Drug Digest <http://drugdigest.org>  
For information on prescription drugs, over-the-counter medications, and herbal supplements, including drug and food interactions
- Genetics Home Reference <http://ghr.nlm.nih.gov>  
Consumer-friendly information about genetic conditions and the genes and chromosomes responsible for those conditions
- Household Products Database <http://householdproducts.nlm.nih.gov>  
Health and safety information on more than 10,000 consumer brands
- Lab Tests Online <http://labtestsonline.org>  
Consumer-oriented site enables searches by name of test, condition, or age group
- March of Dimes Foundation <http://marchofdimes.com>  
<http://www.nacersano.org> (en espanol)  
Provides answers to questions about pregnancy with extensive information about birth defects, genetics, and premature births
- National Cancer Institute <http://cancer.gov>  
Extensive information on all cancers, including treatments. Also has a telephone help line and live online chat service
- New York State Physician Profile <http://nydoctorprofile.com>  
Medical education and legal actions for all doctors registered to practice medicine in New York State

### Hand Washing

- Centers for Disease Control and Prevention [www.cdc.gov](http://www.cdc.gov)  
*Healthcare Infection Control Practices*  
[www.cdc.gov/hipac/pubs.html](http://www.cdc.gov/hipac/pubs.html)
- Hand Hygiene Resource Center [www.handhygiene.org](http://www.handhygiene.org)  
Hospital of Saint Raphael, New Haven, Connecticut

### Government Resources

- U.S. Department of Health and Human Services [www.hhs.gov](http://www.hhs.gov)
- National Institutes of Health [www.nih.gov](http://www.nih.gov)
- Centers for Disease Control and Prevention [www.cdc.gov](http://www.cdc.gov)

## Tips for Parents by Parents

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### Navigating Breastfeeding While Your Child is in the Hospital

#### What should I do if I want to breastfeed my baby but he/she is in the hospital?

Ask your doctor or nurse if and when you may be able to nurse your child. Sometimes children in isolettes may be able to nurse. Ask about nursing your baby at each feeding. Ask your baby's health care team about skin-to-skin holding and possibly nursing on a recently pumped breast when your baby is medically stable. This can be beneficial to your milk supply and for your baby.

#### When should I begin using the breast pump?

It is best to pump within 6 hours of delivery, if possible. Ask your doctor or nurse how soon you can pump. If you can, double pump 8 to 12 times per 24-hour period, allowing 15 minutes per breast. It is normal to see only drops in the breast shield while pumping. You will begin to collect more milk by day 5 after the baby is born.

#### Where is the breast pumping room? What is the procedure for storing milk at the Hospital?

A room for breast pumping is located on 6 West, room 6-356, across from the NICU. Storage bags for your breast milk are available in the room. Label the bag with your baby's name and medical record number from your baby's ID band, date, and time, and give it to your baby's nurse. If you need more labels, you may obtain them at the front desk. Bags will be stored in a freezer on your child's unit. If you have exceeded the limit for stored milk, you can store the remaining milk at home, if necessary.

#### How do I maintain breast pump equipment?

Breast pumping kits are disposable after one use. At home, sterilize the kit in boiling water before reusing. Clean the tubes, shields, white membranes, yellow valves, and bottles after each use.

#### How can I rent a breast pump for home/hospital usage?

Breast pumps are available for rental in the Hospital's Gift Shop or through Preparation for Parenthood at (212) 746-3295. Ask about breast pump rental or purchase for your home. Preparation for Parenthood is located in the lobby of 420 East 76th Street between York Avenue and First Avenue. The cost to rent a breast pump ranges from \$60 to \$70 per month. There is an initial fee of \$50 for a breast milk collection kit.

#### Who can help me if I am having difficulty nursing or experiencing discomfort?

Lactation consultants/specialists are available to aid in the breastfeeding process. These specialists can help if you are having discomfort while nursing, if your baby is having difficulty latching on or staying on the breast, or if you are experiencing issues related to your milk supply. Lactation consultants/specialists are available Sunday through Friday from 9 am to 5 pm. Call Preparation for Parenthood at (212) 746-3295 or have the nurse page the covering lactation consultant to arrange an appointment on the unit. Your nurse can also help with breastfeeding questions.

## Tips for Parents by Parents

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### Navigating the Neonatal Intensive Care Unit (NICU)

#### Who takes care of my baby in the NICU?

Attending physicians oversee all patient care in the NICU. Fellows, residents, nurse practitioners, nurses, medical students, social workers, Child Life Specialists, dietitians, pharmacists, respiratory therapists, and physical and occupational therapists may also be part of your baby's health care team.

#### Are there different rooms in the NICU?

Within the NICU, some rooms are designated for new admissions or more critically ill babies. Your baby may be moved to another room as his or her condition stabilizes or changes.

#### When do rounds occur?

Rounds take place every day between 9 am and 11 am. Ask your baby's health care team how you can participate in family-centered rounds.

#### What is my role as a parent in caring for my baby while he or she is in the NICU?

Parents are encouraged to be involved in their baby's care as much as medically possible. Ask your baby's health care team about your baby's medical status and any other questions to help you understand the processes in the NICU. When medically appropriate, you can begin participating in your infant's care through touching, talking, softly singing, feeding, and diapering. This will foster bonding and infant development. The more you participate in your baby's care in the Hospital, the more comfortable and prepared you will be when your baby is ready to go home. Do not hesitate to talk with a member of your baby's health care team about any questions you may have.

#### What items can I bring from home?

You can bring in photographs, blankets, and a small stuffed animal from home. Ask one of your baby's nurses if you can put any of these items in the isolette.

#### Are there any places for parents to rest or take breaks?

There are two family lounges on 6 West. A "quiet lounge" is located just inside the security doors of the NICU. A larger family lounge is located just outside the NICU. It contains vending machines, a water dispenser, a coffee/tea dispenser, magazines, a television set, and three computers with Internet access.

#### Are there any infant care classes given by the Hospital?

Preparation for Parenthood offers classes throughout the week on breastfeeding and infant care in the Hospital. The Komansky Center Family Advisory Council offers NICU parent luncheons on the third Thursday of every month. This is an opportunity to meet with other parents who share your experience. Workshops of particular interest to NICU parents are held monthly. Fliers announcing the luncheons and seminars are given out 1 to 2 days in advance and are posted in the NICU.

## Tips for Parents by Parents

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### Navigating Discharge from the NICU

#### Are there special items that I will need for the day my baby goes home?

- an infant car seat, which is required by law, properly installed for the ride home (car seats are not required for taxis and buses)
- name of a pediatrician with contact information
- follow-up appointment with your baby's pediatrician 1 to 5 days after discharge
- follow-up appointment with the Premie Clinic, if medically necessary
- clothes and hat for your baby to wear home
- medications and medicine dispensers
- breast milk stored at the Hospital or formula
- bottles and nipples for feedings at home

If your baby needs a prescription, make sure to fill it before leaving the Hospital.

#### What is the Premie Clinic?

Your care team will let you know if you should make a follow-up appointment with the Hospital's Premie Clinic. During your baby's appointment, you will see NICU staff, a nutritionist, and a physical therapist who will evaluate your infant's growth and development. They will also guide you to any other services that can benefit you and your infant. You can reach the Premie Clinic at (212) 746-3530.

#### Are there services that will help when I bring my baby home?

Any services that are appropriate for your baby will be discussed with you prior to discharge. These services will be specific to the needs of your infant and will be arranged and coordinated by your baby's care team prior to discharge or during your baby's follow-up appointment in the Premie Clinic.

#### Are there additional resources that might be helpful?

It is important to know about the following services should they be needed:

- New York: Early Intervention Program  
The Early Intervention Program identifies and evaluates infants and toddlers whose healthy development is compromised and provides appropriate intervention.
- Connecticut: Birth to Three System  
Birth to Three System strengthens the capacity of families to meet the developmental and health-related needs of their infants and toddlers who are experiencing delays or have disabilities.
- New Jersey: Early Intervention System  
Early Intervention System enhances the capacity of families to meet the developmental and health-related needs of children from birth to age 3 who are experiencing delays or have disabilities.









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