



NewYork-Presbyterian Hospital
Patient and Visitor Guide

During Your Child's Stay

Important Phone Numbers

Admitting Department	(212) 305-3388
General Information	(212) 305-2500
Medical Records	(212) 305-3270
Patient Information	(212) 305-2500
Patient Services Administration	(212) 305-5904



NewYork-Presbyterian
Morgan Stanley Children's Hospital

www.childrensnyp.org

WELCOME

Welcome to NewYork-Presbyterian/Morgan Stanley Children's Hospital. 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

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 Family Advisory Council of Morgan Stanley Children's Hospital is a group of dedicated parents, Hospital staff, and faculty 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. Many 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) 305-0709 or visit www.childrensnyp.org and click on Morgan Stanley Children's Hospital.



FOR YOUR CHILD'S CARE

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, 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:



6 For Your Child's Care



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. A specially trained Pain Resource Nurse is also available to talk with you about any pain management concerns.

My child's Nurses are:

Care Coordinators

Care coordinators are registered nurses who see that your child's doctor's orders are carried out in a timely manner. The care coordinator may ask you questions about your child's care and your medical insurance so that your child can receive the appropriate benefits covered under your policy.

My child's Care Coordinator is:

Unit Assistants

Unit assistants 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 Assistant is:

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:

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:

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 emotional, developmental, and psychosocial needs, providing support during the health care experience, and help patients and family members develop effective coping skills. Child Life Specialists also use play, music, and art programs to help normalize the Hospital stay.

Our Child Life Specialist is:

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 your 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 at home, your child's dietitian will provide you with information and teach you how to follow the diet at home.

My child's Dietitian is:

Nutrition Hosts

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

My child's Nutrition Host is:

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:

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:

Speech Therapists

Speech therapists assist children who may need help in regaining or improving speech and communication skills.

My child's Speech Therapist is:

Respiratory Therapists

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

My child's Respiratory Therapist is:

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.

My child's Environmental Services Worker is:

Laboratory Personnel

Laboratory technologists manage laboratory testing. Phlebotomists are members of the laboratory team and 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. They see that your child gets to and from his or her destination safely.

Radiology Technologists

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

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.

Your Child's Meals

Registered Dietitian: call (212) 305-4901

Food Service Supervisor: call (212) 305-4230

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 registered dietitian. A food service supervisor is also available to answer your questions.

A nutrition host 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 the nutrition host. Meals are served at the following times:

Breakfast: 8 am

Lunch: 12 noon

Dinner: 5 pm

Snacks

For snack time, family alcoves on each inpatient floor are stocked with milk, juice, cookies, and a small ice machine for patients and their families. Please note these refrigerators are not for storing individual patient items. Family lounges have microwave ovens and refrigerators for storing patient food. A kosher refrigerator is also available for use on 6 Tower across from the family lounge. It is important to label and date all food placed in the refrigerator, even if it will only be in there a short time.

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. Your nutrition host 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.

Parent Meals

Parents, including breastfeeding moms, staying overnight may request guest meal trays. Please ask the nutrition host for more information regarding this service.

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.

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. You will find helpful tips developed by parents about medications on page 55.

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.

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. It may even shorten your child's Hospital stay. 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 his or her treatment or medication should be changed. If you feel your child's pain is not 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 you want to discuss. This will help us to 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

3 Tower	Diagnostic and Interventional Imaging Center	(212) 342-8490
4 Tower	Medical/Surgical/GI/Transplant	(212) 342-8500
5 Tower	Pediatric Hematology/ Bone Marrow Transplant	(212) 342-8530
6 Tower	Cardiology/Neurology/Pulmonology	(212) 342-8560
7 Tower	Neonatal Intensive Care Unit (NICU)	(212) 342-8600
9 Tower	Cardiac Intensive Care Unit (CICU)	(212) 342-8630
10 Tower	Labor and Delivery	(212) 342-1760
4 North	Pre-Operative Unit	(212) 305-8069
4 North	Post Anesthesia Care Unit (PACU)/ Recovery Room	(212) 305-2418
9 North	Pediatric Intensive Care Unit (PICU)	(212) 305-3281
5 Central	Antepartum Unit	(212) 305-8730
6 Central	Postpartum Unit	(212) 305-7620
6 Central	Nursery	(212) 305-7623
8 Central	Medical/Surgical/GI/Transplant	(212) 305-5919
	NICU Satellite	(212) 305-6866
9 Central	Pediatric Intensive Care Unit (PICU)	(212) 305-6591

Child Life Program

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 Program 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 both the child and the family.

To reach a Child Life Specialist on your unit, call:

4 Tower: (212) 342-8517
 5 Tower: (212) 342-8545
 6 Tower: (212) 342-8577
 8 Central: (212) 342-8517
 PICU/ED: (212) 342-8651
 NICU: (212) 305-6956

The Lion's Den

The Lion's Den is an interactive computer and video game room that provides a sanctuary where children can go to have fun while they're in the Hospital. The room resembles an igloo, with translucent screens hanging on the walls and lighting that changes colors. It features several XBOX-360 video games, personal computers, and a large monitor with video conference capability. These features make it possible for children to communicate with friends, family members, and schoolmates anywhere in the world.

Music Therapy

(212) 342-8651

Children who are hospitalized may have a great deal of fear, anxiety, and perceived loss of control. Music therapy allows children to express themselves and can help make the Hospital environment more manageable. The Hospital's music therapist meets with patients and families individually to assess needs and determine appropriate interventions. Various live musical options, such as singing, listening, moving, playing instruments, and creative activities, are used to help decrease stress, improve coping, and help manage pain. In addition, studies have shown that live music has reduced the need for sedatives, decreased crying and agitation, and shortened the length of time needed for some medical procedures

Children and their families also have access to the Richard S. Becker Music Library, which makes available CD players and CDs, iPod nanos, an array of musical instruments, and other music-related items for use during the child's Hospital stay.



Charna's Sibling Program

(212) 305-7420

Charna's Kids' Club, located in the Tower 4 Child Life Center, was established by the Charna Radbell Foundation's Gift of Sunshine Fund. It is a free recreational program designed for school-age children 5 and older whose siblings are patients at the Hospital. Charna's Kids' Club addresses the needs of these children within a nurturing and fun environment. Multidisciplinary recreational activities help them to better understand their surroundings, express their feelings, and meet peers who are experiencing similar circumstances. The Club meets in a warm and inviting Child Life Center designed to minimize the anxiety and stress associated with having a brother or sister who is ill. Children enjoy arts and crafts, music, drama, special events, group games and activities, and also receive help with homework. Snacks are also provided. For more information on Charna's Kids' Club, please call (212) 305-7420.

Pet Therapy

(212) 342-8579

Being in a hospital can be stressful for children away from the comforts of home. 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) 342-8579

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.



Wintergarden Special Events

(212) 305-3811

The Wintergarden serves as an entertainment, activity, and meeting space for the Hospital. Music and special events held here help to lift the spirits and brighten the stay of our patients, families, and guests. More than 100 events, happenings, and productions each year entertain the children in person and on closed circuit TVs located in every patient's room. Wintergarden performances and events offer fun and a brief respite from the day-to-day medical routines. Wintergarden programming is made possible through the support of the New York Life Foundation.

Pediatric Advanced Care Team

(212) 305-0904

The mission of the Pediatric Advanced Care Team is to provide optimal comfort, maintain quality of life, and sustain hope and family connections for infants, children, and adolescents whose illnesses are serious, chronic, or life-threatening. The team supports physical, emotional, social, and spiritual needs in ways that respect upbringing, culture, and community. This care is intended to help relieve, reduce, and soothe symptoms produced by the illness or its treatment.

The Pediatric Advanced Care Team includes physicians, nurses, nurse practitioners, social workers, chaplains, and Child Life Specialists who offer a number of supportive interventions. The Pediatric Advanced Care Team can:

- help you have your questions answered
- assist with medical decision-making
- clarify patient and family preferences
- help you access services
- direct you to important community resources
- provide counseling and support during times of crisis and loss

You may ask to see a member of the Pediatric Advanced Care Team at any time during your child's illness. Tell your child's doctor or nurse that you wish to speak with one of the team members. After speaking with you, the Pediatric Advanced Care Team will design a comprehensive care plan with your child's doctor.

Support Groups

(212) 342-0657

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) 305-5904

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.

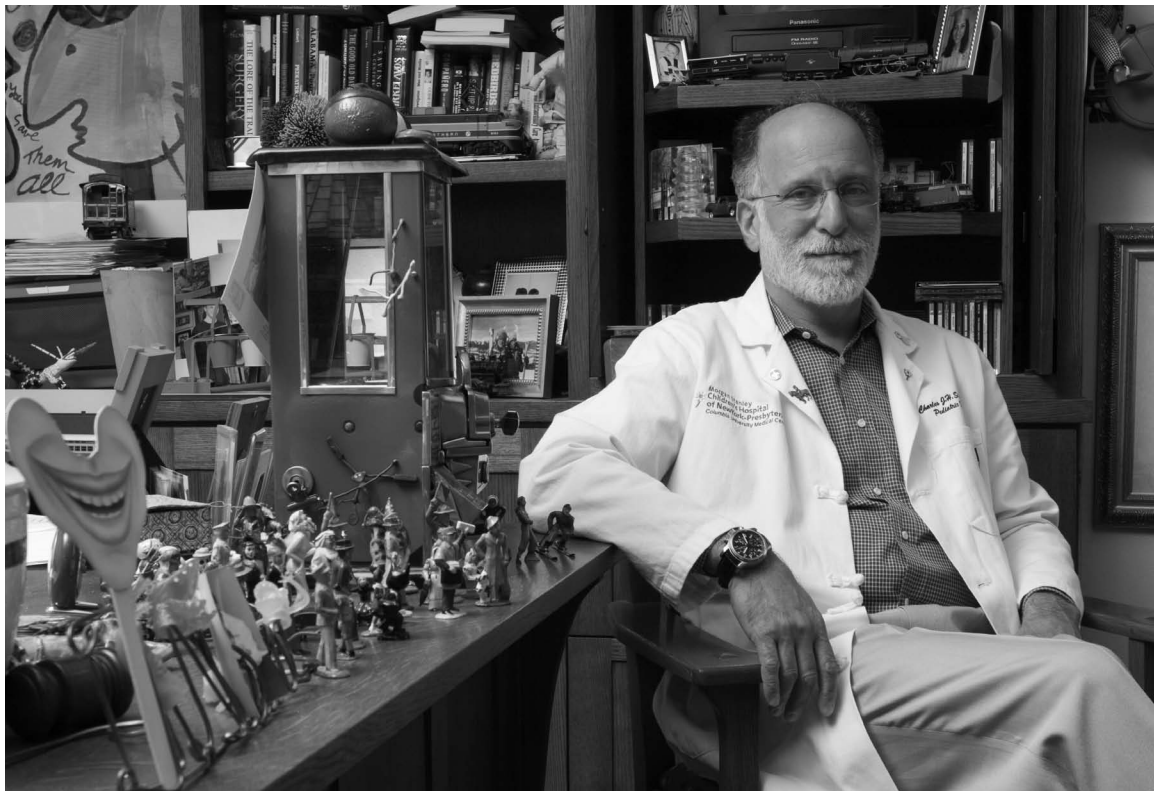
Interpreter Services

(212) 305-9607

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) 305-5817

Office: Monday through Friday, 8:30 am to 5 pm

Chapel: Seven days a week, 6 am to 10 pm

The Hospital's Department of Pastoral Care and Education can provide spiritual and emotional support to you and your loved ones while you are 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, if desired, and to help maintain religious or ritual observances. If you would like to talk with a chaplain during your child's Hospital stay, please let your child's nurse know. A non-denominational chapel for prayer and meditation is available to all visitors, patients, and staff. Located in the Milstein Hospital Building on the fifth floor, the chapel is open from 6 am to 10 pm.

24-hour Emergency On-Call Chaplain, including a request for a Catholic priest:

Contact the page operator at (212) 305-2323 and provide the operator with the On-Call Chaplain's pager number 81111.

Family Resource Center

Conveniently located on the first floor central of Morgan Stanley Children's Hospital and Sloane Hospital for Women, the Family Resource Center provides a quiet and inviting environment for reading, relaxing, and research. The Center is staffed by a full-time health librarian who manages the Center and assists families with research requests on diagnoses and other health- and Hospital-related issues. The Family Resource Center offers:

- complimentary Wi-Fi for parents to access the Internet either on the Center's computers or personal laptops
- faxing, copying, and printing from the Center's computers
- information on Hospital amenities and services
- information on community services

FOR YOUR CONSIDERATION

Guest Facility and Hotels

McKeen Pavilion

(212) 305-5951

Milstein Hospital Building
NewYork-Presbyterian/Columbia
177 Fort Washington Avenue, between 165th and 168th Streets
New York, NY 10032

Guest rooms are available in the Milstein Hospital Building — McKeen Pavilion Guest Accommodations area. These guest rooms enable friends and family to be close to loved ones during their hospitalization. Rates are available on request. Call for information or reservations, Monday through Friday, 7 am to 5 pm; Saturday, Sunday, and holidays, 8 am to 4 pm. After hours, ask a nurse to page the Administrator-on-Call who will check room availability.

Econo Lodge — Fort Lee

(201) 944-5332

2143 Hudson Terrace
Fort Lee, NJ 07024

The Econo Lodge is located not far from the George Washington Bridge in Fort Lee, New Jersey, with convenient access to the Bridge, the Hospital, and New York City via both public transportation and by car. The Econo Lodge also offers shuttle bus service to and from NewYork-Presbyterian/Columbia.

Crowne Plaza Englewood

(800) 972-3160 or (201) 871-2020

401 South Van Brunt Street
Englewood, NJ 07631

Located just north of Route 4 and Interstate 80, the Crowne Plaza offers shuttle bus service to and from NewYork-Presbyterian/Columbia.

International Services

(212) 305-4900

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 doctor appointments, escorting patients to procedures, requesting second medical opinions, and providing information about lodging.

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 chronic conditions such as high blood pressure and diabetes; keep track of weight, monitor diet, and chart progress; and prepare for emergencies.

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](#)

Dr. Mehmet Oz
Noted heart surgeon

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

FOR YOUR FAMILY'S COMFORT AND CONVENIENCE

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. For long distance and out-of-state calls, we recommend using a calling card or phone card. Cell phone use is allowed in the Hospital unless a sign is posted prohibiting this use.

If you need a TDD (telephone device for the hearing impaired), please ask your child's social worker. In-house phones are located at the main entrance Welcome Desk, in the Admitting Department, and on every floor.

Television Service

Complimentary television service is available at the bedside of pediatric patients, enabling them to watch their favorite programs. Television programming includes network and local stations, as well as the Disney Channel, Family Channel, Nickelodeon, and movies-on-demand.

A comprehensive channel listing can be found in the nightstand next to your child's bed. Through the Hospital's closed circuit television system, you and your child will be able to watch performances taking place in the Wintergarden. Movies-on-demand and Internet-based video games are also available through your child's television. Games are available on kiosks in the lobby and in the Child Life Centers on Tower 4, 5, and 6. For safety reasons, families are not allowed to bring televisions from home.

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 Hospital 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 and sleeper chairs are available for parents with babies in the Neonatal Intensive Care Unit (NICU).

Bathroom/Shower 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.

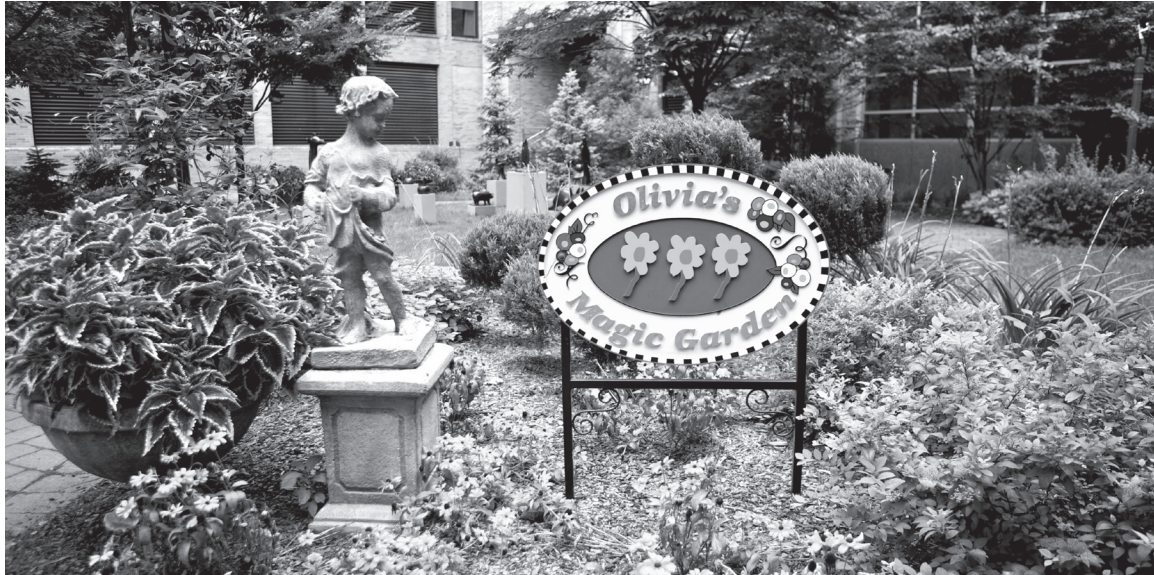
Laundry

A laundry room with two washers and dryers is available 24 hours a day for parent and family use on the sixth floor of the Tower building. You will need to bring laundry detergent.

Family Lounges

Family lounges are located on each unit. They provide a comfortable, welcoming location that includes a living room with a plasma-screen TV and a dining area with a refrigerator and microwave. On floors 4, 5, and 6, family lounges are located near the Child Life Centers so parents can remain near their children but still have a place to go for a respite. Family alcoves with comfortable seating, snacks, a small refrigerator to store drinks only (food cannot be stored in these refrigerators), and an ice machine are also available on these floors.





Visiting Hours

We understand the presence of family members and friends is important to your child's well-being. NewYork-Presbyterian has open visiting hours. There are no set visiting times. Patients or the parents/guardians of patients who are minors may decide who visits and when. Please note, for the well-being of our patients, members of the care team may limit visiting. Our staff will work with patients and visitors, especially those in semi-private rooms, to allow patients time to rest and sleep.

All visitors must receive a pass from the Welcome Desk at the main entrance. Family and visitor waiting areas are located on each patient floor. Visitors who have colds or other infections should not visit until they are well.

Quiet Time

All inpatient units of the Hospital observe a daily quiet time to help provide your child and family members with a calming health care environment and to enable patients 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.

Welcome Desk

(212) 342-1000

The Welcome Desk, located in the lobby of Morgan Stanley Children's Hospital, can provide directions and information to patients and visitors. It is open 24 hours a day, 7 days a week.

Gift Shop

(212) 342-8487

Monday through Friday, 9 am to 9 pm
Saturday and Sunday, 10 am to 9 pm

The Gift Shop is located between the main entrance to Morgan Stanley Children's Hospital and the Welcome Desk. It offers a wide selection of items, including flowers, toiletries, newspapers, magazines, cards, snacks, beverages, and gifts. You may call the Gift Shop to have deliveries made to your child's room.

No balloons are allowed in the Hospital.

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

Hairstylist

(917) 928-2059

Appointments for services within the Hospital can be made with the Shining Barber, located on Audubon Avenue between 167th and 168th Streets.

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 and on the NewYork-Presbyterian/Columbia campus as follows:

Jou Jou Café

(212) 342-8489

Monday through Friday, 6:30 am to 7:30 pm
Saturday and Sunday, 8 am to 3:30 pm

Jou Jou Café is located in the main lobby of Morgan Stanley Children's Hospital at 3959 Broadway. The Café offers grab-and-go service of gourmet sandwiches, soups, salads, fresh baked goods, kosher meals, specialty beverages, and coffees, lattes, and teas.

Energy Court Café

Monday through Friday, 7 am to 9 pm

The Energy Court Café is located on the main floor between Morgan Stanley Children's Hospital and the Presbyterian Hospital Building at 167th Street and Broadway. The Café offers gourmet salads and sandwiches, sushi, soups, beverages, and desserts to go.

Heights Café

(212) 305-4527

Monday through Friday, 7 am to 10 pm
Saturday and Sunday, 9 am to 9 pm

This buffet-style cafeteria is located on the second floor of the Milstein Hospital Building, 177 Fort Washington Avenue at 168th Street.

Milstein Lobby Kiosk

Monday through Friday for breakfast, 6 am to 11 am

This breakfast kiosk is located in the main lobby of the Milstein Hospital Building, 177 Fort Washington Avenue at 168th Street.

Windows on the Hudson

(212) 305-4242

Monday through Friday
Lunch: 11:30 am to 3 pm
Dinner: 5:30 pm to 7 pm (call for reservations)

This full-service restaurant is located in the McKeen Pavillion on the ninth floor of the Milstein Hospital Building, 177 Fort Washington Avenue at 168th Street.

Vending Machines

Vending machines are available 24 hours a day in the Energy Court, in the Milstein Hospital Building on floors 2, 3, 4, 6, 7, and 8, and in various locations throughout the NewYork-Presbyterian/Columbia campus.

Public Restrooms

Public restrooms are located throughout the Hospital and on every floor, usually near the elevators. For infection control purposes, bathrooms in patient rooms are for patient use only.

FOR YOUR CHILD'S SAFETY AND SECURITY

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 for your child. 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. You will find helpful tips for parents developed by parents about identification bands on page 57.

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, which 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 at 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. You will find helpful tips for parents developed by parents on hand hygiene on page 56.

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 too. If any of your child's family or friends has a cold, cough, fever, or rash, please ask them not to visit until they are better. 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. Toys can be brought to your child's room by the Child Life Specialist, who will disinfect the toys once your child is done playing with them. 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 patients, balloons are not allowed in the Hospital. Patients and staff may be allergic to latex balloons, which also pose an environmental hazard. Silk flowers are preferred over real flowers, as real flowers pose an allergy risk to some patients. 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, such as hair dryers and other plug-in items, from home 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 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 5-2222.

Security

(212) 305-2222

Within the Hospital: 5-2222

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 Welcome Desk in the Hospital's main lobby 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 on the unit or Security to have the valuables locked in a safe.

Lost and Found

(212) 305-2222

Lost and Found is located in the Security Department. Call extension 5-2222 for information.

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

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 when going home from the Hospital.

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. Discharge plans are reviewed daily. The goal is to make the transition from the Hospital to home as effortless as possible.

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 the 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, please remember to 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 doing, 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) 305-2090

Monday through Friday, 7:30 am to 5 pm

The Cashier is located in the Children's Hospital North Building, room 100. 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

(212) 632-7440

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 (212) 632-7440 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) 305-3270

Medical Correspondence Unit
NewYork-Presbyterian/Columbia
622 West 168th Street, Room PH1-040B
New York, NY 10032

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

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 provider's 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.

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) 305-5904.

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

The Hospital's official address and phone number are:

NewYork-Presbyterian/Morgan Stanley Children's Hospital
3959 Broadway at 165th Street
New York, NY 10032

(212) 305-KIDS
(212) 305-5347

Morgan Stanley Children's Hospital is located on Broadway between 165th and 167th Streets in Washington Heights, near the Manhattan side of the George Washington Bridge. The Hospital is accessible by car, bus, and subway. The main entrance is located on the northwest side of Broadway and 165th Street.

Directions

By Subway

Take the A, C, or #1 subway to the 168th Street station. From midtown Manhattan, the A train provides express service.

By Bus

A number of city buses serve the Hospital: M2, M3, M4, M5, M100, Bx36, Bx11, and Bx3.

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

By Car

From Upstate New York and New Jersey: After crossing the George Washington Bridge, follow signs to the Henry Hudson Parkway (also called the West Side Highway). Take the Riverside Drive exit and proceed south to 165th Street (the first left south of the Bridge). Take 165th Street one block to Fort Washington Avenue. Turn left at Fort Washington Avenue to 168th Street. At 168th Street, turn right and proceed to Broadway. Turn right on Broadway. The Hospital will be on your right. Valet parking is available at the 165th entrance.

From Riverdale and Westchester via the Saw Mill River Parkway: Exit the Henry Hudson Parkway at Riverside Drive immediately past the George Washington Bridge. Follow directions above from Riverside Drive.

From Westchester, Connecticut, or the East Side of Manhattan, via the Major Deegan, Cross Bronx Expressway, or Harlem River Drive: Approaching the George Washington Bridge, take the Henry Hudson Parkway exit; on the approach to the Henry Hudson Parkway, stay to the left and follow signs to Riverside Drive. Follow directions above from Riverside Drive.

From the West Side of Manhattan: Take the Henry Hudson Parkway to Exit 15, Riverside Drive South. Follow directions above from Riverside Drive.

Parking

Valet parking and the Hospital garage are recommended for your parking needs. Most major credit cards are accepted. Street parking is extremely limited.

Valet Parking

Monday through Friday, 5:45 am to 10 pm

Saturday, Sunday, and Holidays, 7 am to 10 pm

Enter the circular driveway of Morgan Stanley Children's Hospital at 3959 Broadway between 165th and 166th Streets. This is the main entrance to Morgan Stanley Children's Hospital.

In case of emergency, you can leave your car with the valet at the main entrance. If the valet service is closed, leave your car and inform the security personnel at the Welcome Desk inside the lobby.

If you anticipate picking up your car after the valet is closed, please park in the Hospital's Visitor Parking Garage.

Visitor Parking Garage

115 Fort Washington Avenue, between 164th and 165th Streets

Open 24 hours a day.

Reduced rate parking is available for family members of patients who expect to be at the Hospital for an extended length of time. A prepaid debit card can be purchased from the Parking Office, which is located on the main/entry level of the Fort Washington Visitor Parking Garage. To be eligible for a prepaid debit card, you must purchase a minimum of five parking days.

In order to receive any discounted rates, you will need a letter or approval form from your child's doctor's office verifying date of admission and expected length of stay of at least five days.

If you have any questions, please call the Parking Office at (212) 305-4903, 9 am to 5 pm.

Map and Neighborhood Services

In the pocket of this Guide, you will find a map that identifies locations important for you to know on the Hospital 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

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 medical 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.

Assessment

A periodic examination of your child by the doctor or the nurse.

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 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.

Blow by Oxygen

Also called whiffs, given to children as an immediate and temporary response to desaturations or low oxygen levels.

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.

Crib/Bassinette

Used for more stable or older babies who can maintain their temperature with blankets alone.

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. They 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

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 a complete blood count (CBC). Antibiotics may also be started.

Septic Work-Up

Refers to the evaluation done when an infection is suspected. It usually includes blood drawn for a 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
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
Your link to quality-filtered consumer health information
- Medline Plus 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
- American Academy of Pediatrics (AAP) 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
Strategies for Leadership: Advancing the Practice of Patient- and Family-Centered Care
www.aha.org/aha/content/2005/pdf/resourceguide.pdf
- Institute of Medicine Quality and Patient Safety www.iom.edu
Quality and Patient Safety
<http://iom.edu/Global/Topics/Quality-Patient-Safety.aspx>

Hand Washing

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

Government Resources

- U.S. Department of Health and Human Services
www.hhs.gov
- National Institutes of Health
www.nih.gov
- Centers for Disease Control and Prevention
www.cdc.gov



TIPS FOR PARENTS BY PARENTS

Keep Track of Your Child's Medications

Making sure your child gets the right medicine at the right time with the right dosage is called medication safety. Medication safety is a top priority for the Hospital and mistakes are rare. Your involvement can help prevent mistakes and keep your child safe. To do this, you can:



Share your knowledge.

- “Brown Bag It.” Before each Hospital visit, put all of your child’s prescriptions in a bag and bring them with you to show the doctor. You can also keep a list of each medication, including dosages. Bring the list to Hospital or clinic visits.
- Put all non-prescription medicines in the bag or on the list (e.g., Tylenol, Motrin, herbal medicines, and vitamins).
- Tell the doctor about reactions your child has to any medication.
- Tell your doctor about your child’s allergies to food or latex. Some medications may include allergens, such as egg products.

Remember: Do not give medications from home to your child while in the Hospital.

Make sure staff checks your child's ID band.

The ID band is important to your child’s safety while in the Hospital. Do not permit your child to remove the ID band.

Your child’s ID band should be compared to the label on every medication, every time, even if the staff member is familiar to you. It is OK to remind staff to check the ID band for each medication.

Double-check medications.

At discharge, make sure you understand what each prescription is for and how and when it is given.

- Make sure you can read the prescription.
- If your child’s discharge orders do not include a medication that he/she was previously taking at home, ask the doctor before continuing to give the medication.
- At the pharmacy, double-check the label. Does it match the prescription?
- At home, make sure you add any new medication to your “brown bag” or medication list for your next visit.



TIPS FOR PARENTS BY PARENTS

Clean Hands Save Lives

Wash your hands.

- Clean your hands every time you enter your child's room and before and after hand contact with your child.
- Use soap and water if you can see dirt on your hands.
- Use Purell® alcohol sanitizer for all other times.
- If the Purell® dispenser is empty, tell a nurse or housekeeper.

Remind others to wash their hands.

Keep your child safe by making sure everyone entering your child's room cleans their hands.

This includes:

- doctors
- nurses
- family members
- social workers
- visitors
- technicians
- any other staff members

Don't forget your child. He or she needs to wash his/her hands too.

Remember: It is OK to ask doctors and nurses to wash their hands before touching your child or anything in the room. They expect to be asked if they forget.

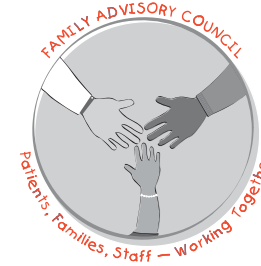
When should we wash again?

Everyone should clean their hands before and after:

- touching your child
- eating food
- feeding, including bottle or breastfeeding your child
- touching surfaces in the room (e.g., phone, bed, table)
- giving medications
- changing diapers
- using the restroom
- wiping noses

And, please, do not allow friends or family to visit when they have the "flu," a cold, or a cough.

TIPS FOR PARENTS BY PARENTS



The Patient Identification Band

Do not remove the ID band.

If the band falls off, loosens, or becomes uncomfortable for your child, notify your child's nurse immediately.

Make sure Hospital staff check your child's ID band before:

- giving medication – before every dose, every time
- drawing blood
- performing any test (e.g., X-ray, ultrasound) or procedure
- transporting your child

Remember, even if the staff member is familiar to your child, they should compare the ID band to the medication or physician's order every time.

If your child has allergies.

- If your child has food or drug allergies, an additional red allergy band will be placed on the same arm as the ID band.
- If your child is allergic to latex, an additional purple allergy band will be placed on the same arm as the ID band.
- Correct allergy information is important for your child's safety. Some medications include allergens, such as egg products.
- When your child is admitted, be sure the admitting nurse is aware of your child's allergies.
- Check to be sure that the ID band includes important allergy information.

TIPS FOR PARENTS BY PARENTS



Keep a Notebook by the Bedside

Contact Information for the Health Care Team

Ask for and write down the name and contact number of your child's attending physician and other team members. The "attending" has overall responsibility for your child's care.

Jot down the nurse's station phone number and tuck it in your wallet. Call it anytime for updates on your child.

Give the nurse your contact information so you can be reached anytime.

Your Child's Care Plan for the Day

Ask about the care plan for the day and write it down. If you are not sure what the plan is, ask the nurse or doctor.

Repeat the information back to the doctor or nurse to confirm your understanding of your child's care.

Questions As You Think of Them

Write down questions as you think of them — even during the middle of the night, or as you do your own research.

Refer to your notebook when the doctors come in.

Ask for as many explanations of a diagnosis, "labs," or test results as you need until you are comfortable with the information.

Remember: Asking questions is a good thing.

Your Observations of Your Child

Note any changes in your child's appetite, energy level, mood, pain levels, or other areas you observe. Share this information with the health care team.

If you think your child is in pain, do not wait for a doctor to come by. Your child's nurse may have instructions for pain management or can contact your child's doctor to have the pain management team called.

NOTES

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