



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

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During Your Child's Stay



**NewYork-Presbyterian**  
Morgan Stanley Children's Hospital

## Important Phone Numbers

Admitting Department	(212) 305-3388
General Information	(212) 305-5437
Medical Records	(212) 305-7683
Patient Information	(212) 305-2500
Patient Services Administration	(212) 305-5904
Private Duty Nursing	(212) 305-2525



**NewYork-Presbyterian**  
Morgan Stanley Children's Hospital

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

## WELCOME

Welcome to NewYork-Presbyterian/Morgan Stanley Children's Hospital. Here, you will find a staff dedicated to providing the highest quality, most compassionate care and service to your child, in a warm and friendly environment.

To help you and your child while you are here at 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 as comfortable as possible. It also provides important information about your child's health care team and what you need to know to prepare your child for going home. The Guide also includes the personal perspectives of members of the Morgan Stanley Children's Hospital Family Advisory Council — parents like you, who have had firsthand experience at our Institution.

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.

We want you to be an active participant in your child's care. If there is anything we can do to ease your child's stay, please don't hesitate to ask questions or share concerns with your doctor or a member of your child's care team.

Thank you for the privilege of caring for your child.

Very truly yours,



Herbert Pardes, MD  
*President and 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](http://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.

### 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 house staff and work under the careful supervision of attending doctors.

The Doctors caring for my child are:

_____	_____
_____	_____
_____	_____

### Nurses

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

My child's Nurses are:

_____	_____
_____	_____
_____	_____

### Care Coordinators

Care coordinators are registered nurses who see that your child's doctors' 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 Clerks

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

My child's Unit Clerk is:

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### Physician Assistants

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

My child's Physician Assistant is:

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### Social Workers

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

My child's Social Worker is:

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### Child Life Specialists

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

Our Child Life Specialist is:

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### Dietitians

Registered dietitians are also professional members of your child's health care team. They assess the nutritional needs of our young patients. Upon admission, your child's doctor will order a diet appropriate for your child. Our registered dietitians develop a nutrition treatment plan for your child that supports the medical care provided by 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 before your child's discharge.

My child's Dietitian is:

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### 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:

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### Physical Therapists

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

My child's Physical Therapist is:

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### Occupational Therapists

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

My child's Occupational Therapist is:

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### Speech Therapists

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

My child's Speech Therapist is:

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### Respiratory Therapists

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

My child's Respiratory Therapist is:

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### 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:

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### 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 helpful 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. Volunteers must be at least 18 years old. If you feel a volunteer could help your child in some way, please let your child's nurse know.

All parent members of the Family Advisory Council are official Hospital volunteers and are a resource for patients and their families when they are on the units. You should always feel comfortable asking a Family Advisory Council volunteer for help, guidance, or direction while your child is a patient at Morgan Stanley Children's Hospital.

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

Registered Dietitian:

- within the Hospital, call 5-4901
- outside the Hospital, call (212) 305-4901

Food Service Supervisor:

- within the Hospital, call 5-4230
- outside the Hospital, 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 your 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. Your nutrition host can provide a list of items available. Children don't have to miss a meal because they are having a test or just not hungry.

### 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 you do not offer any food or drinks to any 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 do not look 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.



### 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 will 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.

### 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/Oncology/Transplant	(212) 342-8530
6 Tower	Cardiology/Neurology	(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) 342-1760/1750
4 North	Pre-Operative Unit	(212) 305-8069
4 North	Post Anesthesia Care Unit (PACU)	(212) 305-2418
9 North	Pediatric Intensive Care Unit (PICU)	(212) 305-3281
5 Central	Ante-Partum Unit	(212) 305-8730
6 Central	Post-Partum Unit	(212) 305-7620
6 Central	Nursery	(212) 305-7623
8 Central	Medical Surgical GI Transplant	(212) 305-5919
9 Central	Intensive Care Unit (ICU)	(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) 305-6956

PICU: (212) 342-8651

NICU: (212) 342-8651



### Pet Therapy Program

(212) 342-8579

Being in a Hospital can be stressful for children away from the comforts of home. The Hospital's pet therapy program, Angel on a Leash, provides weekly visits from therapy dogs to our hospitalized children, as well as to those in outpatient areas. The use of therapy dogs has been shown to help reduce stress for some pediatric patients and their families.

### 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.

### Charna's Sibling Program

(212) 305-7420

NewYork-Presbyterian/Morgan Stanley Children's Hospital is committed to family-centered care, and we recognize that when a child is sick, the whole family hurts. 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) 342-8579.

### Big Apple Clown Care

(212) 342-8579

The Big Apple Clown Care program helps to brighten the day of hospitalized children. Visits by professional clowns, whose antics provide a welcome relief from day-to-day medical routines, enable hospitalized children and their families the opportunity to laugh, experience joy, and have fun.

### Wintergarden Special Events

(212) 305-3811

The Wintergarden serves as an entertainment, activity, and meeting space for the Hospital. Music and special events performed 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 captivate the children in person and on our closed circuit TVs located in every patient's room. Wintergarden performances and events offer fun, interactions, 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.

### School Program

(212) 342-8579

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

### Pediatric 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 illness is 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 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 discuss designing a comprehensive care plan with your 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 families manage and cope with their children's illness or disabilities. 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 the hearing impaired is also available.

**Services for the Visually Impaired**

If you are visually impaired, 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

Monday through Friday, 8:30 am to 5 pm

The Hospital's Department of Pastoral Care and Education can provide spiritual and emotional support to you and your loved ones while your child is in the Hospital. Chaplains are trained to work with people of all faiths and those who have no religious affiliation. We have multi-faith chaplains who are available to provide religious guidance if desired, and to help maintain religious or ritual observances. If you would like to talk to a chaplain during your child's Hospital stay, please let your nurse know. The Pauline A. Hartford Memorial Chapel, a non-denominational chapel open to all visitors, patients, and staff, is located in the Presbyterian Hospital building on the first floor, and can be accessed from the garden. The Chapel is open daily for prayer and meditation. All services held in the Chapel may also be viewed via the in-room television. A smaller Chapel, the Roman Catholic Chapel of the Blessed Sacrament, located next to the larger Chapel across from the Security Desk, is open from 8:30 am to 5 pm for prayer and contemplation.

**24-Hour Emergency On-Call Chaplain**

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

**24-Hour Emergency On-Call Catholic Priest**

Call Catholic Paging Services at (212) 988-1351.



## FOR YOUR CONSIDERATION

### Guest Facilities and Hotels

Morgan Stanley Children's Hospital is located on the NewYork-Presbyterian/Columbia campus. Family members and friends of patients at Morgan Stanley Children's Hospital may find the following guest facilities and hotels useful.

#### The McKeen Pavilion

(212) 305-5951

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

Guest rooms are available in the McKeen Pavilion, which is located in the Milstein Hospital Building on the NewYork-Presbyterian/Columbia campus, to enable family members to be close by during their child's hospitalization. Rates are available on request. Call for information or reservations, Monday through Friday, 7 am to 5 pm; Saturday and Sunday, 8 am to 4 pm; Holidays, 7 am to 3 pm. After hours, ask a nurse to page the Administrator-on-Call who will check on room availability.

#### The Econo Lodge-Fort Lee

(201) 944-5332

2143 Hudson Terrace  
Fort Lee, New Jersey

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.

#### The Crowne Plaza Englewood

(800) 972- 3160

401 S. Van Brunt Street  
Englewood, New Jersey

Located just north of Route 4 and Interstate 80, the Crowne Plaza Englewood 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 physician 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 patients myNYP.org, a free online service for management of personal and family health records. myNYP.org 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 in the health record 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

## **FOR YOUR FAMILY'S COMFORT AND CONVENIENCE**

### **Telephone Service**

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.

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

### **Television Service**

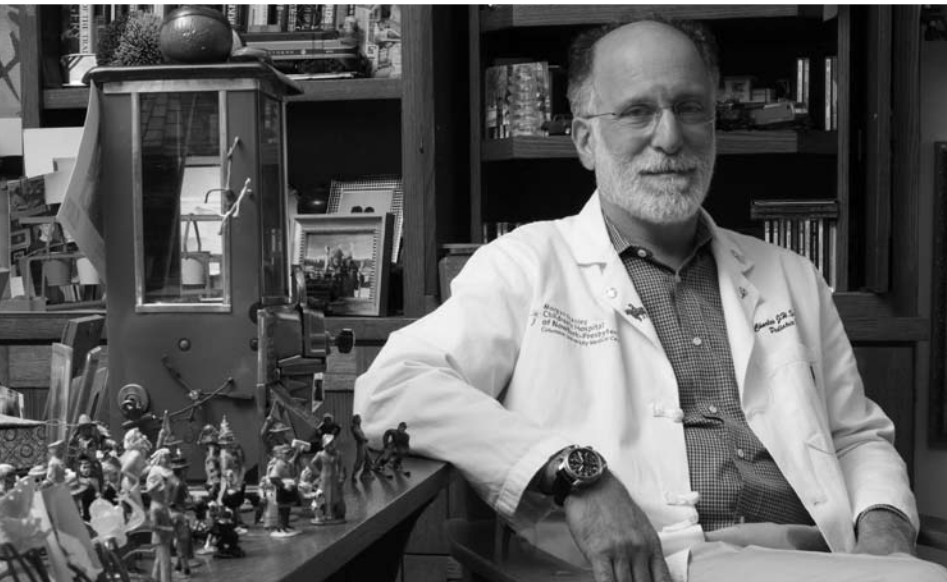
Television service is available for a small daily charge at the bedside of our pediatric patients, enabling them to watch their favorite programs. Television programming includes all network and local stations, as well as the Disney Channel, Nickelodeon, and many others.

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 also 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 for Laptops**

You and your family members can use a personal laptop computer in the Hospital. You can connect your computer 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 appear when you click on the wireless icon. Once connected to the Hospital's wireless network, you can launch your web browser. Your web browser will automatically present a disclaimer page listing the Terms and Conditions and Acceptable Use for the Wireless Guest Network. After you read the disclaimer page and you accept its terms, you can use Guest-Net. You can select "I Agree" at the bottom of the page.

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



### **Concierge Service: Errand Solutions**

NewYork-Presbyterian Hospital is pleased to provide our patients and their families with access to Errand Solutions, a concierge service to help make hospitalization less stressful. This service can assist you with travel and transportation arrangements, accommodations for visitors, gifts and flower orders, finding restaurants and food delivery services, pet sitting, and other errands. You may contact Errand Solutions from your child's room phone by dialing \*99.

### **Unit Amenities for Parents and Families**

#### **Parent Accommodations**

Parents are encouraged to stay with their children. Pull-out 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 patients 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, which are located on each unit, are a valuable amenity for family members. 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

Parents/Guardians: Any time of day or night  
Family Members and Friends: 12 noon to 8 pm

We understand the presence of family and friends is important to your child's well-being. Parents and guardians are encouraged to be with their child at any time of the day or night. Other family members, including siblings and grandparents, and friends may visit from 12 noon to 8 pm any day of the week. Visiting hours may be limited in critical care areas and may also be modified on any patient care unit to best meet the needs of the child. If you have any questions about our visiting policies or hours, please ask your child's nurse.

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 feel well.

### Welcome Desk

(212) 305-2222

The Welcome Desk, located in the lobby of Morgan Stanley Children's Hospital, provides patient and visitor information and directions. It is open 24 hours a day, 7 days a week.

### Gift Shop

(212) 342-8487

The Gift Shop is located between the main entrance to the Hospital and the Welcome Desk. It offers a wide selection of items, including flowers, toiletries, newspapers, magazines, cards, snacks, beverages, and gifts. 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

(212) 928-2059

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

## 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 all of 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.

### 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 for the bed 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

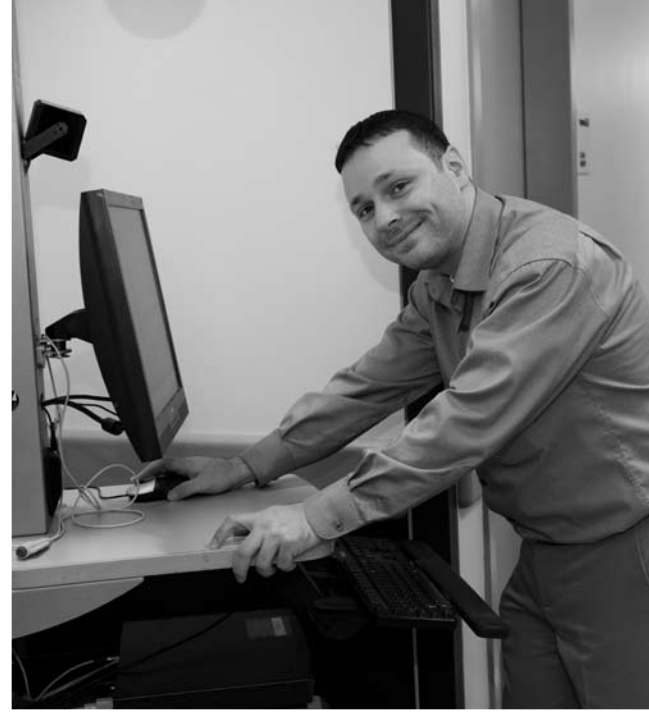
There is a red button on the remote control, which may be used to call for help whenever it is needed. Call buttons are also located in all bathrooms.

### 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 they get 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 following certain precautions.

### **Practice Hand Hygiene**

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

Your child's health care team will clean their hands before and after providing care to prevent the spread of infection. They are required to use Purell® or wash their hands with soap and water. If you're not sure that your child's health care team cleaned their hands, please ask them to do so before they examine your child or do 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 feel 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 where the procedure is to be done with an antiseptic

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

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 with a picture on the child's door or bed 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**

As patients and staff members may be allergic to latex, no balloons are allowed in the Hospital. Additionally, latex balloons pose an environmental hazard inside and outside of the Hospital. Silk flowers are preferred over real flowers, as real flowers pose an allergy risk to some patients.

### **Electrical Devices**

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

### **Other Pediatric Patients**

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

### **Staff ID Badges**

Each staff member and volunteer is required to wear a photo 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 Office at extension 5-2222.

### **Security**

Within the Hospital, call 5-2222

Outside the Hospital, call (212) 305-2222

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 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 to have the valuables locked in a safe.

### Lost and Found

(212) 305-2222

Lost and Found is located in the Security Office. Call 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 [www.nyp.org](http://www.nyp.org) and search under smoking cessation.



## 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 cope with the stresses and anxiety associated with the hospitalization of your child.

#### 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 level.

### 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.

### Cardio-Respiratory 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 larger caliber 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-ray 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 that indicates 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.

#### EBM [Expressed Breast Milk]

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

#### Echo Cardiogram [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.

#### EKG [Electrocardiogram]

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 further indicate the need for supplements of these very important minerals. Also referred to as BMP [basic metabolic panel].

**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 [EA] often occurs with another birth defect known as Tracheo-Esophageal Fistula [TEF].

**ETT [Endotracheal Tube]**

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.

**Extubation**

Removal of the endotracheal (breathing) tube [ETT] 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 mom'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, 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 at the start since they are unable to coordinate sucking, swallowing, and breathing.

**Gestational Age**

The number of weeks the baby is carried in the mother's womb. The gestational age of a full-term baby is 38 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 to have a bowel movement.

### Hearing Exam

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

### Heart Rate Monitor

This monitor gives us 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 Cardio-respiratory [C-R] Monitor.

### Heelstick

The method of getting 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 vesico-ureteral 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.

### 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 [I&O]

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 there is bleeding that 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].

### 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.

### 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 IVs 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 to 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.

### NEC [Necrotizing Enterocolitis]

A serious condition where the intestines may stop working. It is treated by stopping feeds and with 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 some 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 a birth defect, which is an abnormality that occurs before birth as a fetus is forming in its mother's uterus. This 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.

### O.R.

An abbreviation used for the operating room.

### Overhead Warmer

A large warmer that can be placed over the opened door of an isolette to keep the child warm during procedures.

### Oxygen

An odorless, colorless gas needed by body cells. We breathe room air, which is 21% oxygen; a child can be given up to 100% 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 may affect 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 the lungs and is often shunted away. Because of this, 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 deeper 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.

### Post Mature

A baby born after his or her due date.

### Posterior Urethral Valves [PUV]

Posterior urethral valves [or 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 engorged [or filled] with urine and swell. The degree of urinary outflow obstruction from the bladder will determine how severe the problems of the urinary tract are.

### Premature Infant

A baby born before 38 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 Warmer

One type of bed that children can be placed in. 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 [like heartburn] 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 [instead of opening up and stretching like little balloons], making it difficult to get enough air into the lungs.

### Room Air

The air we all breathe on a day-to-day basis [21% oxygen].

### 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 CBCs. Antibiotics may also be started.

### Septic Work-Up

Refers to the evaluation done when an infection is suspected. It usually includes blood drawn for CBC and Culture. In some cases the medical team may request that a Lumbar Puncture and Supra-Pubic tap be performed as well.

### Servo

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

### Spina Bifida/Myleomeningocele

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, which 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.

1. Ventricular Septal Defect [VSD]  
This is an abnormal opening that allows blood to pass from the right ventricle to the left ventricle without going through the lungs.
2. Pulmonary Stenosis  
This is 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.
3. Right Ventricular Hypertrophy  
The right ventricle becomes more muscular than normal because it must pump against the obstructed outflow tract.
4. Overriding Aorta  
The aorta, rather than sitting in its normal position coming from the left ventricle, sits over or “overrides” the ventricular septal defect.

### TPN [Total Parental 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.

### Tracheo-Esophageal Fistula [TEF]

Tracheal-esophageal 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 TE fistula 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 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 breaths 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:

1. 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.
2. 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.

### Transfusion

A treatment that provides blood or blood products intravenously.

### 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 are 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

- Kids Health [www.kidshealth.org](http://www.kidshealth.org)  
KidsHealth provides doctor-approved health information about children from before birth through adolescence. Created by The Nemours Foundation's Center for Children's Health Media, KidsHealth provides families with accurate, up-to-date, and jargon-free health information they can use.
- New York Online Access to Health [www.noah-health.org](http://www.noah-health.org)  
Your link to quality-filtered consumer health information
- Medline Plus [www.nlm.nih.gov/medlineplus](http://www.nlm.nih.gov/medlineplus)  
Trusted Health Information for You – A service of the U.S. National Library of Medicine and the National Institutes of Health
- Institute for Family Centered Care [www.familycenteredcare.org](http://www.familycenteredcare.org)
- American Academy of Pediatrics (AAP) [www.aap.org](http://www.aap.org)
- AAP Policy statement on Family Centered Care  
<http://aappolicy.aappublications.org/cgi/content/full/pediatrics;112/3/691>
- American Hospital Association (AHA) [www.aha.org/aha/about/index.html](http://www.aha.org/aha/about/index.html)  
Strategies for Leadership: Patient and Family Centered Care materials  
[http://www.aha.org/aha/key\\_issues/patient\\_safety/resources/patientcenteredcare.html](http://www.aha.org/aha/key_issues/patient_safety/resources/patientcenteredcare.html)
- Institute of Medicine [www.iom.edu](http://www.iom.edu)  
Institute of Medicine Report "Crossing the Quality Chasm: A New Health System for the 21st Century" <http://www.iom.edu/Reports/2001/Crossing-the-Quality-Chasm-A-New-Health-System-for-the-21st-Century.aspx>

### Hand Washing

- Centers for Disease Control and Prevention [www.cdc.gov/ncidod/dhqp/gl\\_handhygiene.html](http://www.cdc.gov/ncidod/dhqp/gl_handhygiene.html)  
Guidelines for hand hygiene in healthcare settings
- Hand Hygiene Resource Center, [www.handhygiene.org](http://www.handhygiene.org)  
Hospital of Saint Raphael, New Haven, Connecticut

### Government Resources

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



## PREPARING TO GO HOME

### Discharge Planning

Discharge planning often 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, determine what arrangements should be made in order for your child to have everything he or she needs upon 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. 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 can go home. A registered nurse works collaboratively with care coordinators, social workers, physicians, and other Hospital departments in planning for discharge and for continued care following discharge. You will receive a discharge notice and discharge instructions that will include information on managing your child's care at home, home care assistance, safe and effective use of medication and equipment, pain management, overall safety, modified diets, food/drug interactions, and follow-up care. Do not hesitate to ask your child's nurse to explain discharge instructions.

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 in terms that you can understand.

\_\_\_ Make sure you understand medication dosing instructions.

\_\_\_ 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?

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**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 to Take It	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 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. Your participation will help us take steps to improve the experience for our patients and families.

### **Cashier**

(212) 305-6200

Monday through Friday, 8 am to 6 pm

The Cashier is located in the Center Building, Room C114. 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, such as operating room, recovery room, and/or items your child's physician orders, such as X-rays or laboratory tests.

For information about charges for television service, see page 21.

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

**Insurance**

**(866) 652-7517**

All insured patients and families should familiarize themselves with the terms of their insurance coverage, including commercial insurance carriers, HMOs, Medicare, and Medicaid. This will help you understand which Hospital services are covered and what your responsibilities are, if any. You should also bring copies of your insurance cards. The Hospital is responsible for submitting bills to your insurance company for Hospital services and will do everything it can to expedite your claim. You may receive a bill from the Hospital for any deductible/copay/coinsurance or non-covered items, as indicated on the explanation of benefits received from your insurance company. If you have any questions regarding your insurance coverage, please call (866) 652-7517 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, such as Medicaid, Medicare 1011, Workers Compensation, No-Fault, COBRA benefits, or Charity Care, available to cover Hospital services rendered here.

**NewYork-Presbyterian Hospital 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, socio-economic 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) 305-5095

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 Medical Correspondence Unit is open 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 the booklet in the pocket of this Guide, *Your Rights as a Hospital Patient in New York State*. 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, herbals, both prescription and non-prescription medications, 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.
- Your child's food and nutrition needs will be met during your stay. However, if food is brought in from the outside, please let your child's nurse know. 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 the 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 at 1-866-NYDONOR or 1 (866) 693-6667. You may also enroll through the New York State Department of Health website at <http://www.health.state.ny.us/professionals/patients/donation/organ/>.

### If You Have Concerns

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

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

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

## FINDING YOUR WAY AROUND

The Hospital's official address and phone number are:

NewYork-Presbyterian/Morgan Stanley Children's Hospital (212) 305-KIDS  
3959 Broadway at 165th Street and Broadway (212) 305-5437  
New York, NY 10032

The Hospital is located on Broadway between 165th and 167th Streets in Washington Heights, near the Manhattan side of the George Washington Bridge. It is accessible by car, bus, and subway. The main entrance of the Hospital is located on the northwest corner 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 Transit 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. Take a left at Fort Washington Avenue to 168th Street. At 168th Street, make a right and proceed to Broadway. Take a 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**

Street parking is extremely limited. Some meters are available on 165th Street. Please note these are very closely monitored by the police. Valet parking and a Hospital garage are available.

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.

### **Valet Parking**

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

### **Valet Service Hours**

(212) 342-8486

Monday through Friday, 5:45 am - 10 pm

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

If you anticipate picking up your car after the valet is closed, please park in the Hospital's visitor parking garage at 115 Fort Washington Avenue, between 164th and 165th Streets, which is open 24 hours a day.

### **Visitor Parking Garage**

(212) 305-4903

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

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 Coordinator's 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 5 parking days. In order to receive any discounted rates, a letter from your child's doctor's office or social worker verifying date of admission and expected length of stay is required.

Monthly parking passes are also available. Monthly passes are valid for 30 consecutive days, including weekends. Length of stay must be at least 5 days. On the date of discharge, parking fees are waived if you present validated discharge instructions.

If you have any additional questions, please call the Parking Office at (212) 305-4903 or the manager on call at (212) 305-2718 (for emergencies).

### **Map and Neighborhood Services**

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







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