



Children's
of Alabama®

Your Guide to 10 Harbert EMU



10 Harbert EMU

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Healthcare as amazing as their potential

Epilepsy Monitoring Unit (EMU)

The Epilepsy Monitoring Unit (EMU) is 8 to 10 patient rooms located on 10 Harbert. EMU is designated Level 4 by the National Association of Epilepsy Centers (NAEC). Level 4 is the highest level for units that specialize in the care of patients; from seizure evaluation, to seizure treatment plan. The unit has a centralized monitoring "hub" from which the EEG staff monitors patients. Patient rooms are on either side of the hub.

The staff on EMU includes a team of EEG technologists and nurses. The EEG technologists monitor video EEG and analyze patient data. The specialized nursing staff, including nurse practitioners, ensure state-of-the-art patient care and attention to each family.

Mission of our Epilepsy Program

Our program uses the latest technologies and state of the art facilities to diagnose and treat seizures. Treatments include medications, diets, and surgical therapy when seizures remain poorly controlled. Our epilepsy surgery program is one of the fastest growing in the nation.

You will see a physician, nurse, nurse practitioner, and EEG technician on a daily basis as they follow your child's care. We work closely with the Departments of Neurosurgery, Radiology, Nuclear Medicine, Psychology, Social Services, and Child Life. We also work closely with our colleagues in the adult epilepsy program.

About Video EEG Monitoring (VEEG)

- An EEG is an electroencephalogram or a brain wave test. Video EEG Monitoring (VEEG) is done while the patient is in the hospital.
- The patient has a continuous EEG monitor and is videotaped at the same time. This procedure allows us to see the behaviors that occur along with the brain activity seen on the EEG.
- Our goal is to obtain the best study possible, in a setting that is pleasant and non-threatening to the child.
- A VEEG and the behaviors we observe can be used to diagnosis seizures, head injuries, headaches, behavioral problems, loss of consciousness, any altered mental status, dizziness, or any symptoms which caused your physician to refer your child for a VEEG study and will help with the treatment plan.
- A report of the study will be sent to the physician that referred the child for the test.

The Test

- EEG is performed with electrodes that are placed on the patient's scalp.
- An EEG technician will attach at least 24 flat metal disc electrodes in different areas of the scalp.
- The technician will use a gel to clean the area and a paste to hold the electrode in place.
- The electrodes are connected by wires to a monitor and will be covered with a small gauze patch.
- Special glue will be applied to the gauze for extra hold.
- The head will be wrapped in gauze to protect the electrodes and keep them from moving or slipping.

Redness on the forehead may occur from wrapping the head. Abrasions may possibly occur in patients with sensitive skin. If your child has any skin allergies, please tell the EEG technician prior to them attaching the leads.

Depending on the patient, your child may or may not be wrapped in a blanket or a papoose to restrict excessive movement while getting hooked up with the electrodes. PAPOOSING DOES NOT HURT OR HARM YOUR CHILD. It assists in getting hooked up to EEG by limiting movements.

The electrodes are connected to an amplifier and the EEG machine. The electrodes and the amplifier are secured in a pouch to help the patient carry them when they are out of the bed. The waves are viewed on a monitor that will be read by the epileptologist (Neurologist that specializes in epilepsy). The technician and nurse are NOT allowed to give any information about the results of the test. The physician and/or Nurse Practitioner will give you the results and any follow-up instructions.

Preparing your child for admission and VEEG

- Please wash your child's hair before admission.
- Please do not use crème rinse, oil, gel, mousse, or hairspray.
- No barrettes, braids, ponytails, or hair extensions allowed.
- It will take at least 1 HOUR for EEG hook up.
- No chewing gum during admission.
- Your child may wear his/her own clothes, it is better to wear a button down shirt that may be easily changed.
- Please explain to your child that they will not be able to leave their room unless approved by the physician, which is very unlikely, because we are checking them for seizure activity.
- Your child may get an IV and/or have lab work drawn.

What to bring with you to your EMU admission

- Please bring your identification, insurance card, and co-pay.
- If the primary caregiver/legal guardian is unable to attend, please send a letter along with a good contact number so we may reach the guardian/primary caregiver.
- Please bring all medications that your child is taking. Please bring the medicines in their original container not in a pill box dispenser. Do not give any home medications unless instructed to do so.
- Please bring your event/seizure log/journal.
- Please bring your questions for your physician.
- Please bring activities that will entertain your child for long periods of time.
- **Please bring school work and reading material appropriate for your child.**
- Please be prepared to provide your own meals. No meal vouchers are provided for planned admissions. You can pre-pay for your meals and it will be delivered to your room or you can utilize our cafeteria/market.
- You may bring a cooler with food, snacks, and drinks.
- If your child is on a specialty formula, we request your bring it with you as it may take up to a day to receive it from our feeding lab.
- Your child's admission will be scheduled for a certain time frame (24 hour, 48 hour, 72 hour 96 hour). However, it may be necessary for your child to stay past the given time frame. Please come prepared (extra clothes, food, etc) to stay extra days if needed.

EMU Instructions to Parents

- A parent/guardian must remain in the room with the patient at all times throughout the monitoring period. If the parent must leave the area/room the nurse must be notified.
- Side rails must be up and padded on crib and adult beds.

- Child should remain in bed, unless to stimulate a seizure and/or go to the bathroom.
- **We ask that you DO NOT cover your child with a sheet/blanket as we are monitoring/studying body movements.** You may turn up the heat in the room so that the child is not cold.
If a sheet or blanket is covering your child you will be asked to remove it.
- NO baths. Only sponge baths are allowed as the head box must not get wet. If the head box gets wet it will cause damage.
- Please be aware that cameras and microphones are on and recording at all times when the patient is being monitored.
- The video cameras and audio recorders are located in the ceiling of your room. Please be mindful of where the cameras are, AT ALL TIMES, so the best video images may be obtained. For your privacy, no cameras/audio recordings are located in the bathroom.
- NO chewing gum.
- Event marker button is to be pressed for all events/seizures. Your EEG technician will give you further instructions.
- Electrode Headbox/pouch must be carried on shoulder or held by the parent when the patient is out of the bed. The pouch can be worn in a backpack by some patients. The pouch must not drag on the floor.
- Please do not let patient rub on, scratch and/or pull at the head wrap as it will cause irritation and a breakdown of the skin. Please let your nurse know if this is a problem.
- Up to 2 parents or adult caregivers may sleep in the patient room. However, we ask that there is no co sleeping with the patient to prevent injuries.
- No sexual activities are allowed in patient rooms or anywhere on the unit. This includes patients, families, and visitors.
- If your child does have an event/seizure a nurse and EEG technician will come into your room to assess your child and ask your child questions. Please try to talk as little as possible during this time and be mindful of the camera as we learn a lot through this process.

Glossary of Terms You May Hear

Absence seizure (petit mal) - during this type of seizure it may appear that the person is daydreaming. However, the person cannot be made alert, and does not know what is happening around them. These seizures usually last a few seconds

AED - antiepileptic drugs

Atonic seizure - sudden loss of muscle tone is lost causing the person to fall, which can cause injuries (especially head injuries)

Automatisms - an act performed unconsciously. Spontaneous verbal or motor behavior (picking, lip smacking)

Clonic - jerking

Complex partial seizure - during this seizure type, the person may seem fully aware of what they are doing but they are not. Typically the person loses some awareness and stares blankly and he/she may not remember the event clearly or at all. You may see the person moving their mouth, picking at the air/clothes and/or have other repetitive motions (automatisms). These seizures usually last between 30 seconds and 2 minutes.

Eloquent cortex - areas of the brain that are important in sensory processing or movement. Most commonly located in left temporal and frontal lobes for speech and language, bilateral occipital lobes for vision, bilateral parietal lobes for sensation and bilateral posterior frontal lobes (motor cortex) for movement.

EMU - Epilepsy Monitoring Unit

Epileptologist - A neurologist with specialty training in epilepsy.

Epilepsy - 2 or more seizures that are not associated with a fever or a condition that could cause seizures, such as a head injury

Febrile seizure - this type of seizure only occurs with fever in children from 6 months to 6 years of age. Generally, children outgrow febrile seizures.

Generalized Seizures - this type of seizure is when abnormal electrical activity affects a large part of the brain. You may see muscle twitches, teeth clenching, arms and legs jerking rapidly and rhythmically and there is loss of consciousness.

Infantile spasms - a seizure type that usually appears in the first year of life. The baby will have spasms-sudden, quick and uncontrolled movements of the neck, upper body, arms and legs. The spasms tend to occur in clusters.

Intractable epilepsy - seizures that continue despite trials of 2-3 AEDs. These seizures are sometimes also called "uncontrolled" or "refractory."

Myoclonic/jerks - sudden jerking/twitching of a muscle or body parts. Usually brief.

Paroxysmal events - An event characterized only by changes in autonomic function, behavior, or respiratory rate (staring episodes, hyper alertness, pallor and rapid/slow breathing)

Secondarily generalized seizures - a seizure which begins as a simple or complex partial seizure but ends with a generalized seizure with rhythmic jerking involving the whole body.

Seizure - Rapid electrical activity of the brain causing abnormal function. This change can be in behavior or repeated movements.

Simple partial seizures - this type of seizure involves one part of the brain causing a movement, or sensation of a body part. The child is completely aware of his/her surroundings and can describe the seizure.

Status Epilepticus - A seizure that lasts a long time (more than 10-15 minutes) or a flurry of seizures in between which the child does not regain consciousness.

Tonic seizure - a seizure type with body stiffening which may cause a fall.

Tonic clonic (GTC/grand mal/ "the big one") - a seizure that involves the entire body first stiffens and then contracts muscles such that both sides of the body jerk rhythmically.

10 Harbert EMU - The Unit

10 Harbert is a 24 bed medical-surgical unit on the 10th floor of the Benjamin Russell Hospital for Children. We take care of pediatric patients ranging from neonates to adolescents with the main focus on the following specialties: Neurology, Neurosurgery, Orthopedics, and Rehabilitation services. Eight beds are designated for the Epilepsy Monitoring Unit.

Family Presence

We strongly encourage families to be with the patient. We hope that parents will be here to share information, take part in decisions, and work with the healthcare team. While you are here, please take an active role in your child's healthcare. We understand that you know your child best.

Parents/Caregivers Staying Overnight

- Up to 2 parents or adult caregivers may sleep in the patient room. However, we encourage only one.
- Sleeping materials for 1 parent or caregiver can be provided. Any additional sleeping materials must be put away during the day and not restrict staff's movements at any time.

- In order for you to take the best care of your child, you must take care of yourself. It is important that caregivers get plenty of rest, good nutrition and some time away from the hospital.
- No sexual activities are allowed in patient rooms or anywhere on the unit (this includes patients, families and visitors).

Visitation Rules

- Parents/guardian/support person acting on behalf of a patient may visit 24 hours a day and may receive or deny visitors of their choosing during regular hours.
- Visitors are welcome in the unit between the hours of 9AM and 9PM.
- Any exceptions must be approved by the Charge Nurse.
- Only 4 visitors, including parents, are allowed at the bedside at any given time. If at any time it becomes too crowded, the nurse reserves the right to limit the amount of visitors.
- Parents and visitors should discontinue the use of portable electronic devices (cameras, cell phones, iPods, etc.) while healthcare providers are in the patient room.
- Parents and visitors should discontinue the use of a portable electronic devices (cameras, cell phones, iPods, etc.) while healthcare providers are in the patient room.
- There is a lobby/waiting area located near the elevators on the 8th floor where larger groups can meet or additional visitors can wait.
- All visitors must first check in on the second floor lobby to receive their visitor's badge/sticker.
- 10H is a secured unit. To enter the unit, visitors/families will need to ask the receptionist at the lobby desk to allow entry or push the doorbell/buzzer at the appropriate door
- Armbands are for parents and significant others only and should be worn at all times while in the hospital. Do not give your armband to anyone else.
- Visitors, family, parents, and support person must be free of infection in order to visit a patient.
- All visitors must use hand sanitizer immediately before entering the unit and again before entering and after leaving the patient's room.
- Anyone under the age of 14, including siblings, friends, girl/boyfriends or fiancés is strongly discouraged from staying overnight in the patient's room or on the unit.
- Parents should find alternative child care for siblings as soon as possible. Any exceptions must be approved by the Charge Nurse or Nursing Supervisor/Director.
- An adult must supervise siblings and visitors less than 14 years of age at ALL TIMES. Staff members must spend their time caring for patients and are unable to oversee the care of siblings and other children.
- Any unsupervised siblings or visitors will be asked to leave the unit.
- Patients under 14 should also be supervised at all times.
- Patients, families and visitors are welcome to spend time together in the 10th floor lobby/waiting area.
- Patient/family/visitor areas of the hallway are marked by the blue river; all other areas are off limits.
- We ask that there are no patients, parents, siblings or visitors in the hallways between the hours of 9 p.m.-7 a.m.. This is considered "Quiet Time" for our patients and families to receive adequate rest.
- The 10H staff also reserve the right to limit and/or restrict visiting by any person(s) whose behavior may be disturbing or harmful to patients, families, visitors and staff.
 - All family and visitors must be respectful of patients, other families, visitors and staff.

- o Foul language, violent or threatening behavior, discriminatory or offensive conversation or dress will not be tolerated.
- o Those in violation will be asked to leave or will be escorted off the unit by security.

Privacy

- Family members are asked to respect the privacy of all patients and their families at all times. Those in violation will be asked to leave and/or escorted off the unit by security.
- Please do not ask staff about other patients.
- Patients, parents and visitors should not visit other patient's rooms as this can spread infection.

Unit Based Information

Public restrooms, and water fountains, and a shared family lounge are located in the lobby area on the 10th floor entrance near the main elevators.

- The shared family lounge has a kitchen with a refrigerator, ice/water machine, coffee maker with supplies, vending machine, and a sitting area with a TV.
- Children are NOT allowed in the family lounge without an adult.
- Parents/visitors are NOT allowed to stay overnight in the lounge.

A laundry room with washer, dryer and a dishwasher is located near the main elevators on the 10th floor.

- Ask a staff member if you need to use the laundry room.
- Please limit laundry use to 2 hours at a time.
- Please see the unit clerk or your nurse to obtain laundry detergent.

The lobby area including the family kitchen are shared by all the patient rooms on the 10th floor. Please be respectful of all of these shared spaces and help keep them clean.

- Food is stored at your own risk.
- Please label all food placed in refrigerator and cabinets with patient's name and date.
- The refrigerators and cabinets will be cleaned out weekly. Any items without a name/date, spoiled/smelly foods, and food from discharged patients will be thrown away. We are not responsible for lost or stolen food.
- Parents and visitors can get and store drinks/snacks from the family kitchen.
- Drinks and snacks will be provided for the patient from the staff nourishment room, just ask your nurse or clinical assistant.
- The patient will receive 3 meals per day from the hospital kitchen.
- Please be prepared to provide your own meals. No meal vouchers will be given for planned admissions.
- Parents may pre pay for meals, at the cashier office on the 2nd floor near admitting, that will be delivered to your room.
- Meals/snacks can also be purchased from the cafeteria, GO-Store or Main Street Deli.

Daily Life on the Unit

Patient Rooms

- Personal belongings need to be limited and stored neatly in the room. Personal belongings cannot restrict access to the staff providing care to your child.
- Housekeeping will clean your room daily but families are expected to keep their room clean and neat.
- If you need Housekeeping for any reason (spills, trash, etc.) you may send them a message using Get Well Town for faster service.
- While we want to provide a comfortable space for the family, the child's hospital room is not a hotel room or a family apartment. The staff must be able to get to your child and all equipment at all times.
- The front of the patient room closet to the door is the "nurse space" and should not contain personal belongings.
- Please do not use the computer, shelf, or cabinets that are located on the equipment wall by the head of your patient's bed. This computer is only for staff to chart and check your child's medications and this area is for equipment/supply storage.
- The back part of the room is the "parent space" where you will find a sofa bed and storage drawers and cabinets.
- The middle part of the room is designated as "patient space" and is where a lot of the medical equipment will be located.
- You may decorate the room with personal belongings. However, please do not use tape, stickers, nails, push pins, or anything permanent on the walls and other surfaces. Please help us keep our unit clean.
- Feel free to bring your own linens and clothes for your child.

Nursing Care

- The care provided on the unit continues 24 hours per day. Some medications are given around the clock as are some treatments and tasks.
- Vital signs (blood pressure, temperature, heart rate and respirations) and physical assessments (listening to heart/lung sounds, checking skin and the mouth) are completed at least every 8 hours, including the night, and sometimes more than every 8 hours.
- Labs may be obtained in the morning at 4 a.m. by a lab technician.
- We will make every effort to not disturb you and your child any more than necessary at night. Sometimes the nurse or other staff member may need to turn on a small light while performing a task.
- We understand that you and your child need adequate sleep while in the hospital and every time we enter your room it is to perform necessary tasks or care that is in your child's best interest.
- Each nurse is equipped with a special iPhone called a Voalte that allows the nurse to send and receive text messages from the care team, answer patient related phone calls, and monitor alarms. This is not a personal cell phone. Please tell your nurse and the doctors if you start noticing any changes in your child's condition (mouth sores, constipation/diarrhea, poor appetite, etc.)
- If your child does have an event/seizure a nurse and EEG technician will come into your room and begin assessing and asking your child questions. Please try to keep talking to a bare minimum during this time and be mindful of the camera as we learn a lot through this process.

Medications

- We ask that you bring all the medications your child is taking in their original container, not in your pill box dispenser. *However, please do not give any home medications from your supply unless you are instructed to do so.*
- Medicines, both IV and oral, are a big part of the healing process.
- Medicines will need to be given during the day and night. Your child **MUST** take their medications on time. We will count on you, the child's parent/guardian, to help maintain the discipline needed to ensure the child takes their medications on time.
- Please learn about your child's medications and ask questions. Your child will take many of these medications after discharge.

Tasks of Daily Living

- Parents/caregivers are expected to perform tasks of daily living for their child (baths, diapers, feeding, etc.)
- Parents/caregivers will be taught how to do specialized tasks such as changing dressings, tube feedings, topical creams/ointments, etc.
- You are also encouraged to perform these tasks because you will be doing some of these tasks at home after discharge.
- Now is the time to practice since you have the staff here to observe, assist and teach you.
- Of course staff members are always available if you need help with these tasks.

Hygiene

- We highly encourage patients and caregivers to take a bath or shower daily.
- We also encourage parents to help their child perform oral hygiene tasks (brushing teeth, mouthwashes) daily or as prescribed by their doctor. This helps prevent/limit the spread of infection.

Central Lines/Ports

- If your child has a central line or port, the clear/transparent dressing will be changed weekly (unless loose, wet or soiled).
- Part of the dressing change includes "reaccessing" the port (if your child has one). This must be done at least every 7 days, no exceptions.
- Central lines are a source for potential infection and must be treated carefully. A line infection can be life threatening.
- Do not let the end of the line hang in a diaper, bath water or on the floor.
- Ask your nurse for tips for baths and infants/toddlers.

Intake and Output

- Nursing staff must keep a record of how much your child drinks and urinates (urine will be measured in ounces or milliliters), the number of times they have a bowel movement (stool), and the number of times they vomit each shift.
- You will be given a speci-pan "hat" or urinal to measure urine.
- In some cases you will be asked to also record everything your child eats.
- Your nurse will tell you where to write these totals down.
- If your child wears diapers, please save all diapers and record how many are bowel movements for the nursing staff.
- If your nurse asks for a urine or stool sample, leave the sample in the bathroom and call the nurse immediately so that the sample will be "fresh".

Handling Body Fluids

- If your child is receiving chemotherapy or other toxic drugs please wear the dark blue gloves when handling diapers, body fluids or dirty linen.
- Chemo is eliminated by the body for 48-72 hours after your child has received the last dose.

Safety Button and Emergency Call

- A regular call button and several emergency nurse call buttons are in each patient room and in patient bathrooms.
- Please use the red nurse button on your remote to call your nurse or CA for a routine request.
- Please use the call light for anything your child needs. Please tell the person that answers what it is that you need as it will save time. Be as specific as possible as the CA or other staff may be able to help with your needs when your nurse may not be available.
- The emergency button is located on the wall above the head of your child's bed that should only be used in a true emergency.
- Please do not touch any of the other equipment/buttons located on this wall as they are for staff use only (including the "Assist" and "Code" Buttons).
- Two emergency pulls are in the bathroom that will send out an emergency signal in the unit. These may be used if you need help in the bathroom and are unable to reach the regular call button.

CHAT and PICU/SCU

- The Children's Hospital Assessment Team (CHAT) is a special team that comes quickly to help your child when called.
- After speaking to your child's nurse or doctor, if you are still worried that your child is getting worse, please call CHAT. The number is 638-2428.
- CHAT can be called by you or your nurse. If you do call CHAT, please let your nurse know so that we can be helpful to you and the CHAT team.
- If your child needs more specialized care than is available on the unit, he/she may be transferred to the Pediatric Intensive Care Unit (PICU) or Special Care Unit (SCU).
- The doctors in the PICU/SCU will work with our doctors to provide the best care possible for your child.
- During this time, you will be asked to move your belongings from your room on 10H EMU until your child is able to be moved back. Both PICU and SCU now offer 24 hour parent accommodations (with some exceptions).
- We ask that you vacate the room as soon as your child is settled in their new room.
- When your child's condition improves, they will most likely return to 10H EMU, though we cannot guarantee the same room.

Infection

- Many children on our unit are at an increased risk for infection.
- The best way to prevent infections is to wash your hands and/or use hand sanitizer often and teach your child to do the same.
- Always wash your hands and your child's hands before preparing or eating food and after using the restroom, sneezing, blowing nose, coughing, etc.
- Wipe toys down with sani-wipes or antibacterial sprays.
- Your child should wear socks/shoes when walking out of their room and don't let infants/young children sit/play on hallway floors.

Supervision

- Do not leave your child unattended.
- All patients under the age of 14 must have a parent/adult caregiver at the bedside at all times.
- If you need to step out of the room, (such as to get food from the cafeteria) please notify your nurse.
- Always keep the side rails on the bed/crib raised.
- If you need to be away for an extended period of time, help may be available from Volunteer Services. Advance notice must be given and is only available during weekday hours.
- Visitors/siblings under the age of 14 must not be left unattended at any time.

Co-sleeping

- The best practice for your child is to sleep in the bed alone.
- Please do not allow the patient to sleep with you on the sofa or mattress and please do not sleep in the bed with your child.
- Should your child need urgent care, precious time would be wasted getting the child from the parent's space to the bed or getting the parent out of the bed.
- Also, staff must be able to get to the patient at all times.
- Children under the age of 3 must sleep in a crib. There are no exceptions.

Medical Equipment

- Please do not touch any of the medical equipment or supplies in your room or on the unit.
- If the alarm sounds on the IV pump, or any of the equipment in your room, it is important that you call your nurse right away.

ID Bands

- An identification (ID) band will be placed on your child on admission.
- The ID band will be used to make sure your child receives the right medications and treatments.
- The ID band must stay on your child at all times. If the ID band comes off, please notify your nurse.
- Parents will also be given a green identification band. Please wear this ID band throughout your stay. This lets our staff know you have been screened and are the child's parent/guardian. Our Security Department will not allow access to anyone not wearing a green armband or visitor ID badge.

Prevent Injuries

- If your child seems unsteady due to medications or his/her condition, please help your child get up, walk, use the restroom, and other tasks where he/she could injure himself/herself.
- Tell your nurse if your child seems unsteady.
- Always keep the side bed rails up!

Isolation

- When a patient is on isolation (contact, droplet or airborne) precautions, he/she must stay in their room unless taken off the unit for a procedure.
- All visitors must wear the appropriate gown, gloves and/or mask.
- Hospital staff will also wear these garments when entering your room.

- All garments must be removed and thrown away before leaving the room.
- Everyone still must use hand sanitizer before entering and after leaving the room.
- These precautions are to limit the spread of infection and protect all of our patients.

What Parents Can Do To Help

- Set a good example by learning and following all the rules and making sure your child and visitors do the same.
- Report any violations or concerns to a staff member immediately.
- All of the rules and guidelines are important and in place for a reason. Choosing to not follow the rules may affect your child's treatment or the treatment of other patients and their families.
- Please ask your nurse if you do not understand the reason or rationale behind a rule, guideline or request.
- As parents, it will be most helpful for your child if you approach all of these activities in a positive and matter of fact manner. For example, helping your child understand that they cannot "negotiate" their way out of staying in their room for their VEEG or taking a medicine.
- We certainly don't expect parents to enforce all of the standards above. Nurses and physicians will take on some of that role, but we do need and expect your support and commitment.

Shift Report and Rounds

- Nurse to nurse report is done at shift changes at 7 a.m., 3 p.m., 7 p.m., and 11 p.m.
- Report is very important to make sure the on-coming nurses know about your child's care and should only be interrupted when necessary.
- The staff may be especially busy during shift changes so please avoid routine requests that can be done at another time.
- Rounds are completed by the entire team during the morning (usually from about 9 AM to Noon).
- Please wait to ask any non-emergency questions until the doctors come to your room on patient rounds.
- Many parents find it helpful to keep a list of problems, questions and concerns to speak to the doctors about during daily rounds.
- You should be present for rounds when the team examines your child and makes plans for the day.
- Of course, if you need immediate assistance or attention at any time, please call or come to the nurse's station and someone will help you.

Additional Services Information

Fun Activities

- There are also 3 main Activity Rooms located on 9 Harbert for all other patients' use. They are separated by age group: Infant and Toddler, School Age, and Teen. They are open Monday-Friday.
- The Activity Rooms are not intended to be a substitute for child care. Siblings are welcome with parental supervision, as long as they are not sick and there is space available.

- Patients that are on isolation cannot leave their room to go to the activity rooms, but their parents may go and check out items for them.
- The 3 main Activity Rooms have a limited supply of board games, DVDs, and other activities that may be checked out.
- To check out equipment, you must show the patient identification number listed on the patient arm band. All games and movies are checked out on a first come, first serve basis.
- DVD's are limited to 2 at a time for 48hrs.
- All equipment must be returned before your child's discharge to the Activity Room.
- Also ask about Children's Harbor which has many activities for the whole family.

GetWell Town

- GetWell Town is the new education and entertainment system found on the patient's TV.
- GetWell Town provides information about the hospital and education for patients and families.
You can also play games, watch movies and go to the Internet on GetWell Town.
- To watch TV, simply press the TV button on your keyboard or pillow speaker/remote.
- Please use GetWell Town to send messages to Housekeeping and Maintenance if you have needs for your room. Using this system keeps a record of any problems so that we can provide better service and care to you and your child.
- For any problems or questions regarding GetWell Town, please call the GetWell Help Desk: 1-888-496-3375. You can also find this number on the TV's keyboard/remote. The Help Desk is open 24 hours/day.

Donations

If you or anyone you know would like to make donations or volunteer, please ask for a copy of our donation policy. Also, if you collect aluminum can pop tops for the Ronald McDonald House, please turn them in to the 2nd floor lobby information desk.

Health Care Team

- If you need additional services during your admission, ask your nurse about speaking to a doctor, chaplain, social worker, child life therapist, school teacher or patient relations representative.
- Speak to your child's doctor if you wish to involve other members on the team such as a physical therapist, occupational therapist, speech therapist, respiratory therapist, or wound care specialist.

Service Excellence

It is our goal to provide you with excellent care and service. Please let us know if there is anything we can do to make your stay better. You can give any staff member feedback or let us know how we are doing through GetWell Town. Also, you may receive a survey in the mail when you get home. The survey will be from NRC Picker, and we encourage you to take time to complete the survey and return it. The results help us make improvements for the patients and families we are privileged to serve.



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12/2013