



FAMILY HANDBOOK

Your Guide to
UCSF Benioff Children's Hospital Oakland



UCSF Benioff Children's Hospital
Oakland

747 52nd St., Oakland, CA 94609
510-428-3000 • www.childrenshospitaloakland.org

Welcome to UCSF Benioff Children's Hospital Oakland

This handbook was prepared to let you know about the hospital, our caregivers, and the special services you will find at a place just for kids and their families. Please do not hesitate to ask questions. We are all here to help.



We know that coping with illness or injury is difficult, so we work hard to help your child, your family, and you be as comfortable as possible. We will do everything we can to prepare your child for a healthy and safe homecoming.

After you are home, you may receive a patient satisfaction survey phone call. We hope you will take a few minutes of your time to respond to it. We value your feedback and use what you tell us to help every family have a positive experience at UCSF Benioff Children's Hospital Oakland.

Thank you for entrusting your child's care to us.

A handwritten signature in blue ink, reading "Michael Anderson, MD". The signature is stylized and cursive.

MICHAEL ANDERSON, MD

President

UCSF Benioff Children's Hospitals

Dear Families,

My son, Simon, was 4 months old when he was first admitted to Children's. We've spent many nights here since, and, while it's never fun to think about coming here, we always know that we will be cared for in the best way possible. You are in good hands. It's hard to remember that, with everything going on, but it's true.

Ask questions; find out what might make things easier for your child. Please remember to eat and rest, and always know that everyone is working to do their best for you and your family.

Wishing you well,

LAURA

Grateful parent



TABLE OF CONTENTS

COMING TO THE HOSPITAL 8

- Working Together for Safe Healthcare 8
- Talk to Your Child About Coming to the Hospital 8
- Before Your Child Comes to the Hospital 8
- What to Bring to the Hospital 9
- When Your Child Comes to the Hospital 9
- What to Leave at Home 10
- Bring Kid Stuff 10

WHILE IN THE HOSPITAL 11

- Patient and Family Responsibilities 11
- The Hospital's Responsibilities 12
- Safety Measures: How You Can Help 12
- Being with Your Child 13
- Your Child's Room 13
- Stop Patient Falls 13
- TV, Phones, Fax 14
- Mail Service 14
- Email 14
- Smoking Policy 15
- Visitors and Visiting Hours 15
- Visitor Safety 15

PEDIATRIC INTENSIVE CARE UNIT 16

- Your Child's Care Team 16
- Very Important Members of the Care Team 16
- A Typical Day 17
- Intensive Care Unit Visiting Recommendations 17
- Spending the Night in the Intensive Care Unit 18
- Glossary 19

GOING HOME 20

- When Your Child Leaves the Hospital 20
- Things to Remember 20
- On Discharge Day 20
- Take-Home Medicines 20
- Goodbye! 21
- Driving Home 21
- Test to Determine if Your Child is Ready
for the Adult Shoulder/Seat Belt System 22

HAND HYGIENE & INFECTION CONTROL 23

- Hand Hygiene 23
- Be an Advocate for Good Hand Hygiene 24
- Coughing Can Spread Germs 24
- Visitors 25
- Visitation in Isolation Areas 25
- Special Consideration: Airborne Isolation 25
- Infections Overview 26
- VAP Prevention 26
- Prevention of Central Line-Associated Bloodstream Infections 26
- Methicillin-Resistant Staphylococcus Auereus (MRSA) 27
- MRSA Testing Before Discharge 27
- Prevention of Surgical Site Infections 29
- Peripheral intravenous line care 30

SPECIAL SERVICES 31

- Accommodations 31
- Automated Teller Machine (ATM) 31
- Ambassador Services 31
- Chapel 31
- Child Life Programs 31
- Coffee Bar at the Outpatient Center 32
- Family Resource & Information Center 32
- Food Services for Patients 32
- Food Services for Visitors 33
- Gift Shop 34
- Interpreter Services 34
- Restaurants 34
- Social Services 34

PATIENT RIGHTS & RESPONSIBILITIES 35

- Patient Rights 35
- Informed Consent 36
- Advance Directive 36
- Communication 36
- Confidentiality and Privacy 38
- The Ethics Committee 38
- Coping with Pain 38

YOUR CHILD'S HEALTHCARE TEAM 39

- Who's Who? 39
- Other Members of the Team 40

HOW TO HELP YOUR CHILD COPE WITH PAIN 41

- Pain Assessment Guide 41
- How Do We Manage Pain? 42
- Who Helps with Pain? 43
- How Will Medication Be Given? 43
- What Can You Do? 44
- How Your Healthcare Provider Can Help with Pain 44

SUPPORT US 46

GETTING TO CHILDREN'S 47

- Parking 47
- Security Escorts 47
- Taking BART 48
- BART Shuttle Schedule 48
- Directions 49
- Map 50

PATIENT ROOM PHONE NUMBERS 51

IMPORTANT PHONE NUMBERS 53



COMING TO THE HOSPITAL

Working Together for Safe Healthcare

The best and safest care for your child is a joint effort between families and the pediatric experts at UCSF Benioff Children's Hospital Oakland. We respect and appreciate the unique role that families play in their child's well-being and consider families to be important members of the healthcare team.

Talk to Your Child About Coming to the Hospital

You can help your child feel more secure and confident about coming to the hospital by talking with them about what to expect.

Children have lots of questions such as:

- Why do they have to go to the hospital?
- Where will you be while they are here?
- How long will they have to stay?

You can tell your child that Children's is a place where children receive care so they can get better and return home to their families. Let your child know it's a place just for kids, where all the grown-ups are there to help.

Before Your Child Comes to the Hospital

For pre-arranged admission, we will contact you to make sure you understand and follow pre-admission instructions, such as whether your child needs to stop eating before a test or procedure, and if so, when and why; and whether your child can continue to take any medications before the procedure.

What to Bring to the Hospital

- Your child's immunization records.
- The name, address, and telephone number of your child's primary care physician.
- Insurance information/cards.
- Special medical supplies/equipment currently used by your child (hearing aids, crutches, braces or other corrective aids, etc.).
- A change of clothing, toiletries, and personal items you'll need.
- Money to pay for your food. Unfortunately, food is not provided for family members or visitors.
- A list of all medicines taken by your child. If you don't have a list, please bring in the containers, including:
 - Prescription drugs.
 - Non-prescription drugs, such as cold and cough medicines, Tylenol, aspirin, and other fever reducers.
 - Herbal or homeopathic medicines or remedies.
 - Vitamins.

When Your Child Comes to the Hospital

We'll ask that you:

- Give us copies of pre-admission test results and other healthcare information.
- Share any special considerations about your child. No one knows your child better than you!
- Talk with the healthcare team about what to expect during your child's stay, and find out who to ask for additional information.
- Ask for an explanation of all test results so you can make informed decisions about your child's care.
- Ask the healthcare team for information about your child's medications.
- Help make sure that all information is shared with the new healthcare team if your child is transferred to another hospital unit.



The Best Times to Talk About Hospitalization with Your Child

Children under the age of 4 live very much in the present, so it's best to tell them about their hospital stay a day or two before admission. Older children will need more time to think about what you tell them and ask questions. For children of all ages, it's important to encourage questions and give as much honest information as your child can understand.

We'll ask you:

- The reason your child is taking the medicine.
- How much of the medicine your child is taking (dosage).
- The form of the medicine your child is taking (pills or liquid).
- The name of the doctor who prescribed the medication.

What to Leave at Home

- Safety codes do not allow television sets, DVD/CD players, or stereo systems from home. A personal handheld stereo or video game unit that is battery-powered is ok. All personal items should be clearly labeled and watched closely. The hospital is not responsible for loss, theft, or damage to personal property.
- Please leave laptop computers and other personal electronic devices at home, as we cannot be responsible for their security. Our Bio-Medical Engineering department must approve any device with a power cord before it may be used in the patient care areas.
- Please leave large amounts of money at home.
- Please leave jewelry and personal valuables at home.
- Latex balloons are not allowed. They are a health and safety risk. Mylar balloons are allowed.

Bring Kid Stuff

Kids of all ages feel better about hospitalization if they can play an active role in preparing. Ask your child what special things they would like to bring to the hospital, and let your child help pack a bag. We provide pajamas, toiletries, toothbrushes, combs, and diapers, if needed.



WHILE IN THE HOSPITAL

Patient and Family Responsibilities

The staff at UCSF Benioff Children's Hospital Oakland is committed to maintaining a safe place for your child to stay. We respect and appreciate the important and unique role that families play in keeping children healthy. We consider families essential members of the healthcare team. Here are some ways you can help.

Providing information: Tell us all about your child's current health complaints; past illnesses; hospitalizations; medications or dietary supplements, such as vitamins and herbs; allergies; and any other matters relating to your child's health. You may have healthcare goals, values, or spiritual beliefs that are important to your child's well-being. We will take them into account as much as possible.

Asking questions/offering suggestions: Let us know right away if you have any doubts, concerns, or questions about your child's care, treatment, and service. It is important for you to understand how you will be participating in your child's care. Know who your healthcare team members are. You should know the identity of doctors, nurses, and others involved in your child's care. If you don't, ask! We want to answer your questions.

If you have any safety suggestions, please tell them to the healthcare team right away. If you think of suggestions after your child is discharged, please include them on the patient satisfaction survey.

Accepting consequences: It is important for families to understand their role in following the plan of care. If the plan is not followed or understood, the family must be aware of the possible outcomes. Please let us know right away if you do not understand any part of the plan of care.

Following instructions: Follow the instructions in your child's plan of care. Please tell us if you have concerns, and ask for help if you need it. That's what we're here for. Upon discharge, make sure the plan will work for your family and home situation.

Read all information that may be provided about your child's condition. If you need more information or if you don't understand any of the information, please ask.

Following rules and regulations: Follow established hospital procedures and rules as outlined by your healthcare provider.

Showing respect and consideration: Please be considerate of other patients, families, hospital staff, and property.

The Hospital's Responsibilities

- Providing the best and safest care for your child.
- Talking with you and members of your family to make sure we have the information needed to develop and implement a plan of care developed for your child's unique healthcare needs. Interpreters in many languages are available.
- Doing everything we can to ensure that you understand your child's plan of care.
- Keeping you informed about your child's care.

Safety Measures: How You Can Help

Help prevent infection: Ask healthcare team members and visitors to wash their hands or use an alcohol-based hand rub before providing care. Be sure to wash your hands before entering and before leaving your child's room. Follow any required isolation precautions.

Help prevent patient falls: Make sure your child's bedside rails are up whenever you are not with your child. Watch your child carefully if they are unsteady on their feet due to medications, their illness, developmental age, or ability.

Verify patient identification: Healthcare team members check two forms of identification before giving medications or completing patient procedures. Help us keep an identification band on your child's wrist or ankle at all times. If you notice the band is missing, tell a member of the healthcare team. Verify that the information on the band is correct.

Help with patient medication safety: For safety, the medical team needs to know about all the medicine your child was taking before coming to the hospital. Our doctors and nurses expect and welcome your questions about medications your child is receiving. On discharge, make sure you understand all the medications your child will be taking after you return home and where you will be getting them.

Help with surgery safety: Please participate in what we call the "universal protocol." This means we ask you to verify your child's identification band information. We also ask you to help us in the pre-operative area. Help us mark the body side and site of your child's surgery. Remind us exactly where on your child the surgical procedure is to be performed.

Help with IV (intravenous) safety: Your child's IV will be checked at least every hour (day or night, awake or asleep) when fluids or medications are running through it. Please make sure your child's IV site is accessible to your nurse at all times. Please call your nurse for "swelling, *pain, *numbness, *redness, *wet to touch". or any other concerns.

Speak up: Make sure you tell us right away if you feel there is any change in your child's condition. Let us know if your child has pain or is uncomfortable in any way. Parents are often the first to notice a change or worsening of their child's healthcare problem. You are one of the most important members of our team!

Being with Your Child

Being apart from you is a big concern for children of all ages, and being with your child in the hospital is an important part of the healing process. We welcome you to be with your child around the clock. If you can't be with your child, a grandparent or other familiar, loving adult is the next best thing.

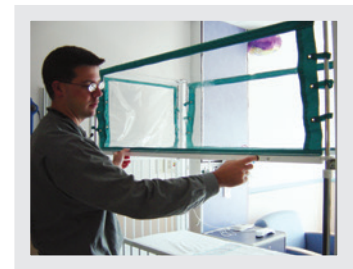
- Be sure to let your child know when you'll be away, as well as when you'll be back. Help them to understand who to ask for help if needed, and who will be taking care of them while you are away.
- Children's Family House is located around the corner from the hospital. It is a low-cost home-away-from-home for families who live farther than 100 miles away. Rooms are available on a case-by-case and space-available basis. Contact the Social Services department at extension 3325 to arrange staying there.
- Parents and visitors are not to use the shower or bathroom in the patient's room due to the risk of infection. Please ask your nurse for directions to the nearest bathroom.
- Shower and laundry facilities are located on the 4th floor.
- Family lounges are located on the 3rd, 4th, and 5th floors.
- There's a playground and a butterfly garden to enjoy in the courtyard.



Your Child's Room

Most patient rooms have two hospital beds, and most children will have a roommate. Each room has a sleep chair or window seat that can be used for overnight stays for one parent, guardian, or other designated adult.

Most patients share a room with another child, except in the intensive care unit (ICU) and intensive care nursery (ICN). Please be considerate of your roommate's need for quiet when using the TV and phones.



Stop Patient Falls

- You'll see that beds as well as cribs have side rails. Crib rails must be left up at all times, even if a caregiver is present.
- All children 3 years of age and younger are required to be in a crib for safety during their hospital stay.
- Beds must be in the lowest position, and bedside rails must be up at night.
- Always use the safety straps on highchairs, strollers, and wheelchairs.
- Please do not leave your child unattended in a highchair, window seat, or sleep chair.

TV

Our closed-circuit TV system provides entertainment, education, and information.

Phones

Many patient rooms have a private phone line (exceptions: ICU, ICN, 3-Surgical). To call outside the hospital, dial 9 and the number you are calling. There is no charge for local phone calls.

- Outside the local area, you will need to use a phone card. These are available in the hospital gift shop.
- Cell phones may be used in patient care areas. Please turn off the phone's ringer so it does not disturb others, especially during quiet hours. Special restrictions may be in place for the critical care areas in the PICU and NICU.
- Cell phones cannot be charged in your child's room for safety reasons.
- You may charge your phone in the Friendly Café or in waiting rooms under self-supervision using available electrical outlets.

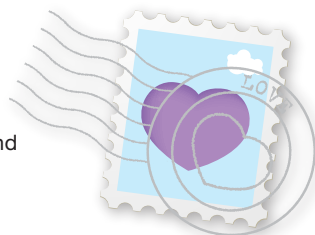
Fax

Faxes may be received during business hours at the Family Resource & Information Center, located on the 2nd floor across from the Friendly Café. The fax number in the Family Resource & Information Center is 510-597-7024. Their phone number is 510-428-3549.

Mail Service

Patients love to receive mail. Mail should be addressed to:

(Child's Name)
A patient in room (#)
UCSF Benioff Children's Hospital Oakland
747 52nd Street
Oakland, CA 94609



Email

Family and friends can email a patient by going to Children's website (www.childrenshospitaloakland.org) and then click on "Coming to Children's" on the left-hand side of the screen. Then click on "Email a Patient" on the bottom right of the screen. Complete the information screen online, and submit your email. While every effort will be made to deliver your message, we cannot guarantee that the patient will receive it.



Smoking Policy

At Children's, we are committed to providing a healthy environment for all children. Children's is a smoke-free campus. Please refrain from smoking anywhere on Children's campus and within 25 feet of any Children's building.

If you or a family member would like assistance with quitting smoking, please contact the California Smokers Help Line at 1-800-NO-BUTTS (1-800-662-8887) or talk with your child's medical provider about tools to quit smoking, including nicotine replacement therapy.

Visitors and Visiting Hours

Visitors of all ages are welcome at Children's. For your child's safety, we require that visitors wash their hands, just as we do, before entering patient rooms.

- Everyone at the hospital wears an identification badge. Before you enter the hospital, you'll need to stop at the ambassador's desk at the main entrance for a visitor's badge.
- Parents and guardians are welcome at all times, day or night. Because space is limited, only one parent or guardian may spend the night in a child's room. We don't have space for young visitors or siblings to spend the night.
- **Friends and relatives, including brothers and sisters, may visit between 8 a.m. and 8 p.m.**
- Child visitors will be screened for illness at the security desk prior to the visit and must remain with you at all times.
- If your child has an infectious disease and is placed on isolation precautions, child visitors are not permitted.
- Patients in isolation may not have visitors younger than 10 years of age, including brothers and sisters. In the ICU, if your child has an infectious disease, child visitors are not permitted.
- Because space is limited, please do not have more than four visitors at one time. During the winter season, the ICU and the ICN limit visitors to two healthy people at the bedside.
- Child life specialists are available to help prepare child visitors to visit a sick or injured family member. Call 510-428-3520.
- Special guidelines for visiting the ICU and ICN are posted in those areas. Sometimes we may have to ask all visitors to leave temporarily so we can provide critical care to a very sick child. We appreciate your cooperation.
- There are special guidelines for visiting the Hematology/Oncology/BMT unit as well. Guidelines are posted at the unit entrance. Please ask for assistance if necessary.

Visitor Safety

We are always concerned about the safety of our patients. Please:

- Check that all healthcare workers interacting with you and your child have proper hospital identification.
- Ask about unfamiliar persons entering your child's room or those inquiring about your child.
- Be familiar with the schedule for your child's tests and who has authorized them.
- Notify your child's nurse or physician if concerned about unidentified visitors.



PEDIATRIC INTENSIVE CARE UNIT

There are few events in a parent's life more stressful than having a child who is critically ill or injured. At UCSF Benioff Children's Hospital Oakland, highly advanced life-saving technology is combined with family-friendly policies for the best possible physical and emotional results. In addition to providing the highest level of medical and nursing care for your child, we are also here to support you and your family.

Parents and guardians are welcome to stay with their child. Other family members and friends may visit the ICU from 8 a.m. to 8 p.m. In respect for patient confidentiality and to avoid overcrowding at the bedside, we ask that visitors step out of the unit during nursing shift changes.

Your Child's Care Team

The ICU is staffed around the clock by highly skilled pediatric physicians, nurses, and other healthcare professionals who provide patients with continuous care and monitoring. Your child will receive care from intensivists, doctors whose role is to oversee all the care given in the ICU; specialists, board-certified pediatricians who are specially trained in specific diseases or parts of the body; and residents, who are licensed doctors receiving advanced training in a hospital setting. Nurses and others caring for your child in the ICU have received advanced training in pediatric critical care medicine.

Pediatric specialists in respiratory therapy, physical therapy, occupational therapy, clinical nutrition, pharmacology, child life, and clinical social services may also provide appropriate care for your child. Interpreters for many languages and a hospital chaplain are also on staff.

Very Important Members of the Care Team

We respect and appreciate the unique role that families have in supporting their children's emotional well-being and consider parents to be very important members of the care team. Your insight and input are vital.

Parents often feel overwhelmed by sadness, anger, and uncertainty when their child is very sick. It's common to feel helpless, but there is much you can do to help your child recover.

You can help your child by:

- Your presence. Children, sick or well, feel safer and more secure when their loved ones are with them. Parents and guardians are welcome to stay with their children. Please wash your hands at the hallway sink each time you enter and leave the ICU, as we do.
- Making sure other family members and friends visit between 8 a.m. and 8 p.m. Please remember to check in with the ward clerk before entering the PICU.
- Bringing security objects or “loveys” from home. Familiar blankets, toys, CDs, DVDs, books, and family pictures can help reassure your child and provide a bridge between home and hospital.
- Touching. Hold hands and cuddle. Hold your child when possible—we will help you work around the bedside equipment. You may be able to bathe your child, comb their hair, brush their teeth, and position them comfortably. Your child will be reassured by your touch.
- Talking. Read your child stories, and talk to them. Get close and make eye contact when speaking. Offer simple and clear explanations for what is happening in words that your child will understand. Our staff can help you find the right words.
- Taking care of yourself. It’s important to eat regular meals and get adequate rest. Pastoral and clinical social work services are available, and we’re all here to help support you.

You can help us help your child by:

- Helping us to get to know your child. No one knows your child better than you do. Help us interpret your child’s behavior. It is normal for children in the ICU to experience fear, sadness, depression, anger, and confusion.
- Asking us questions—as many as you need to. We’re here to help.
- Not touching equipment or IV lines without assistance.
- Refraining from bringing food or drink into the ICU or waiting areas.
- Turning off your cell phone in the ICU. It may interfere with vital equipment.

A Typical Day

6 a.m.	Lab and X-ray work are done
7 a.m. – 7:30 a.m.	Change of shift nursing report
7:30 a.m. – 9:30 a.m.	ICU physician work rounds (exam patients)
9:30 a.m. – 11:30 a.m.	ICU physician conference rounds (plan of care; team discussion)
3 p.m. – 3:30 p.m.	Change of shift nursing report
11 p.m. – 11:30 p.m.	Change of shift nursing report

Intensive Care Unit Visitation Recommendations

We pride ourselves on providing a family-centered care environment.

- Caregivers are encouraged to be with their child as much as possible while they are in the ICU.
- If you would like to have visitors at your child’s bedside, please contact your nurse so special arrangements can be made. Please keep in mind that this is a critical care unit and that excessive noise and prolonged stimulation can be harmful to some patients. Based on circumstances, visitors may be asked to leave at any time.

- Because space is limited, please do not have more than two visitors at one time.
- Visiting hours are from 8 a.m. – 8 p.m.
- Visitors will be requested to leave at the change of shift. Parents are also encouraged to take breaks at this time as well. The nurses change shifts every eight hours. (7 a.m., 3 p.m., and 11 p.m.).
- Siblings may visit the ICU for a limited amount of time. Please arrange with your nurse when you wish to have a sibling or child visitor as there may be restrictions for visitation. Children will be screened for illness at the security desk prior to the visit and must remain with you at all times. If your child has an infectious disease, child visitors are not permitted.
- Due to the potential for infection, food and drinks are not allowed in the ICU.
- Flowers and plants are not permitted in the ICU.
- Please wash your hands before entering and after leaving the ICU.
- Please do not adjust any of the equipment at the bedside nor visit the bedside of another patient.
- Please do not use cell phones in the ICU, as they may interfere with ventilators and pacemakers. For incoming calls, please use the designated “parent phones.” Texting is permitted but please place cell phones on silent mode.
- Never leave valuables unattended.
- Parents and visitors are not to use the shower or bathroom in the patient’s room due to the risk of infection. Please ask your nurse for directions to the nearest bathroom.

Spending the night in the Intensive Care Unit

We encourage parents to participate in the care of their children and try to accommodate parents who want to spend the night at their children’s bedsides. We provide a “sleep chair” and linens for one parent or guardian. Because space in the ICU is limited, only one person can sleep at a patient’s bedside.

We also encourage parents to get adequate sleep and rest. If you are unable to stay the night in the ICU, our staff will respond to your child’s needs while you are away.

When you stay overnight, please keep in mind the following:

- The ICU is a busy place. We do our best to decrease the level of noise at night. However, the phones continue to ring, alarms may sound, babies sometimes cry, and staff members must communicate among themselves.
- The lights remain on. We dim the lights at night, but often it becomes necessary to turn them up for procedures and assessments.
- We have limited space at the bedside. You may be asked to move your sleep chair away from the bedside for procedures that require more space than the sleep chair allows.
- In rare circumstances and for the safety of your child, we may not be able to accommodate a sleep chair at your child’s bedside.
- The 3rd and 4th floor parent lounges are also available for sleeping. The Family House may be reserved between 8 a.m. and 8 p.m. through Social Services (based on availability).

- At approximately 6 a.m. every day, routine x-rays and lab procedures begin. We will ask that you move away from the bedside so that these services can be provided in a safe and efficient manner.
- During the daytime, we ask parents or guardians to fold up their sleep chair to the sitting position.

We strive to deliver exceptional medical and nursing care to your child while providing a comfortable environment for parents and guardians who spend the night with their children in the ICU. Please let us know if you have any questions or concerns. We are here to help you and are glad to be of assistance at any time.

Glossary

Advance practice nurse/case manager: A nurse with advanced training who carries out medical and nursing procedures and educates parents and staff.

Attending physician/intensivist: A doctor who specializes in the care of critically ill children.

Bed number: The location of your child's bed within the ICU. This may change during the course of their stay.

Charge nurse: The nurse who supervises the ICU.

Critical care support technician (CCST): Assists nursing staff and helps the unit run smoothly.

ICU fellow: A doctor receiving specialized training in the care of critically ill children.

ICU nurse: A nurse who has received specialized training in caring for critically ill children.

IVs (lines): A small tube placed in a blood vessel to deliver fluids or medications, or to provide specialized monitoring.

Monitors: Equipment that records heartbeats, breathing, temperature, and blood pressure.

Primary nurse: The ICU nurse coordinating your child's care.

Pulse oximeter ("pulse ox"): A machine that records the amount of oxygen in your child's blood.

Resident (house officer): A doctor receiving specialized training in pediatrics who coordinates the medical care of your child under the guidance of the attending physician and the ICU fellow.

Respiratory therapist (RT): A health professional trained to provide therapies that help your child breathe.

Social worker: Provides emotional support and counseling during your child's hospitalization. The social worker can also help you with financial, lodging, and transportation concerns.

Ventilator: A machine that helps your child breathe.

Ward clerk: The ICU secretary.



GOING HOME

When Your Child Leaves the Hospital

We'll review with you instructions for home care, use of medical equipment, medications to give your child at home, and follow-up visits with the doctor. We'll let you know when your child can return to normal activities and who to call if you have questions or problems after discharge.

Things to Remember

- When your child is admitted to the hospital, you will be asked who will take your child home. Please let us know as soon as possible if there is a change in your plans.
- If anything at home might make it difficult for your child to return on discharge day, be sure to speak to your child's nurse or social worker. If you need special services in your community, we can help.
- Please make sure that you bring your infant/child's car seat. By law, we cannot discharge infants or children without car seats.

On Discharge Day

Bring comfortable clothes—loose, sweat suit-style clothes are great—for your child to wear home, and make all arrangements (transportation, work schedules, child care needs, etc.) before the day of discharge.

Take-Home Medicines

If your child's doctor has prescribed medicines for your child to use after leaving the hospital, you may pick them up at the Children's pharmacy, or you may have the prescription filled at another pharmacy.

Children's pharmacy is located on the 1st floor of the hospital. It's open **Monday to Friday, 9 a.m. – 9 p.m.,** and **Saturday and Sunday, 9 a.m. – 5 p.m.** (closed for lunch 1 – 2 p.m.). All major insurance plans are accepted, including Medi-Cal, Alameda Alliance for Health, Blue Cross, CCS, and GHPP.

Please review with your healthcare provider:

- Your child's medications to be taken at home, including purpose, how much to give, how to give, preparation, storage, and possible side effects.
- Timing of medication.
- Any special dietary considerations.

Goodbye!

Don't forget to check your room for all belongings, and stop by the nurses' station so we can say goodbye. After you are home, a patient satisfaction survey may come in the mail. Please take the time to fill it out and return it to us. We use what you tell us to help make sure that every family has a positive experience at Children's. Your opinion counts!

Driving Home

California law:

- All children under 8 years of age must be properly restrained in the back seat of the vehicle in a correctly installed child passenger safety restraint that meets Federal standards. VC27360.
- All children must remain rear-facing in the back seat of the vehicle in an appropriate car seat until 2 years of age unless the child weighs 40 or more pounds or is 40 or more inches tall. VC 27360.5.
- All children 8 years of age or older but less than 16 must be properly restrained in either an appropriate child passenger safety restraint or a properly fitted safety (seat) belt. VC 27360.5.
- All occupants of a vehicle 16 years of age and over must also be restrained in a properly fitted safety (seat) belt. VC 27315.
- A rear-facing child car seat is never to be placed in front of an active airbag. VC 27363.
- All children 2 years or older should continue to ride rear-facing until they have outgrown the rear facing weight or height limit for their convertible car seat. (Higher rear facing limits of 40-50 pounds means most children up to 4 years of age could ride rear facing).
- When children have outgrown the weight & height limits for rear-facing they then should be turned to ride forward facing in the convertible car seat using the internal 5 point harness system for as long as possible to the highest weight or height allowed by the manufacturer.
- Once a child outgrows their forward-facing seat, they should ride in a booster seat, in the back seat of the vehicle, until the vehicle safety (seat) belt fits properly. A booster seat is needed typically up to 4'9" tall, which may be 10 to 12 years of age.
- All children age 12 or younger should be properly restrained in the back seat of the vehicle.



If your child cannot use a standard car seat because of a cast, a special car seat may be available through the Trauma Services department. Ask your child's nurse or social worker for more information.

Test to determine if your child is ready for the adult shoulder/seat belt system

5-Step Seat Belt Test

- Does the child sit upright with hips all the way back against the vehicle seatback?
- Do the child's knees bend comfortably at the edge of the vehicle seat?
- Is the lap belt below the abdomen on the top part of the thighs, snug across the hips?
- Is the shoulder belt centered over the shoulder and across the chest?
- Can the child stay seated in this position for the whole trip?

www.carseat.org

If you answered no to any of these questions then your child needs a booster seat to ride safely in the car!

Find a car seat inspection station in your area: 866-732-8243

www.nhtsa.dot.gov

www.safekids.org

www.aaa.com/carseats



HAND HYGIENE & INFECTION CONTROL

Hand Hygiene

Hand hygiene is the single most effective measure to prevent infection. Washing hands is required before entering a child's room; after changing diapers; before administering care to a child; after removing gloves, masks, and gowns; and before leaving the room.

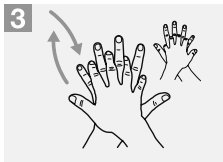
How to use Alcohol hand gel (rub for 20-30 seconds)



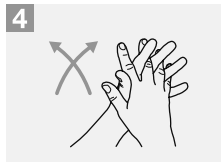
Apply a palmful of the product in a cupped hand, covering all surfaces;



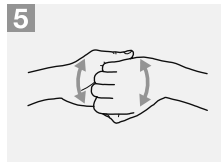
Rub hands palm to palm;



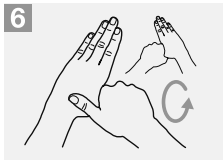
Right palm over left dorsum with interlaced fingers and vice versa;



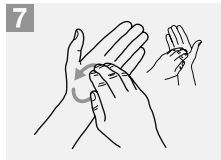
Palm to palm with fingers interlaced;



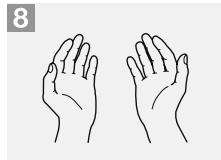
Backs of fingers to opposing palms with fingers interlocked;



Rotational rubbing of left thumb clasped in right palm and vice versa;



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



Once dry, your hands are safe.

Based on the 'How to Handrub', URL: http://www.who.int/gpsc/5may/How_To_HandRub_Poster.pdf © World Health Organization 2009. All rights reserved.

How to Handwash (40-60 seconds from water on to finish)



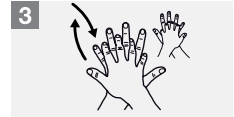
Wet hands with water;



Apply enough soap to cover all hand surfaces;



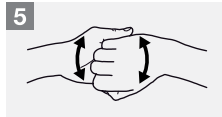
Rub hands palm to palm;



Right palm over left dorsum with interlaced fingers and vice versa;



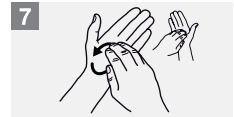
Palm to palm with fingers interlaced;



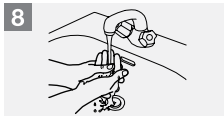
Backs of fingers to opposing palms with fingers interlocked;



Rotational rubbing of left thumb clasped in right palm and vice versa;



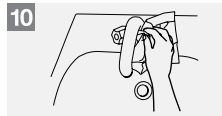
Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



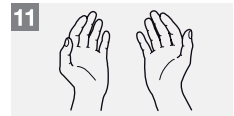
Rinse hands with water;



Dry hands thoroughly with a single use towel;



Use towel to turn off faucet;



Your hands are now safe.

Based on the 'How to Handwash', URL: http://www.who.int/gpsc/5may/How_To_HandWash_Poster.pdf © World Health Organization 2009. All rights reserved.

Be an Advocate for Good Hand Hygiene

Everyone caring for your child should clean their hands. If you do not see the doctor, nurse or other healthcare provider clean their hands with alcohol hand sanitizer or soap and water when entering your child's room; please remind them to do so.



Here are a few simple phrases you can use to encourage this healthy habit:

- "Simon says!" This is our hospital code for hand washing based on the popular childhood game of the same name. Simon is our hospital mascot for hand hygiene
- "Excuse me, did you clean your hands?"
- "I saw that you cleaned your hands. Thank you."

Coughing Can Spread Germs

Serious respiratory illnesses can be spread by unclean hands or by coughing or sneezing. Stop the spread of germs by remembering to do the following the next time you cough or sneeze:



Cover your mouth and nose with a tissue



Put your used tissue in the waste basket



If you don't have a tissue, cough or sneeze into your upper sleeve, NOT your hands



Clean your hands after coughing or sneezing (use soap and water or an alcohol gel cleanser)

Visitors

If a visitor appears ill, the visitor will be asked to visit at another time when they are feeling better. If a visitor insists that their symptoms are due to allergies, the visitor will be asked to wear a mask and minimize their visit. This is a precaution that eliminates the risk of spreading germs to other patients, visitors, and healthcare workers.

Visitation to Isolation Areas

To prevent transmission of disease to other patients and to our visitors, we ask that no more than four visitors be at the bedside. During the winter season, we will limit visitors to two healthy people at the bedside. If the patient is isolated, we ask that siblings younger than the age of 10 not visit the hospital. This will protect the sibling as well as prevent the transmission of disease to other patients and healthcare workers.

Special Consideration: Airborne Isolation

Some illnesses are highly contagious to others through breathing the same air. These include tuberculosis, measles and varicella (chicken pox.) Visitors are not allowed unless they have been fully screened. For patients in airborne precautions, only parents and guardians will be allowed to visit after they have been fully screened. No other visitors will be allowed.

Standard precautions for patient care

Standard precautions are used for the care of all patients. These are practices that help stop transmission of germs that travel in blood and other body fluids and substances.

In addition to standard precautions, sometimes transmission-based precautions will be used for certain highly contagious illnesses. These precautions guide care for patients who are known to have or suspected of having such illnesses.

These precautions are based on three of the different ways diseases can spread:

- **Airborne:** Through the air, when germs stay suspended in the air or when dust becomes contaminated.
- **Droplet:** By droplet, sent into the air when an infected person coughs, sneezes, or talks.
- **Contact:** By direct contact between a person and an object or another person.

Transmission-based precautions (airborne, droplet, contact) block transmission routes through special precautions such as:

- Placement of patients (e.g., private rooms, with other infected patients).
- Transport of patients.
- Use of personal protective equipment (e.g., masks, gowns, gloves).
- Handling of patient-care equipment.

Infections Overview

VAP Prevention

Ventilator-Associated Pneumonia (VAP) is a lung infection that can occur in patients who are on a ventilator (a machine that helps your child breathe). This lung infection is very serious.

Some patients need help breathing, either because they have just had a major operation or because they are very ill. These patients are often placed on a ventilator, a machine that supplies regular breaths through a tube inserted in the patient's mouth or nose, or through a hole in the front of the neck. Most of these patients recover, and the ventilator can be removed. However, there are proven steps called a "bundle" that help prevent VAP, and patients and families can help to make sure these steps are followed.

The "bundle" of steps to help prevent VAP includes:

- Raising the head of the patient's bed.
- Oral care and hygiene every 4 hours (in the ICN, oral care using sterile water or mother's colostrum once per shift or as needed).
- Infection control measures (wear gloves during bagging and suctioning).
- Extubation readiness (assessing if it is time to take the breathing tube out).
- Daily assessment of need for sedation.

Prevention of Central Line–Associated Bloodstream Infections

A "central line" is a catheter or a tube that is placed into a patient's large vein—usually in the neck, chest, arm, or groin. The tube is often used to draw blood, or to give fluids or medications. It may be left in place for several weeks. A blood infection can occur when germs travel down the tube and enter the blood. If you develop a blood infection, you may become ill with fever and chills, or the skin around the catheter may become sore and red.

A central line-associated bloodstream infection is serious, but often can be successfully treated with antibiotics. The catheter might need to be removed if an infection develops.

What doctors and nurses do to prevent this infection:

- Clean their hands with soap and water or an alcohol-based hand rub before putting in a catheter.
- Wear a mask, cap, sterile gown, and sterile gloves when putting in the catheter.
- Clean the patient's skin with an antiseptic cleanser before putting in the catheter.
- Decide every day if the patient still needs to have the catheter.
- Clean hands, wear gloves, and clean the catheter hub with an antiseptic solution before using the catheter to draw blood or give medications..

What you can do:

- If you do not see your providers clean their hands, please ask them to do so.
- Make sure family and friends clean their hands with soap and water or an alcohol-based hand rub before and after visiting your child.

Methicillin-Resistant Staphylococcus Aureus (MRSA)

Many healthy people carry a bacterium called Staphylococcus aureus, or “Staph,” on their skin, in their nose, or on other body surfaces, but they are not sick from the germ. This is referred to as “colonization.” About 25 to 30% of healthy people in the United States are colonized with Staph in their nose. Sometimes Staph can cause infection, particularly in those who are already ill or who are not able to fight off infections very well. Most of these infections are minor and easily treated.

Because of the overuse of antibiotics, bacteria like Staph have gotten “smarter” and have become resistant to antibiotics in order to survive. MRSA is a type of Staph bacteria that has become resistant to methicillin (a type of penicillin) and other common antibiotics. In the past, MRSA was primarily a problem among ill patients in the hospital, but now the germ is found among young, healthy people who have never been hospitalized. As with regular Staph, a person can be colonized with MRSA without being ill. But sometimes MRSA can cause skin and other infections, and when this happens, antibiotic treatment may be needed.

How does a person “get” MRSA?

MRSA and regular Staph can be spread from person to person by direct skin-to-skin contact with someone who is infected or colonized with the germ. MRSA and regular Staph can also be spread by touching surfaces that are contaminated with these germs (such as used bandages, towels, athletic equipment, etc). Staph can live on environmental surfaces for several months.

A child meeting the following criteria will undergo MRSA testing within 24 hours of admission:

1. Patient scheduled for inpatient high-risk surgery (e.g., cardiac, ventriculoperitoneal {VP} shunt, spinal).
2. Patients who will be admitted to the critical care units (i.e., ICU or ICN).
3. Patients documented to have been discharged from an acute care hospital within the 30 days prior to the current hospital admission.
5. Patients transferred from a skilled nursing or long-term care facility.

MRSA Testing Before Discharge

The state requires another MRSA test before discharge for high-risk surgical patients.

I have been told that my child is “colonized” with MRSA. What does this mean?

A culture was obtained from your child’s nose or another body surface, and MRSA was found in that sample. However, your child’s doctor has determined that your child does not have symptoms of illness from the germ. Therefore, your child does not need antibiotics to treat MRSA because the germ is not causing any problem right now. In fact, exposing the germ to unnecessary antibiotics can cause the germ to become even more resistant. It is important that you and your child review the measures described on page 23 to reduce the risk of spreading MRSA to others who might be more vulnerable to infection.

I have been told that my child is “infected” with MRSA. What does this mean?

A culture was obtained from a site of disease on your child, and MRSA was found in that sample. Your child’s doctor has determined that your child is having symptoms of illness

related to the MRSA germ. Therefore, your child may need antibiotic treatment to get rid of the infection so that they can feel better. If your child is given an antibiotic, make sure the child takes all of the prescribed doses, even if the infection is getting better, unless the doctor says to stop it. Do not share antibiotics with other people or save unfinished antibiotics to use at another time.

What will happen to my child while in the hospital, now that the MRSA test is positive?

Special precautions called “contact precautions” will be used during your child’s care:

- In addition to standard hand hygiene, hospital staff caring for your child will wear protective gowns and gloves when in direct contact with your child. A sign will be posted on or near your child’s bed reminding hospital staff to take these precautions.
- Your child will not be allowed to visit the playroom or to interact directly with other patients.
- With supervision from a parent, your child may walk in the hallways and visit the cafeteria.

These measures are important in the hospital setting in order to prevent the spread of MRSA to patients who might be more vulnerable to getting sick from the germ.

Should family or friends also wear a gown and gloves when visiting my child?

The most effective way to prevent the spread of infection is good hand-washing. Therefore, visitors should *always wash their hands* upon entering and just before leaving your child’s room. Family and visitors will also be asked to wear a gown and gloves when your child is on special precautions.

What can be done to prevent MRSA infection and to reduce the risk of spreading MRSA to others?

There are a number of common-sense measures that can help reduce the chance of infection and the risk of spreading the germ to others:

- Regular hand-washing with soap and water is the easiest way to prevent any type of infection. If soap and water are not available, using an alcohol-based hand rub can also kill germs on the hands.
- Bathing regularly can help reduce the amount of bacteria on the skin.
- Intact skin is a very important barrier against infection. Taking good care of the skin and avoiding skin breakdown or damage helps prevent infection.
- When skin is damaged, such as with cuts or scrapes, clean the area with soap and water and cover with a bandage until healed.
- Drainage or pus from infected wounds can contain lots of MRSA or Staph. Keep wounds covered with a clean, dry bandage until healed. Discard contaminated bandages in the regular trash, and wash your hands after changing a bandage or touching an infected wound.
- Surfaces or objects can be contaminated with MRSA or Staph. Avoid sharing personal items such as towels, clothing, razors, or other items that touch the skin. Do not share items with other patients in the hospital.
- If using shared equipment or toys, disinfect the objects if possible. Otherwise, use a barrier between your skin and the shared equipment.
- Wash clothes, towels, and sheets regularly with water and laundry detergent and dry completely in a hot dryer. While in the hospital, your child’s laundry should be placed in a plastic bag and taken home to be washed. Wash your hands after handling dirty laundry.

Can my child go back to school after leaving the hospital?

Your child's doctor will give specific instructions about when your child can return to school. Generally, children with MRSA should not be excluded from attending school. Exclusion from school and sports activities should be reserved for those with wound drainage that cannot be covered and contained with a clean, dry bandage and for those who cannot maintain good personal hygiene. If your child is involved in a physical activity or sport that involves skin-to-skin contact with other students, consult your child's doctor to find out when your child can return to these activities.

Specific questions related to the care of your child should be discussed with your child's physician or nurse. Additional questions may be directed to the Infection Control nurse at 510-428-3733 (if calling from outside the hospital) or at extension 3733 (from a hospital telephone).

Prevention of Surgical Site Infections**What you need to know about helping to prevent infections after surgery**

Most patients who have surgery do well, but sometimes patients get infections. Patients and their family members can help to lower the risk of infections after surgery. Here are some ways:

Pre-operative bathing instructions:

Bathe or shower your child to help reduce the risk of surgical site infections. Bathe the night before and the morning of surgery. Use clean sleepwear and sheets after the bath or shower. Your child should arrive in freshly laundered clothes on the day of surgery.

Do's:

- Wash under arms and in all skin folds using soap and water. A good lather using friction is needed to remove bacteria and skin debris. Include inside the belly button, between toes, over the back, and especially the surgical area. Clean and trim fingernails and toenails.
- Be sure to also shampoo your child's hair during the bath or shower.
- After rinsing, dry your child with a clean towel. Put on clean sleepwear, and use clean sheets.
- Inform your surgeon and/or staff if any rashes, sores, or open areas are present.
- Remove all jewelry, including body piercings, before coming to the hospital.

Don'ts:

- Do not shave the operative site with a razor within seven days before surgery.
- Do not apply any lotions, oils, powder, or other products after bathing.

Good hand-washing helps to prevent the transmission of colds, flu, germs, and infections. The use of alcohol-based hand rubs is effective between hand-washings with soap and water.

Smoking or smoking around children before surgery has been shown to increase infections for patients. DO NOT smoke around children. If you are having surgery and smoke, do not smoke for one month prior to surgery. People with chronic conditions are at an increased risk for medical complications especially due to influenza (H1N1 and or the common flu) and exposure to cigarette smoke. Chronic conditions include asthma, cardiovascular disease, diabetes, immuno-compromising conditions, kidney failure, and severe neuromuscular disease.

Peripheral intravenous line care

A peripheral intravenous (PIV) tube is a short plastic tube placed into the vein to give medicines or fluid to your child. To be sure that the intravenous line is working correctly, nurses check your child's IV line frequently. If the IV is being used to give fluid or medicine, we expect our nurses to check the line every hour through the day and night.

Nurses provide TLC:

TOUCH the IV site. It should feel soft, warm, dry, and should not be causing pain.

LOOK to see if the IV is available for checking and is dry—not leaking

COMPARE the IV site (such as the hand or leg) with the opposite limb to look for signs of swelling.

How you can help:

- Partner with us to keep your child's IV working well by ensuring that your child does not pull on the line.
- Make sure your child's IV line is accessible to your nurse at these times. If the IV line is covered for any reason, the cover will be taken off so that the area can be checked.
- Be alert for pain or numbness.
- Try to keep the IV site dry.
- Alert your nurse if you notice swelling, pain, numbness, redness, dampness, or if the area is hot or cold to the touch.
- Contact your nurse if you are ever concerned that the IV isn't working well.

Antimicrobial Stewardship

What are antibiotics?

Antibiotics, also known as antimicrobial drugs, are medicines used to fight infections caused by specific germs called bacteria.

What is antimicrobial resistance?

Although antibiotics are meant to kill bad germs, they can also kill good bacteria in our body that help keep us healthy. Antibiotics do not kill all bacteria. Bacteria that survive can become more difficult to treat, or more resistant to antibiotics. Overuse of antibiotics can lead to more antibiotic resistance, as well as side effects, allergic reactions, and other problems as a result of killing good bacteria.

How do we minimize antimicrobial resistance?

Our hospital has an antimicrobial stewardship program (ASP) that promotes the appropriate use of antibiotics. The ASP team may work with your doctor(s) to ensure that your child gets the right antibiotic at the right time for the right duration when needed.

What can you do to support antimicrobial stewardship?

- Prevent infection by practicing good hand hygiene and keeping up with immunizations
- Only take antibiotics for bacterial infections. Antibiotics do not treat viral illnesses such as the common cold and flu
- Take antibiotics exactly as prescribed by your doctor
- Properly dispose of leftover antibiotics



SPECIAL SERVICES

Accommodations

Family lounges are located on 3rd, 4th, and 5th floors in the hospital. Family House, located on Dover Street one half block away, is available to families from out of the area for a nominal fee. Please check with your hospital social worker to inquire about the availability of overnight accommodations.

Automated Teller Machine (ATM)

ATMs are located in the Friendly Café on the 2nd floor.

Ambassador Services

Phone number: Dial extension 3474

You'll visit the ambassador desk in the main lobby each time you enter the hospital. The ambassador on duty will give you a visitor's pass and perform a quick health screening of young visitors. Ask the ambassador about a long-term pass if your child will be with us for a week or more.

Chapel

Our nondenominational chapel is located on the 2nd floor, down the hall from the cafeteria. Pastoral services are available at extension 2676.

Child Life Programs

Phone number: Dial extension 3520

Child life staff help children use play and creative activities to work through feelings about being sick or hurt. A variety of everyday and special activities help bridge the gap between hospital and home:

- Certified child life specialists are available to prepare children for procedures and help them cope with their hospital experience.
- A cheerful playroom offers fun activities to help children cope with the stress of being in the hospital. The playroom is located on the 5th floor. Child life specialists will bring activities to the bedsides of children who can't come to the playroom.
- Creative art activities are available throughout the hospital for patients and for child visitors, too.

- A teen lounge and teen program are located on the 4th floor.
- An accredited in-house school program serves all hospitalized school-age children, from kindergarten through 12th grade. Taught by teachers from the Oakland Unified School District, the program features an interesting curriculum and a classroom with computers, books, art supplies, and more.
- A certified art therapist and music therapist are available by request.

Coffee Bar at the Outpatient Center

Specialty coffee drinks are available at the coffee bar on the 1st floor of the Outpatient Center, located across the street from the main hospital building. Hours of operation are Monday to Friday, 6:30 a.m. – 3 p.m.



Family Resource & Information Center

Phone number: Dial extension 3549

Located across from the Friendly Café on the 2nd floor, the Family Resource & Information Center is a place where parents can check their email, do research, and take a break from hospital routine. You'll find information, support, referrals, medical references, local information, and Spanish-language resources, along with access to the Internet, books, magazines, and pamphlets. Please stop by.

The center can also tell you about local restaurants, food takeout and delivery, and local attractions and accommodations.

The Family Resource & Information Center hosts family coffee hours, knitting workshops, and other family events. Dial extension 3549 for information.

Food Services for Patients

Dining On Call is room service for patients.

Phone number: Dial extension 3663 (F-O-O-D)

Children's popular Dining On Call is our room service program that lets children eat what they want, when they want. By following the menu guidelines, children can choose from our large, child-friendly menu and order food whenever they are hungry. Your nurse will provide a copy of the menu.

- Children 6 years of age and older may order their own meals by dialing F-O-O-D (3663) on the bedside phone.
- For children younger than 6, a parent, nurse, or clinical assistant can place the order at the same number.

Meals are delivered within 45 minutes of calling Dining on Call. If your child wants to eat lunch at about 12:30 p.m., call before 11:45 a.m. Meals can also be pre-ordered up to a day in advance for delivery at the times you specify.

You can order at any time, but we suggest the following times for ordering meals:

Monday to Sunday	
Breakfast	7:30 a.m. – 9:30 a.m.
Lunch	11:30 a.m. – 1:30 p.m.
Dinner	4:30 p.m. – 6:30 p.m.

After 6:30 p.m., please check with your child's nurse about snacks from the unit kitchen. Even if a patient forgets to order, we'll make sure all patients receive a meal!



Please note: If your child is at our Summit unit, meal ordering times are different. Please see the in-room menu for directions, or ask your child's nurse for assistance.

Special Diet for Patients

Please let your child's nurse know if your child has food allergies, special requirements, or religious/cultural dietary needs. Children with diet restrictions may use the room service menu, too. We will offer appropriate substitutions. A dietitian or dietetic assistant can answer questions about food selections.

Children scheduled for surgery or some special procedures will not be allowed to eat or drink for 4 to 8 hours beforehand. This means nothing by mouth, including but not limited to water, juice, gum, candy, or breast milk.

Please check with your child's nurse before bringing in any special foods for your child.

Some patients may be on a restricted diet, or they may need monitoring of what food and drink is consumed.

For your child's safety, food from home requiring refrigeration must be stored by your nurse. Food containers should be labeled with the date, time, and patient's name. Partially eaten food cannot be returned to the refrigerator. Food may be kept in the refrigerator for 48 hours.

A Special Note for the Parents of Babies

Children's strongly recommends breast milk for all babies. It's the very best food for all babies, sick or well. If you are breastfeeding and your baby is unable to nurse, breast pumps are available. We provide one free meal per day to breastfeeding mothers of patients. If you need help, please ask your child's nurse for assistance.

Food Services for Visitors

Located on the 2nd floor, the Friendly Café offers hot and cold dishes ranging from complete meals to fresh soups, specialty foods, and a salad bar.

Friendly Café service hours:

	Monday to Friday	Saturday and Sunday
Breakfast	6:30 a.m. – 10 a.m.	7:30 a.m. – 10 a.m.
Lunch	11:30 a.m. – 2 p.m.	11:30 a.m. – 2 p.m.
Dinner	4:30 p.m. – 7 p.m.	4:30 p.m. – 7 p.m.

Café vending machines are stocked and available 24 hours a day.

Gift Shop

Phone number: Dial extension 3275

The hospital gift shop, located on the 1st floor, has a variety of gifts, treats for all ages, and toiletry items. Phone cards may be purchased there for out-of-area calls from bedside phones.

Interpreter Services

Phone number: Dial extension 3409

Effective communication is a priority to us at Children's. Qualified medical interpreters are available to provide interpretation for patients and families who are limited English speakers, or deaf or hard of hearing. This service is free of charge, and interpreters are available to meet your communication needs 24 hours a day, 7 days a week.

During your stay, you can request an interpreter Monday to Friday, 8 a.m. – 5:30 p.m. by calling extension 3409. You can also ask any hospital personnel to arrange for an interpreter. For after hours, weekends, and holidays, please ask any hospital personnel for assistance.

If you are in need of a TTY phone, please ask your nurse, who will arrange for one to be placed in your room.

Restaurants

A list of nearby restaurants, including those with takeout and delivery service, is available at the Family Resource & Information Center across from the Friendly Café and at the ambassador desk at the hospital entrance.

Social Services

Phone number: Dial extension 3325

The Social Services department hours are Monday to Friday, 8:30 a.m. – 5 p.m. For emergencies after regular hours, contact the hospital operator at extension 3000.

Every member of a family is affected when a child is ill or injured. Medical social workers are available to assist patients and families with a wide range of issues that may arise.

We offer:

- Counseling.
- Advocacy and support.
- Information and referral.

Sometimes celebrities and newspaper and TV reporters visit Children's

You may be asked for permission to have your child's picture taken. We hope your child and you will enjoy these special occasions as much as we do, but if you would prefer not to participate, that's fine, too. Just let us know.



PATIENT RIGHTS & RESPONSIBILITIES

Patient Rights

We strongly believe that patients and their parents/guardians have the right to take an active role in their own healthcare. The entire staff of UCSF Benioff Children's Hospital Oakland takes responsibility for protecting the personal rights and dignity of our patients and their families. Patient rights information is displayed in the main hospital lobby, Emergency Department, admitting areas, on the back of the Condition of Admission form, and listed below. We all play a part in maintaining the personal rights and dignity of our patients.

Patient rights and needs:

- Resolution of complaints and grievances.
- Spiritual and cultural needs assessment.
- Communication assistance and receipt of information in patient/family-preferred language.
- Receipt of information in a manner they understand (assistance with vision, speech, hearing, or cognitive impairments).
- Informed consent.
- Advance directive information.
- Confidentiality and privacy.
- Security.
- Designation of visitors or support persons of their choosing, whether or not related by blood or marriage.
- Exercise of rights without regard to race, religion, sex, gender expression or identity, color, ancestry, disability, marital status, education, or economic status.
- Address of decisions regarding end of life care.
- A safe environment.
- Participation in decisions about their care and treatment.
- Being informed of who is providing care (physician, nurse, etc.).
- The hospital will notify patients about their responsibilities related to care/treatment and services.

Informed Consent

Prior to any surgical or invasive procedure (except emergencies), including procedural sedation, the physician is responsible for following the informed-consent process so that the patient participates in all decisions.

The physician must provide to the patient:

- A description of the procedure or treatment.
- The medically significant benefits and risks of the procedure (including the anesthesia).
- Any alternative treatment options and their risks and benefits.
- The name of the person who will perform the procedure or treatment.
- The consequences of refusing the treatment.

The physician must document that the patient granted informed consent by completing the Consent to Surgery or Special Procedure Form (or other appropriate form). Form **MUST** be signed, dated, and timed before the procedure. Forms will be placed in the patient's medical record before the procedure.

Advance Directive

An Advance Directive is a legal document allowing an adult patient or emancipated minor to communicate their medical decisions and/or let them name someone else to make those decisions if they become incapacitated and either permanently unconscious or terminally ill. In compliance with federal and state regulations and The Joint Commission standards, Children's informs patients who are 18 years of age and older of their right to make decisions directing their care.

Upon admission to the hospital, every adult patient is asked whether they have an Advance Directive. If yes, a copy is requested for placement in the medical record. If no, an informational sheet is provided. If a patient who is 18 or older has questions regarding an Advance Directive or would like to complete an Advance Directive, contact the Clinical Social Services department for assistance.

Communication

The patient advocate can be reached at 510-428-3885, ext. 5483, or by writing to UCSF Benioff Children's Hospital Oakland, Institutional Quality, 747 52nd Street, Oakland, CA 94609.

If you have any urgent issue after business hours, please feel free to call the Administrative Response Line at 510-428-3015, and a representative will return your call as soon as possible.

You may also file a complaint with the following outside organizations, whether or not you use the hospital's complaint process.

California Department of Public Health

East Bay District Office
850 Marina Bay Parkway
Building P, 1st Floor
Richmond, CA 94804-6403

District Administrator: John Carlson

Phone: 510-620-3900
Toll-Free: 866-247-9100
Fax: 510-620-3924
Fax: 510-620-5820

The Joint Commission

For an online complaint form, go to
<https://apps.jointcommission.org/qmsinternet/incidententry.aspx>
Email: patientsafetyreport@jointcommission.org
Fax: 630-792-5636
Mail: Office of Quality Monitoring
The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, Illinois 60181

For more information, call The Joint Commission's toll-free number, 800-994-6610, available weekdays, 8:30 a.m. – 5 p.m., Central Time.

You may also file a complaint related to the professional competence or professional conduct of a physician/surgeon with the following:

The Medical Board of California
Central Complaint Unit: Active Complaints

2005 Evergreen Street, Suite 1200
Sacramento, CA 95815
Phone: 800-633-2322
Phone: 916-263-2528
Fax: 916-263-2435

Confidentiality and Privacy

We respect and protect the privacy of our patients and their families. We will not share information about your child with other families.

To protect your privacy, we:

Use privacy curtains in shared rooms and wards.

Ask to speak privately when we need to share sensitive information.

We ask that you help us protect the privacy of all patients, their families, caregivers, or hospital staff.

- If you hear something about another child, keep this information private.
- Please do not share information you may have overheard about another patient with anyone, including the child's parent.

If you have concerns about your child's privacy, notify someone on the care team.

Photography and Social Media

If you would like to take a photo of your child, please make sure you include only your child or family in the photo.

Please do not:

- Take pictures or videos of other patients.
- Use photography or other video during treatment or procedures unless authorized.
- Talk about other patients or families.
- Post information on Facebook.

The Ethics Committee

The Ethics Committee assists patients, families, and Children's staff who have concerns or questions about choices regarding appropriate care for a child. The Ethics Committee can be reached through the hospital operator.

Coping with Pain

Relieving pain is essential to healing. At Children's, pain management is a very important part of patient care. An individual pain management plan is made for every patient.

Your child will be kept comfortable so that energy can be focused on getting better. The nursing units have information about how we manage pain for your child, about what you can do to help, and about your rights and responsibilities. You'll find more information on pain management in the Family Resource & Information Center, located on the 2nd floor across from the Friendly Café (see page 40).



YOUR CHILD'S HEALTHCARE TEAM

Your child's healthcare team is available around the clock to make sure your child receives the best care, no matter what the hour. Your child is seen by specialists, who are pediatric doctors specially trained to treat specific diseases or parts of the body, and by residents, who are licensed doctors receiving advanced training. The names of the doctors and nurses who will be caring for your child in the hospital are posted next to your child's bed or on the white boards in each unit.

Other health professionals may also provide care for your child. Interpreters in many languages are available, and a hospital chaplain is on staff. We're all here to help.

Who's Who?

Advanced practice nurse/nurse practitioner/clinical nurse specialist: A nurse with special training in diagnosing, treating, and caring for patients.

Doctor (MD), attending physician: The senior doctor who directs the care of your child. This may be your child's private pediatrician or another doctor whose specialty is caring for hospitalized children.

Fellow: A doctor who is receiving advanced training in a specialty, such as pulmonology or endocrinology.

Nurse manager: The nurse who supervises the unit.

Patient care assistant (PCA): Helps staff nurse with patient care.

Psychiatrist/psychologist: A doctor who works with families to help them learn ways to manage feelings about being in the hospital.

Resident: A doctor who is receiving advanced training in pediatrics.

Staff nurse (RN): The nurse on duty who is responsible for your child's care for that shift.

Other Members of the Team

Chaplain (Dial extension 2676): Provides spiritual or religious guidance to patients and families.

Child life specialist (Dial extension 3520): Helps children find ways to express themselves through special activities and play.

Interpreter (Dial extension 3409): Provides medical interpretation for families who do not speak English.

Laboratory technician (lab tech): Collects blood and other specimens for lab tests.

Nutritionist: Helps children meet their nutritional needs and plan healthy menus.

Occupational therapist: Helps children who have motor and other sensory difficulties.

Physical therapist: Helps children who have movement difficulties.

Respiratory therapist: Helps children with breathing difficulties.

Social worker: Helps families adjust to a child's hospitalization and illness.

Speech therapist: Helps children who have communication difficulties.

Volunteers: People who donate their time and talents to help the hospital run smoothly.



HOW TO HELP YOUR CHILD COPE WITH PAIN

The goal of pain control is to keep your child comfortable while they are recovering from illness, injury, or surgery. By advocating for good pain management for your child, and by providing the additional comforting that your child needs when in pain, you can help your child cope with pain and heal.

- Injury, disease, treatments, and procedures may all cause pain.
- Pain may also be caused or worsened by being depressed, anxious, or nervous.
- Fantasizing a lot about what “might” be happening in the body may heighten pain. (For instance, a child who fears that their “insides” may “fall out” through a surgical incision may have more incision pain and refuse to move.)

Pain Assessment Guide

UCSF Benioff Children’s Hospital Oakland is concerned with your child’s pain needs and has developed this guide to help you judge the degree of pain your child is experiencing. The ability to talk about pain, on a scale, makes it easier for you to describe pain at that moment as compared to another moment and will help to make a pain management plan for your child. Over time, you may be able to show your child a record of their scores, and see for them self how the numerical score changes as the pain gets better or worse.

Questions a Healthcare Provider May Ask Your Child:

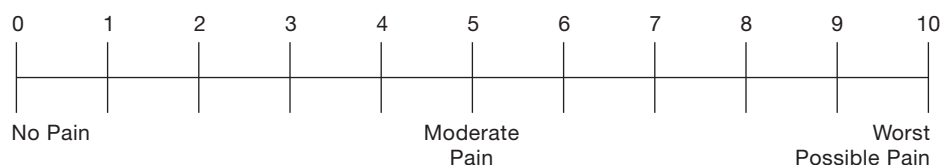
- What kind of pain do you have? (e.g., sharp, dull, aching, throbbing)
- Where on or in your body is the pain?
- When did the pain start?
- Is the pain always there, or does it come and go?
- What makes the pain worse?
- What makes the pain better?
- Does the pain affect activities like walking, sleeping, or eating?

Behavior, Expression, Movements, and Activities That May Indicate Pain:

- Facial grimace or wrinkling; blinking eyes.
- Guarding an area of the body.
- Crying or moaning.
- Decrease in social interactions/routines.
- Aggression—hitting or biting.
- Increase in body movements.
- Irritability or increased confusion.

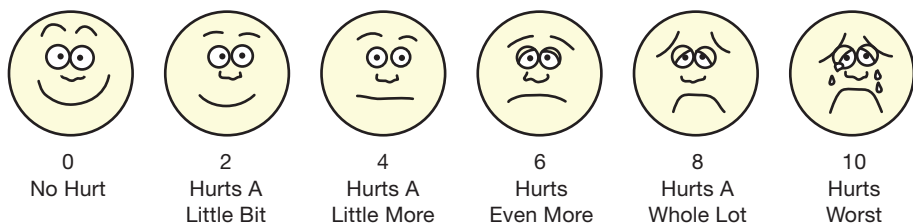
The following scales may be used at home to continue to evaluate pain. Choose the scale that your child is most comfortable using, or the one used in the clinic/hospital setting. Please feel free to ask your healthcare provider any questions you may have regarding pain scores or your child's pain management plan.

Numeric Pain Intensity Scale: 0 to 10



Wong-Baker Faces Scale: 0 to 10

Which Face Shows How Much Hurt You Have Now?



How Do We Manage Pain?

We believe that effective pain management is very important during medical treatment or hospitalization. We design an individual pain management plan according to each patient's needs. Our goal is to achieve a balance. We take into account medication side effects and the need for patients to be alert and able to participate in their treatments. We believe physical activity can promote healing and help pain, but we also recognize that it can be uncomfortable, especially at first.

Pain management includes both **pharmacological** (medicine) and **non-pharmacological** (non-medicine) treatments to provide relief. Many of the non-pharmacological therapies are designed to heal the body and eventually will lead to long-term pain relief.

Both immediate pain management and long-term pain management are considered in the patient care plan.

Who Helps with Pain?

- **Child life specialists:** Child life specialists will engage your child in age-appropriate therapeutic play, visualization, and relaxation.
- **Doctors:** Your child's doctor will design a plan for pain management and may coordinate pharmacological and non-pharmacological pain relief services.
- **Nurses:** Your child's nurses will provide pain-relief measures according to the pain management plan. They will follow your child's response and condition, will evaluate the pain-relief measures used, and will recommend any changes needed to the doctor.
- **Pain service staff:** The pain service staff will provide intensive pharmacological (medicine) pain management, if your child needs it.
- **Physical and occupational therapists:** When necessary, these members of the Rehabilitation Medicine team will provide activities and exercises to increase your child's function and mobility.
- **Psychologists:** Psychologists will provide crisis counseling, relaxation techniques, and family support, when needed.

How Will Medication Be Given?

- **Oral (by mouth):** Many pain medicines come in liquid or pill form and are given either on a regular schedule or on an as-needed basis. The strength of oral medicines varies. Your doctor will decide which medicine your child must receive.
- **Intravenous line (IV):** Many medicines for pain relief are administered through your child's IV line, either on a regular schedule or when your child has pain and medication is requested.
- **Patient-controlled analgesia (PCA):** If your child is old enough, they may self-administer medication through the IV by using a PCA pump. This pump allows your child to give them self a dose of medicine by pressing a button when they feel pain.

The pump will not allow your child to self-administer too much medicine. The nurse will teach your child how to use the pump and answer questions about using it.

The child is allowed to decide if they need to push the PCA button. Only the child may push the button. The pain team will regularly check on the use of the pump, talk to your child about how it is working, and make adjustments as needed.

The pump may also be set to give a certain medicine continuously.

- **Epidural or caudal catheter:** This is a small tube placed into the child's back. It takes medicine to a space near the spinal cord nerves (the epidural or caudal space). The medicine then numbs the feeling of pain in a large area of the body. It is a very safe and effective way to provide pain relief, even in small infants. It is different than a "spinal tap." The tube is placed by an anesthesiologist, usually during surgery, and can stay in for several days.
- **Intramuscular injection (IM shot):** Pain medicine used to be given mainly by an IM shot, but now we try to avoid the extra discomfort caused by the shot, especially in children. Almost all pain medicine that is given by IM can be given safely by IV, with equal pain relief.

What Can You Do?

Your caring presence helps your child feel safe and may lessen the amount of pain they feels. You know your child better than anyone in the hospital does. You are often in the best position to let the staff know when your child is hurting. We value your thoughts on what might help make your child feel better.

Help Your Child by Distraction

- Have your child squeeze your hand really tight.
- Help your child play with an interesting toy.
- Look at a book with colorful or pop-up pictures, or read a story together.
- Sing a song together.
- Tell your child a favorite story.
- Play with a puppet.
- Help your child listen to music using headphones.

Help Your Child to Relax

These suggestions can be used to cope before or during procedures, too.

- Children can learn to take slow, controlled breaths; breathe with your child.
- Have your child imagine them self in a favorite or comfortable place, such as snuggled with a teddy bear or on a raft in the pool. Talk in a calm, soothing voice.
- A favorite security object, such as a blanket or a toy, may calm and comfort a child of any age.
- Rock your child, if possible.
- Wrap your infant in a blanket.

Other Helpful Suggestions

- Be the “door monitor” so your child can have some uninterrupted sleep time. Ask visitors to come only at “awake” times.
- Turn down the lights and the TV volume.

How Your Healthcare Provider Can Help with Pain

We believe all patients have a right to pain relief. Healthcare providers at Children's will:

- Inform patients, families, and caregivers at the time of their initial evaluation that relief of pain is an important part of their care.
- Respond quickly to reports of pain.
- Regularly ask the patient, family, and caregivers about the presence, quality, and intensity of pain.
- Use the patient's self-report as the primary indicator of pain.
- Work together with the patient, family and other care providers to establish a goal for pain relief:
 - Develop and implement a plan to achieve that goal.
 - Review and modify the plan of care for patients who have unrelieved pain.

Patient and Family Expectations About Pain

While your child is being treated at Children's, you and your child can expect:

- Information about pain and pain-relief measures.
- A concerned staff committed to pain prevention and management.
- Healthcare providers who believe your and your child's reports of pain.
- State-of-the-art pain management.

How Patients and Families Can Help with Pain

- Ask your healthcare providers what to expect regarding pain and pain management.
- Discuss pain-relief options with your healthcare providers.
- Work with your healthcare providers to develop a pain management plan.
- Ask for pain relief when pain first begins.
- Help your healthcare providers assess your child's pain.
- Tell your healthcare providers if your child's pain is not relieved.
- Tell your healthcare providers about any worries you have about pain medications.



SUPPORT US

Your Generosity Changes Lives

Each year, thousands of families like yours trust UCSF Benioff Children's Hospitals to care for their children. We are humbled by that trust and do all we can to provide the best possible care.

As a not-for-profit medical center, we need community support to do research, care for patients and fund hospital programs for a growing pediatric population. Get involved today so we may care for the next family who turns to us for help.

Share Your Story

Our patients and families are at the very heart of everything we do. Share your story as a way to inspire others, reflect on your experience, or recognize a member of the children's hospitals team who shaped your experience.

Make a Donation

Through the generosity of our donors, we are able to ensure that every child in our area can receive the same level of exceptional care—regardless of their family's ability to pay.

Attend an Event

Throughout the year, UCSF Benioff Children's Hospitals Foundation hosts a variety of events and promotions that raise funds for the hospital. Whether you attend an event, donate an auction item, or volunteer your time, you improve the care we provide.

Plan a Fundraiser

From lemonade stands to fun runs, community fundraisers provide critical funds for the patients we serve. Create a fundraiser that's right for you and join our family of supporters.

Whether making a financial gift, attending an event or planning your own, every contribution strengthens our commitment to providing the region's best pediatric care. To learn more about the many ways to give back to UCSF Benioff Children's Hospitals, visit give.ucsfbenioffchildrens.org or call 510-428-3814.



GETTING TO CHILDREN'S

Hospital Garage Parking

- **Hours:** The hospital parking garage is open 24 hours a day, 365 days a year.
- **Fees:**

First 20 minutes	FREE
21 to 40 minutes	\$2.00
Every 20 minutes thereafter, up to 3 hours	\$1.00
3 to 6 hours	\$9.00
Patient/patient visitor maximum daily rate, after 6 hours with discount coupon.	\$9.00
Daily maximum, after 6 hours without discount coupon.	\$18.00
- **Discount for patient visitors:** Patients and patient visitors parking for more than 6 hours are entitled to a discounted rate of \$9/day. Ask for your parking discount coupon at the Ambassador desk in the hospital lobby before exiting the hospital. Coupons are valid for a single use on the date of issue only. Coupons must be obtained before paying for parking. No refunds of paid parking fees will be issued.
- **In-and-out privileges:** If you have paid the full-day maximum rate and would like to have in-and-out privileges for the remainder of the 24-hour period, please keep your receipt after paying. After you return to the garage, show that receipt to the parking attendant (or Security after hours) upon exiting and you will not be charged again.
- **Handicap spaces:** Parking spaces for persons with government-issued disabled tags are marked and available on the 1st floor near the pedestrian walkway entrance, and on the 2nd, 3rd, 4th, and 5th floors near the elevators. Please clearly display your valid disabled tag so it may be easily seen by Security. Garage parking fees still apply to persons with disabled tags.

On-Street Parking

- **Metered parking:** Metered street parking is available on Martin Luther King Jr. Way and 52nd St. Per state vehicle code, vehicles displaying valid disabled tags may park in metered public street zones at no charge.
- **Street parking restrictions:** Please pay attention to street parking signs. Many streets surrounding the hospital have residential parking permit restrictions. The maximum parking time that is allowed for non-residents in a resident zone is 2 hours, Monday to Friday, 8 a.m. to 6 p.m. Please note posted street sweeping hours during which on-street parking is prohibited.

Security Escorts

If you would like an escort to your car or to the Family House, please call Security at 510-428-3600. Utility Shuttle will also provide rides to your car parked on the street within a three-block radius of the hospital.

Taking BART

We offer a free shuttle service between the hospital and the MacArthur BART Station, 365 days per year. Shuttle schedules and route maps are available at Ambassadors desks in the hospital and Outpatient Center lobbies. Please see details below.

BART Shuttle Schedule

- Shuttle operates on a continuous loop, Monday to Friday, 5:45 a.m.–7:15 p.m.
- After hours (Monday to Friday, 7:15 p.m.–12 a.m.) and weekends/holidays (6 a.m.–12 a.m.): Please call the driver directly for pick up at 510-851-1303. If the shuttle is on the road and the driver cannot immediately answer your call, our Security Control Room will answer and can assist you. You may also call Security Dispatch directly at 510-428-3600.

5:45 a.m.–6:30 a.m.	Every 15 minutes
6:30 a.m.–7:15 a.m.	Every 7 minutes
7:15 a.m.–7:35 a.m.	Every 15 minutes
7:35 a.m.–8:55 a.m.	Every 7 minutes
8:55 a.m.–9:55 a.m.	Every 15 minutes
9:55 a.m.–10:15 a.m.	Every 7 minutes
10:15 a.m.–11:20 a.m.	Every 15 minutes
11:20 a.m.–11:35 a.m.	Every 7 minutes
11:35 a.m.–11:55 a.m.	Every 15 minutes
11:55 a.m.–12:55 p.m.	Every 7 minutes
12:55 p.m.–1:15 p.m.	Every 15 minutes
1:15 p.m.–1:45 p.m.	Every 7 minutes
1:45 p.m.–2:50 p.m.	Every 15 minutes
2:50 p.m.–5:35 p.m.	Every 7 minutes
5:35 p.m.–7:15 p.m.	Every 15 minutes
7:15 p.m.–12:15 a.m.	On demand – please call 510-851-1303

Where to Board the BART Shuttle

At the BART station: The shuttle stops in front of the East Side of MacArthur BART Station. Look for the shuttle van with the UCSF Benioff Children's Hospital Oakland logo.

At the hospital: The BART shuttle van picks up passengers at the hospital main entrance.

Getting to the Claremont Satellite Offices

The BART shuttle does not travel directly to the Claremont Clinics. Transfer from the BART shuttle to the North Loop Shuttle – Route 3 at the hospital. The Route 3 shuttle stop is located in front of the Outpatient Center on the north side of 51st St., directly across from the hospital. This shuttle operates from 6 a.m.–7:15 p.m.

AC Transit/Taxi

Take the AC Transit bus to and from the hospital: Take AC Transit bus line 18 from the stop located on Martin Luther King Jr. Way at 40th Street. Get off at the corner of 52nd Street and Martin Luther King Jr. Way.

Taxi: To reach the taxi stand at the MacArthur BART station, exit the station and turn left. At the hospital you may ask the ambassador to call a taxi for you. The taxi fare between the MacArthur BART station and the hospital is approximately \$6.00.

Directions

From the North—Via Interstate 80:

Stay left on I-80 in Emeryville, but not the farthest left lane—it is a carpool only lane to SF. Take I-580 Hayward exit, then merge to right lane and take Berkeley/Walnut Creek Hwy. 24 exit. Take 51st/Martin Luther King exit (exit is to the right just as connector ramp straightens out), bear left (under freeway) onto Martin Luther King Jr. Way and right on 52nd Street.

From Central Contra Costa County—Via Highway 24:

Take Telegraph Avenue exit. Turn left on Telegraph and right on 52nd Street.

From the South—Via Nimitz Freeway (880):

Follow signs for I-980 to Berkeley/Walnut Creek Hwy. 24. Exit at 51st/Martin Luther King bear left (under freeway) onto Martin Luther King Jr. Way and right on 52nd Street.

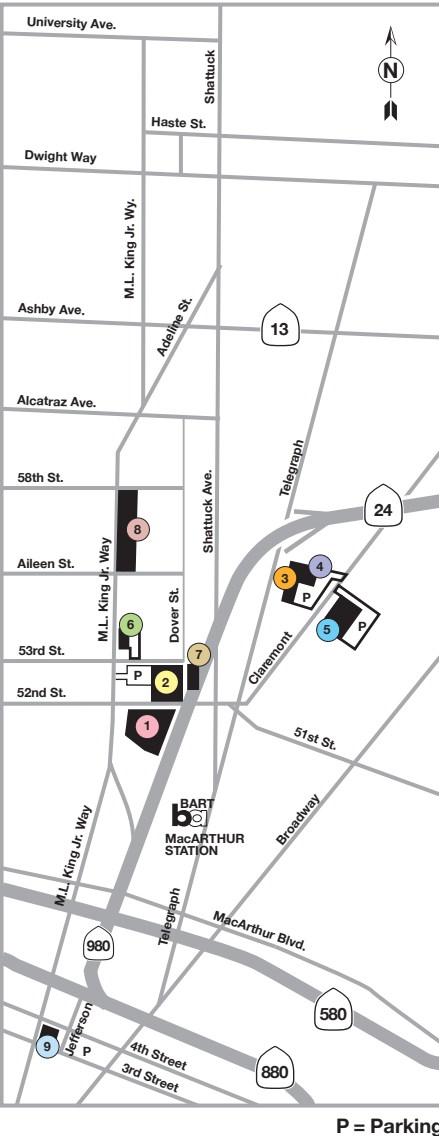
From the South—Via Interstate 580:

Take Berkeley/Walnut Creek Hwy. 24 exit, stay in connector ramp lane (don't merge left onto Hwy. 24) and take 51st/Martin Luther King exit. Bear left (under freeway) onto Martin Luther King Jr. Way and right on 52nd Street.

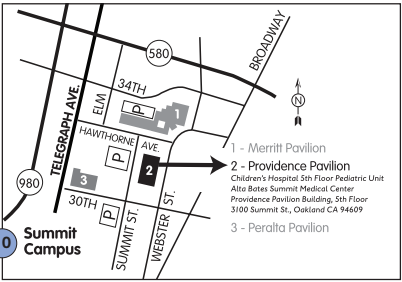
From San Francisco—Via the Bay Bridge:

Stay in the right three lanes coming off the bridge. Take I-580 toward Hayward, exit Berkeley/Walnut Creek Hwy. 24. Take 51st/Martin Luther King exit (exit is to the right just as connector ramp straightens out), bear left (under freeway) onto Martin Luther King Jr. Way and right on 52nd Street.

MAP



- 1 **Main Hospital**
747 52nd St.
- 2 **Outpatient Center**
744 52nd St.
- 3 **5400 Telegraph Ave.**
 - Asthma Clinic
 - Healthy Eating Active Living (HEAL) Program
 - Nephrology
 - Teen Clinic
- 4 **5275 Claremont Ave.**
 - Endocrinology
 - Center for the Vulnerable Child
 - Ophthalmology
- 5 **5220 Claremont Ave.**
 - Clinic Pharmacy
 - Genetics
 - Neurology
 - Primary Care
- 6 **Psychiatry/Human Resources**
770 53rd St.
- Patient Accounting/Care Access Center**
6425 Christie Ave., Emeryville
(Not shown on map)
- 7 **Family House**
5222 Dover St.
- 8 **CHORI (Research Institute)**
5700 Martin Luther King Jr. Way
- 9 **Early Childhood Mental Health Program**
638 3rd St.



PATIENT ROOM PHONE NUMBERS

When calling from outside the hospital, please dial 428-3555 + extension.

3rd Floor Surgical Ext.

Bed 1	7295
Bed 2	7292
Bed 3	7294
Bed 4	7293
Bed 5	7296
Bed 6	7299
Bed 7	7300
Bed 8	2032
Bed 9	7302

4th Floor Medical..... Ext.

Room 4300A-D.....	4805
Room 4300A-W	7570
Room 4300B-D.....	4806
Room 4300B-W.....	7571
Room 4301-D.....	4807
Room 4301-W	7572
Room 4302-D.....	4808
Room 4302-W	7573
Room 4303-D.....	4809
Room 4303-W	7574
Room 4304-D.....	4810
Room 4304-W	7575
Room 4305-D.....	4811
Room 4305-W	7576
Room 4306-D.....	4812
Room 4306-W	7577
Room 4307.....	4813
Room 4308-D.....	4814
Room 4308-W	7578
Room 4309-D.....	4815
Room 4309-W	7579

4th Floor Nursery..... Dial Direct

Rooms D and E	510-428-3767
---------------------	--------------

4th Floor South Ext.

Room 4310-D.....	7580
Room 4310-W	4816
Room 4311-D.....	7581
Room 4311-W	4817
Room 4312.....	4818
Room 4314-01	7584
Room 4314-02	2893
Room 4314-03	4819
Room 4314-04	7583
Room 4314-05	7582
Room 4314-06	2891
Room 4318-D.....	4821
Room 4318-W	7585
Room 4319-D.....	7586
Room 4319-W	4822
Room 4320-D.....	4823
Room 4320-W	7587
Room 4321-D.....	4824
Room 4321-W	7588
Room 4322-D.....	4825
Room 4322-W	7589
Room 4323-D.....	4826
Room 4323-W	7595

PATIENT ROOM PHONE NUMBERS

When calling from outside the hospital, please dial 428-3555 + extension.

5th Floor Surgical Ext.

Room 5300A-D.....	7550
Room 5300A-W.....	4848
Room 5300B-D.....	4850
Room 5300B-W.....	7551
Room 5301-D.....	4852
Room 5301-W.....	7552
Room 5302-D.....	4854
Room 5302-W.....	7553
Room 5303-D.....	7554
Room 5303-W.....	4856
Room 5304-D.....	4858
Room 5304-W.....	7555
Room 5305-D.....	7556
Room 5305-W.....	4860
Room 5306-D.....	7557
Room 5306-W.....	4862
Room 5307.....	4866

5th Floor South..... Ext. (Hem/Onc/BMT)

Room 5308.....	4867
Room 5309.....	4869
Room 5310.....	4868
Room 5311.....	4827
Room 5312.....	4873
Room 5314.....	4829
Room 5315.....	4830
Room 5316.....	4831
Room 5317.....	4832
Room 5318.....	4834
Room 5319.....	4835
Room 5320.....	4833
Room 5321.....	4828

5th Floor East..... Ext. (Hem/Onc/BMT)

Room 5322 Isolation Room.....	4864
Room 5323 Isolation Room.....	4836
Room 5324-D.....	7558
Room 5324-W.....	4837
Room 5326-D.....	4838
Room 5326-W.....	7559
Room 5327-D.....	7560
Room 5327-W.....	4834
Room 5328-D.....	4840
Room 5328-W.....	7561
Room 5329-D.....	4841
Room 5329-W.....	7562
Room 5330-D.....	4842
Room 5330-W.....	7563

IMPORTANT PHONE NUMBERS

	Outside the Hospital	From the Hospital
Main Hospital	510-428-3000	3000
Family House	510-428-3100	3100
Family House Reservations	510-428-3325	3325
Family Resource & Information Center	510-428-3549	3549
Finance Advisor	510-428-3576	3576
Food Service	510-428-3663	3663
Infectious Diseases	510-428-3733	3733
Interpreter Services	510-428-3409	3409
Patient Accounting (billing)	510-428-3485	3485
Patient Advocate	510-428-3885, ext. 5483	5483
Pharmacy	510-428-3166	3166
Security Services	510-428-3600	3600
Social Services	510-428-3325	3325
Spiritual Counseling	510-428-3885, ext. 2676	2676

Nursing Stations	Outside the Hospital	From the Hospital
3 Surgical	510-428-3037	3037
4 Medical	510-428-3262	3262
4 South	510-428-3266	3266
5 Surgical	510-428-3390	3390
Hematology/Oncology/ Bone Marrow Transplant		
5 South	510-428-3339	3339
5 East	510-428-3706	3706
Intensive Care Nursery (ICN)	510-428-3431	3431
Intensive Care Unit (ICU)	510-428-3302	3302
Summit Unit (off-site)	510-869-6900	N/A

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Coping with a Child's Lengthy Hospitalization: A Mother's Advice

Gillian was two when she was admitted at Children's after suffering a 30-minute seizure. During Gillian's seven month stay at Children's, Gillian's mother Darling stayed with Gillian the entire time she was hospitalized, living in the Family House at Children's.

Hoping that her experience may help other parents who face having a child hospitalized for a long period, Darling offers these helpful suggestions:

- Rely on the support of the hospital staff. They are there to help the parents as well as the children with emotional and psychological support.
- Talk with other parents, and get involved in the support groups offered at the hospital. Sharing your experiences helps reduce your stress and sense of isolation.
- While you are caring for your child, don't forget to take care of yourself, too. Exercise and eat well to keep up your energy and relieve stress.
- Take everything a day at a time, and be prepared for whatever happens. Don't dwell on the "what ifs."
- Don't be afraid to express your emotions around supportive people. It's OK to cry.
- Accept offers of help from your community. We had friends who held fundraising events and led efforts to raise awareness about the disease.
- Maintain your relationships with your spouse and family members. You're all in the same struggle.
- Focus on the positives, and never give up.



Gillian with her mother Darling.

Keeping an Internet journal also helped Darling cope with Gillian's illness and long hospitalization. To learn more about their story, go to www.caringbridge.org/visit/gilliancatenavarroza.

