Dear Parent:

Your baby has been brought to our highly specialized, state-of-the-art infant intensive care unit because he needs exceptional care. In this stressful time, please take comfort in knowing that your child is in the best hands.

The Children’s Hospital of Philadelphia is one of the finest pediatric hospitals in the world. The neonatal care team here cares for approximately 2,000 babies each year and is internationally recognized as a leader in the field.

We understand how stressed parents and families feel when their baby is hospitalized. In addition to providing the best medical and surgical care to your baby, we also strive to provide a comfortable, supportive environment for you and your family.

This guide is meant to address common questions and concerns. Please feel free to approach any member of our staff for further help and information.

Sincerely,

The Staff of the Harriet and Ronald Lassin Newborn/Infant Intensive Care Unit
HOW TO GET INFORMATION ABOUT YOUR BABY

Call the unit’s main number at 215-590-3083 to be connected to a member of the team caring for your baby. We will provide as much information as we can. (Because of patient privacy standards, we provide information to parents only, not friends or other family members.)

New Jersey residents may call Children’s Hospital for the cost of a call to Camden by dialing 856-964-5626. Ask the operator to transfer you to the Newborn/Infant Intensive Care Unit.

Our unit is divided into three sections: N/IICU Northeast, N/IICU East and N/IICU West.

- N/IICU Northeast: 215-590-3082
- N/IICU East: 215-590-3085
- N/IICU West: 215-590-3084

Once you know which section your baby is in, please use the appropriate number.
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FAMILY PARTICIPATION

The Level IV Harriet and Ronald Lassin Newborn/Infant Intensive Care Unit is a unique medical unit equipped to provide the highest level of monitoring and medical support to the tiniest and most critically ill newborns and infants. Our unit is commonly referred to as the N/IICU or NICU.

Our team includes more than 25 attending (senior) physicians and more than 300 specially trained nurses, as well as others including pediatricians in advanced training, physician assistants, neonatal and surgical nurse practitioners, psychologists, social workers, dieticians, patient safety specialists, pharmacists, speech therapists, occupational therapists, and physical therapists.

As we care for the patients in our unit, we are assisted by pediatric specialists from throughout the Hospital, including surgeons, pulmonologists, neurologists, cardiologists, geneticists and radiologists, among others.

We recognize that parents and other family members are the most important people in a baby’s life, and we welcome you as partners in your child’s care. In an effort to establish a strong partnership with parents/legal guardians, our staff (your nurse, social worker and attending physician/neonatologist) will meet with you within the first 36 to 48 hours after your baby has been admitted to introduce you to the CHOP N/IICU and how it works. We encourage you to be with your baby as much as you like. At certain times, such as during a medical emergency or surgery, you may be asked to wait in the family lounge before or during a visit with your baby.

When your baby is admitted to Children’s Hospital, you will receive a parent identification bracelet. For security purposes, please wear this band at all times. Only parents (or legal guardians) receive a band. Other visitors receive a visitor’s sticker.

Though most of the babies on our unit are too tiny and sick to express how much your presence means to them, we assure you that it means so much. All
babies, no matter their size or medical condition, gain so much from the loving touch and calming presence of parents, grandparents and others. We encourage you to hold and nurture your baby as much as possible. Bring items such as blankets, clothing, drawings and photos from home to add a personal touch to your baby’s space. If you aren’t able to hold your baby, ask your nurse about ways to interact through touch or voice.

**GUIDELINES FOR VISITING**

Parents and legal guardians may visit the unit 24 hours a day, seven days a week. For others, general visiting hours are 10 a.m. to 9 p.m. Parents and legal guardians will be given a blue ID band which must be worn at all times. All other visitors will need to wear the visitor sticker that they receive from Security.

All parents and visitors are asked to stop at the main reception desk at every visit. For the safety of our patients, you will need to give your first and last name, and the name of the baby. Before visitors may go in to see the baby, the Inpatient Clerk will contact the baby’s nurse to ensure there are no procedures occurring in the room.

Because sick newborns and infants are so vulnerable, it is very important that anyone who has a cold, fever or diarrhea not visit the unit or the family lounge. The Inpatient Clerk will screen all family members and visitors for colds and other illnesses. A parent who has a cold might be able to visit, but will be required to wear a mask. Cover gowns are available but not required, except in certain circumstances.

We will ask you for a list of adults who are allowed to visit, and their names will be put on a visitor identification record at your child’s bedside. For your baby’s safety when you are not at the Hospital, only those on the list will be permitted to visit.

Only two adults may be at the baby’s bedside at the same time. Space is limited, and it’s important to limit noise and other stimulation for our patients, especially the sickest babies.
You are welcome to bring your baby’s brothers and sisters to visit, as long as they don’t have colds, fever or any other illness. Please, no more than two visitors at the bedside at once. Only siblings may visit — no other children.

Children are often excited about visiting their new brother or sister. However, because they must be quiet and stay in one place at the bedside, they may become bored. A parent or responsible adult must supervise at all times. We have several “sibling carts,” with games, crayons and other activities to help keep brothers and sisters occupied during a visit. Children who are not supervised or become disruptive may be asked to leave.

**HANDWASHING**

Sick infants are very vulnerable to common illnesses that can be spread by simple contact. In order to prevent infection to your newborn baby, please become familiar with our hand hygiene guidelines and follow them carefully.

Every time you enter the unit, wash up to your elbows with warm water and soap for at least 15 seconds, and then apply the alcohol-based hand rub found at each baby’s bedside.

![Handwash sign](image)

Germs on our hands can make kids sick.

**Help prevent infections.**
Please wash your hands or use alcohol hand rub prior to patient contact.

Use the hand rub frequently. If you contaminate your hands by touching something dirty, or if you touch your face or mouth, please use the rub before touching your baby.
Please remind others to cleanse their hands immediately before touching your baby.
This is very important to your baby’s health.

**STAFF: WHO’S WHO**

Because newborns and infants require such a high level of care, the N/IICU team includes many different members, all specially trained.

Here are brief descriptions of those who may care for your baby.

The **attending physician** is a senior staff member who is in charge of the care of your baby. This doctor supervises your baby’s medical treatment and, along with other team members, plans daily care. In the unit, an attending physician may be a:

- **neonatologist** — a pediatrician who specializes in the care of newborn babies
- **pediatric surgeon** — a surgeon who specializes in the surgical management and treatment of babies and children

A **fellow** is a physician in advanced training. A fellow has completed a residency and is now training in a special field of pediatrics such as neonatology or pediatric surgery.

A **house physician** is a fully trained pediatrician who participates in the care of patients under the direction of an attending physician.

A **resident** is a physician who has graduated from medical school and is receiving training in pediatrics. A resident participates in the care of patients under the direction of an attending physician.

A **consulting physician** has a particular area of expertise and may help the attending physician diagnose and treat your baby. For instance, if your baby has a heart problem, a pediatric cardiologist would serve as a consulting physician.
A **nurse practitioner** is a nurse who has graduated from a nurse practitioner program and has advanced training in the medical or surgical care of newborns, and works on a team with the doctors to provide care.

A **physician assistant** (PA) has completed a PA master’s degree program and has advanced training in the medical or surgical care of newborns, and works on the team with the doctors.

A **registered nurse** is assigned to care for your baby at all times. Nurses are divided into teams that work 8- to 12-hour shifts in designated areas of the unit. This arrangement means that your baby will receive the majority of care from a single team of nurses. Nurses are assigned to a baby on a 1-to-1 to 1-to-3 ratio, depending on the baby’s need.

Each nursing team has a clinical supervisor who coordinates nursing care for your baby. The clinical supervisor and nursing team members are always available to answer your questions and teach you more about your baby’s care.
The nurse managers and director of neonatal nursing provide leadership for the N/IICU and are available to discuss your baby's needs, nursing care and Hospital services.

The charge nurse coordinates staffing, arranges patient assignments and is available 24 hours a day to help with any issues.

A senior nurse aide assists the registered nurse who is caring for your baby. An aide might hold or position your baby during medical procedures, help with feedings, and obtain supplies.

A respiratory therapist works under a physician’s guidance to improve your baby’s breathing capacity and efficiency until the lungs are working properly. The unit has its own respiratory therapists on the floor at all times.

A social worker with an advanced degree is available to discuss your concerns about coping with the hospitalization of your sick infant, connecting you with community resources and assisting with the transition to home.

A neonatal clinical pharmacist provides input on ways to optimize medication therapies in all N/IICU patients, and works to ensure medications are delivered to the patient in the safest way possible. The neonatal clinical pharmacist comes to daily patient care rounds and is available to answer parents’ questions.

An inpatient clerk is the first to greet you as you arrive. Clerks screen visitors, answer phone calls and help maintain medical records.

A lactation specialist is a nurse or dietitian with additional education in breastfeeding and lactation (the body’s ability to produce milk). The lactation specialist will answer questions and help you if you choose to breastfeed.
A registered neonatal dietitian provides input on nutritional care and ways to improve growth for all N/IICU patients, including those being nourished by IV, tube, breast or bottle. The registered neonatal dietitian comes to daily patient care rounds and is available to answer parents’ questions.

A case manager sets up care your baby may need at home, including home nursing and medical equipment. The case manager works with the insurance company and coordinates the final discharge plan so the transition to home is smooth.

A child life specialist has training in helping children cope with the effects of hospitalization. For example, a child life specialist might help brothers and sisters prepare for their first visit and offer play to help them express their feelings.

A psychologist is available to help you interact with your baby in this stressful environment and provide ideas about how you can help your baby develop.

A speech therapist can assess a baby’s readiness to begin feeding by mouth and make specific recommendations such as what type of bottle or nipple to use.

In the CHOP N/IICU, physical and occupational therapists (PTs and OTs) provide motor therapy services for the premature and newborn infant (<= 3 months adjusted age). PTs and OTs help families recognize an infant’s physical cues and behavior (such as the signs when a baby is tired or overwhelmed). PTs and OTs will also assess motor and sensory skills and encourage their development through positioning and handling techniques and family education.

For older babies in the N/IICU (more than three months past due date), PTs focus on the development of head and trunk control to help your baby reach motor milestones like holding his head up and sitting. OTs focus on the development of eye and hand control to help your baby reach motor milestones like grasping and reaching. In addition, PTs and OTs can demonstrate and teach infant massage to parents.
Interpreters, in person or by phone, are available free of charge for families who prefer to get medical information in a language other than English. Please ask if you would like an interpreter.

Hospital volunteers are available to hold and comfort patients who are medically stable. It’s OK if you don’t want your baby to be held by a volunteer — please tell your nurse.

In addition to providing direct support to families, a director of psychosocial services works with staff from Child Life, Psychology, Occupational Therapy, Physical Therapy, Speech and Language Pathology, and Social Work to address the psychosocial and developmental needs of the infants and families in the N/IICU. The director works to develop systems and programs that expand access to resources and information, and improve communication between staff and families.

**TEACHING**

Often, before a baby is discharged from the Hospital, parents will need special training to care for the child at home. Our nurses are trained to provide information to teach you about your baby’s condition and care, and are happy to provide teaching at any time.

Teaching can be done at the bedside and at times in the Connelly Resource Center for Families on the eighth floor. Parental attendance and collaboration at scheduled teaching sessions is key to the successful discharge planning of your baby. It is important to have this teaching completed prior to the day of your baby’s discharge. We will work with you to schedule teaching ahead of time so you are not rushed.

**ANSWERING YOUR QUESTIONS**

Whether you are in the unit with your baby or at home, we know you will have many questions. It’s a great idea to keep a list nearby and to write down questions as soon as they occur to you. You can then refer to the list when you see your baby’s doctor or nurse. We will make every effort to keep you well informed.
Please do not hesitate to call the unit with questions. Our staff is always ready and willing to answer your questions, no matter how small. (See the inside cover of this handbook for phone numbers.) When calling the unit for an update about your baby, you will need to provide the four digit “care code” which is the last four numbers of your baby’s medical record number. You can find this number on your child’s blue ID band. Hospital staff cannot provide updates to anyone other than the baby’s parents or legal guardians.

Nursing report (when shifts change and the outgoing nurse briefs the incoming nurse) occurs every day at 7 a.m., 3 p.m., 7 p.m. and 11 p.m., and each session lasts approximately 40 minutes. During these times, your baby’s nurse will be focusing on ensuring the oncoming shift has a thorough report of your baby’s history, diagnosis and treatment plan and may not be available to answer the phone or answer questions at the bedside. We welcome you to call or ask questions at the bedside before or after change of shift report.

Medical rounds (when the attending physician comes to your baby’s bedside and assesses his condition) usually occur between 8 and 11 a.m. If you have questions for doctors, please let them know. If they are not able to answer the questions during rounds, they will meet with you after rounds.
At any time during the day, if you do not see your baby’s doctors, nurse practitioners or PAs and wish to speak to them, please don’t hesitate to ask your baby’s nurse to call them to the bedside.

**KEEPING FAMILY AND FRIENDS INFORMED**

Because there are so many calls to the unit, we ask that only the parents or legal guardians of the patient call our phone numbers. Please ask friends and family not to call the unit unless there is an emergency. You may want to arrange a time each day to call concerned family and friends to update them on your baby’s condition.

The Hospital librarian in the Connelly Resource Center for Families on the eighth floor can help you set up an Internet page, through CarePages® or other websites, where you can post information about your baby’s condition and progress. This is a great way to keep friends and family updated.

**PATIENT PRIVACY**

Protecting the confidentiality of information about you and your baby is very important to us. Please inform family and friends that we give information over the phone ONLY to the baby’s parents or legal guardians. Also, please ask questions only about your own baby — by law, and by our own privacy standards, we are not able to provide information about other patients.

**CELLPHONE USE**

We know that cellphones are very important for keeping in touch with family and friends. In order to ensure a safe environment for your baby we ask that you keep your cellphone on vibrate and request that you not use your cellphone within three feet of any medical equipment.
Cellphone use in the patient care area is limited to the following providers: AT&T, Verizon, Sprint and T-Mobile. For other providers we ask that you use your cellphone in the family lounge or in the hallways. Please be courteous of others as you conduct cellphone conversations in public areas.

TELEPHONES

Families can use the specially marked courtesy phones throughout the unit. For local calls, dial 9 followed by the number. Please use a calling card for long-distance calls and try to limit calls to five minutes, out of consideration for other families. Other phones in patient care areas are for staff only.

FAMILY LOUNGES

The N/IICU has two family lounges: the west lounge, for parents/families that have patients in the east or west sections of the unit; and the northeast lounge, for parents/families that have patients in the northeast section of the unit.

The waiting rooms are large lounges with comfortable chairs and sofas where families and visitors can relax. You may use the TV to watch educational DVDs about your baby’s condition and care, or you may simply wish to watch a favorite show. Please be considerate: Remember that the TV is for everyone’s use. Keep the volume at a moderate level, and make sure what you are watching is appropriate for all viewers.

Both lounges have a child play area and computers with Internet access. The Hospital has wireless Internet access for those who wish to use a laptop computer. Choose “chopguest” as your wireless network.

Both lounges also have a kitchen, including a refrigerator/freezer, sink and microwave. Feel free to use the refrigerator to store items; please label them with the date and your name.
RESTROOMS

Restrooms for families and visitors are in the family lounges and throughout the unit and Hospital.

FOOD AND DRINK

You may eat and drink in the family lounges. In patient care areas, only drinks securely covered with a lid are permitted. For your baby’s safety, food is not permitted in patient care areas.

The Hospital cafeteria and some nearby restaurants offer discounts to patients’ parents. Please see the Hospital Family Handbook for more information.

FAMILY ACCOMMODATIONS

The N/IICU has several overnight sleep rooms available to parents. Showers are also available. There is a sign-up sheet in the family lounges; please sign up by noon if you need a room for that night. Sometimes there are not enough rooms to accommodate all families. If you are assigned a sleep room, please remove all belongings from the room by 8 a.m. so that it may be cleaned.

If we are unable to provide a sleep room, a parent may sleep at the bedside. However, there are a limited number of sleep chairs on the unit and, due to space constraints, not all rooms will be able to support having a parent sleep at the bedside. One parent may sleep at the bedside overnight if the infant’s condition and space in the room allows. When sleeping at the bedside, we ask that you be up by 8 a.m. to allow for nursing to start their morning care.
If you need a nap during the day, there are day-rooms available in the Connelly Center on the eighth floor of the Main Building between 10 a.m. and 3 p.m.

Another option for overnight accommodations is the Philadelphia Ronald McDonald House, approximately 10 blocks from the Hospital. There is a small charge, and rooms are only for families that live more than 25 miles away. Shuttle vans run between the house and Children’s Hospital. Please call 215-387-8406 for more information.

The Ronald McDonald House in Camden, N.J., is another option. Please call 856-996-4663 for more information. There are no shuttles to the Hospital from this house.

**PARKING**

Hospital parking is available at a discounted rate to parents. When you use one of our parking garages, take a regular ticket. Then, take it to one of the Hospital’s three patient information desks to have it validated. After regular business hours, security officers (who are at each Hospital entrance) can validate your ticket.

If you are a parent who will be going in and out of the Hospital numerous times in one day, ask one of the parking-garage cashiers for a 24-hour parent pass, to allow you to come back into the garage without additional charges.

**CHAPLAINCY SERVICES**

A full-time chaplain is available for pastoral visitation, sacramental ministry and support. Many clergy from major denominations and faiths are also available. We can help you contact the chaplain or clergy from your faith group.

People of any religion or belief are welcome in the Schlimm Center for Prayer and Reflection on the first floor of the Main Building.
Transferring to Another Unit

There may be a time when your baby will no longer require care in the N/IICU, but may not be fully ready to go home. In these situations, care may be transferred to another unit within the Hospital specializing in the care of your baby’s particular diagnosis and needs. These units are the Progressive Care Unit, Pediatric Intensive Care Unit, Integrated Care Services, 5 West, 4 East/4 South and General Pediatrics.

The Progressive Care Unit (PCU) is where many of our tracheostomy (trach) patients will be transferred for further care and parent education. The Pediatric Intensive Care Unit (PICU) cares for infants and children requiring an intensive care setting from infancy into adulthood. Integrated Care Services (ICS) is a unit specializing in infants and children with long-term needs, feeding difficulties and other complex medical needs. 5 West is the unit specializing in the care of our Endocrine patients. Surgical patients are cared for on 4 East/4 South. General Pediatrics patients are housed on several units throughout the Hospital.

We want to assure you that your baby will continue to receive excellent care during their stay on another unit. We will work closely with you every step of the way in order to help prepare you for this transition of care to a new unit.

Photos/Video Recording

When taking pictures or video of your baby, please include your baby only. If you would like to take a picture of your baby with a staff member, please ask them before doing so.

Going Home Safely

As much as we care for the babies in our N/IICU, we are always happy to see them discharged — because we know they are headed home. Please make
sure to bring in your baby’s car seat prior to the day of discharge. If you don’t have a car seat, ask your baby’s nurse for help. The Hospital provides them at a reduced price to eligible families.

FOR MORE INFORMATION

The Hospital Family Handbook includes a wide range of additional information and is available by the courtesy phones, in the family lounge and throughout the N/IICU.

Please also use our staff as a resource. We will be happy to answer any questions or help to solve any problems not addressed in this booklet. We are committed to caring for your baby and making you and your family as comfortable as possible.
The Children’s Hospital of Philadelphia®
Hope lives here.

Founded in 1855, The Children’s Hospital of Philadelphia is the birthplace of pediatric medicine in America. Throughout its history, a passionate spirit of innovation has driven this renowned institution to pursue scientific discovery, establish the highest standards of patient care, train future leaders in pediatrics, and advocate for children’s health. A haven of hope for children and families worldwide, CHOP is a nonprofit charitable organization that relies on the generous support of its donors to continue to set the global standard for pediatric care.

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