Pediatric Rehab Patients

[PATIENT/FAMILY EDUCATION]
WakeMed Rehab’s commitment to quality care encompasses all patient populations, including children and adolescents. While not a pediatric specialty program, WakeMed Rehab cares for many pediatric patients with a variety of diagnoses. While the regular therapy practices assure excellence of care and state of the art treatment, there are some unique aspects of the pediatric program that will be reviewed here.

**THERAPY TEAM**

Therapists working with pediatric patients have general therapy competence as well as specific competence, experience and interest in working with children and adolescents. Increased involvement of therapeutic recreation specialists is standard for pediatric patients, who coordinate therapeutic outings for the child or adolescent. Frequent in-services with topics specific to the care of pediatric patients are provided to staff.

**MEDICAL MANAGEMENT**

All nursing staff undergo training to provide additional education about the role of the rehab nurse in the care of the pediatric patient and to review normal childhood development. Nurses working with pediatric patients have specific competence, experience and interest in working with this population. Rehab nursing staff also work closely with a nurse liaison from the pediatric floor of WakeMed to provide any needed consultation.

Numerous other consultants are also utilized to enhance the care of pediatric patients. Foremost, is the inclusion of the pediatric hospitalist in the medical management of the patient. For patient’s coming from within the WakeMed system, they will already have established care with a pediatric hospitalist and will continue with the care of this physician. The overall medical management of the patient, however, is under the direction of the rehab hospital physicians. For those coming from outside the WakeMed system, a pediatric hospitalist is consulted for all children 14 years and younger. The need for this consultant is determined on a case-by-case basis for adolescents over 14. In addition, other pediatric specialists are included in the treatment of the child/adolescent as needed. This may include a pediatric neuropsychologist and/or pediatric psychologist.
ENVIRONMENT

All pediatric patients have a private room. Family members are encouraged to bring in familiar items, such as stuffed animals and pictures, to help assure the emotional comfort of the child. Family members are encouraged to stay with the pediatric patient and are included in therapy activities when beneficial to the child or adolescent. While the rehab hospital is primarily an adult facility, there are more pediatric friendly spaces available for use in the WakeMed Children’s Hospital including a play room, teen room, and a Ronald McDonald room for use by parents/caregivers. There is also a pediatric treatment room in the Rehab Health Park. Ask any of your therapists or your clinical case manager for more information about these rooms.

FAMILY EDUCATION

Education starts on day of admission and continues throughout the hospital stay of the pediatric patient. Our staff is available to provide education at any time but for pediatric patients a family conference will be held to review the treatment plan and set goals for therapy within the first few days of their admission. Siblings and peers are included in this process when appropriate. Family training is conducted periodically, as it is with all rehab patients.

Patient and family education focuses on the child/adolescent’s current abilities to help increase independence and optimize recovery and is presented to the child/adolescent in age-appropriate format. Educational topics are broadened to encompass all aspects of the child’s functioning including emotional needs, behavioral issues, and educational needs. In addition, the impact of medical issues on sexual development and issues related to sexuality are addressed as needed. Your clinical case manager is the point person for any issues or concerns that may arise or for requests for further detailed information.
VISITOR AND TRAVELER POLICY

For pediatric patients, visitors are encouraged at normal visiting hours. The pediatric patient’s parent/legal guardian has the final determination on any restrictions placed on visitors. In addition, having a family member or loved one spend the night in a pediatric patient’s room is encouraged, as long as the visitor is above 18 years of age and has been approved by parent/legal guardian. Any visitor under the age of 18 must be accompanied by an adult at all times.

Please notify your primary nurse if you intend to leave the floor. All family members and approved visitors of pediatric patients must sign in and out at the main nursing station on 3C. You will be asked to provide a list of any approved visitors who may take your child off the unit.

TRANSITIONING HOME

The follow-up needs of the pediatric patient are the focus of the discharge plan that is developed to ease the transition to home. Prior to discharge, the clinical case manager will review all continued medical needs with the rehab hospital medical staff and the pediatric hospitalist to assure appropriate follow-up services are in place following discharge from the hospital. In addition, the treatment team will make recommendations for follow-up therapy. The clinical case manager will also assure that educational needs have been addressed during the stay by gathering appropriate school records, contacting the child’s school, and arranging for homebound or other educational services when the child or adolescent is ready for educational activities.

If you would like to take your child on a pass, please notify your case manager at least 24 hours in advance. The treatment team will review the request and grant it whenever possible. However, pass requests should not interfere with your child’s participation in therapy. In addition, if the treatment team feels that the pass may be taxing to your child or negatively impact the benefits of rehabilitation programming the request may be declined.

If you have any questions about the pediatric services at WakeMed Rehab, feel free to ask your clinical case manager, nurse, or therapists who can provide you with additional information.
DEVELOPMENTAL NEEDS FOR CHILDREN AND ADOLESCENTS IN THE HOSPITAL

When a child or teenager is in the hospital, it is important to encourage them to play and engage in developmentally appropriate activities. Play in the hospital makes the hospital environment less scary and more child-friendly. It also encourages children and adolescents to focus on activities, rather than on their illness.

At WakeMed, we know children and adolescents are constantly learning and developing. Engaging in activities and socializing with others helps the growth and development process continue while in the hospital.

Please review the information below for ideas on how to help children and teenagers cope with hospitalization.

PRESCHOOLERS (3 – 5 YEARS)

Play for preschoolers:

- Building structures that represent familiar things
- Coloring and drawing
- Show off their creations or accomplishments to others
- Pretend play. Preschoolers have great imaginations.

Social interactions:

- Preschoolers are beginning to understand the concept of rules and boundaries
- They are not yet able to understand other’s points of view
- They interpret words and phrases literally. Please use concrete meanings and explanations.
- Preschoolers' great imaginations can lead to misconceptions about the hospital

Common stressors and fears of preschoolers in the hospital:

- Misconceptions arising from inability to distinguish reality and fantasy. For example, a child might fear that hospitalization/illness is a punishment for wrong-doing.
- Fear of long separation from loved ones
- Fear of loss of control
- Fear of bodily injury or harm
What you can do to help while your preschooler is in the hospital:

- Reassure your child that hospitalization, treatments and procedures are not punishment and that he/she has done nothing wrong.
- Be honest with your child and tell him/her the truth in clear explanations
- Continue to set normal limits and provide structure
- Participate in your child's care and give positive reinforcement

SCHOOL AGE (6 – 12 YEARS)

Activities for school-agers:

- School age children like to talk about themselves and their interests
- School-agers typically like to play cards, board games and video games
- Organized and group play allows for a sense of security
- School age children tend to be highly active (sports, dance, arts)

Social interactions:

- Being with friends is becoming increasingly important
- Children at this age begin taking pride in their work and seek recognition for their accomplishments

- School-agers are learning to understand others' perspectives
- They are learning rules for social cooperation and appropriate behaviors

Common stressors and fears of school-agers in the hospital:

- Enforced dependence and loss of competence
- Fear of loss of bodily function
- Fears of body mutilation
- Concerns about pain, imminent death or disability
- Going under anesthesia creates anxiety and raises many questions for many school-agers

What you can do to help while your school-ager is in the hospital:

- Honest preparations for procedures and surgery is imperative for this age group: let them know if any procedures or medicines will change the way their bodies look or work
- Because a school-ager may be frustrated with being different while in the hospital, emphasize all the things that he/she can do (play games and other activities)
- Allow choices whenever possible and encourage your child to help make decisions regarding his/her care
- Allow children to explore medical
equipment, ask questions and rehearse coping techniques

ADOLESCENTS (13 – 18 YEARS)

Activities for adolescents:

- Peer groups and spending time with friends is extremely important
- Cell phones and the internet are common means of keeping in touch with friends
- Adolescents enjoy watching movies and playing video games

Social interactions:

- Self-esteem is largely influenced by peer acceptance
- Adolescents are sometimes moody and emotional, this can often be perceived as being uncooperative and defiant
- Adolescents are experimenting with social roles and exploring different identities
- They are often hesitant to express feelings and/or fears about being in the hospital

Common stressors and fears of adolescents in the hospital:

- Separation from peer group, loss of peer acceptance and fear of rejection
- Loss of independence and control
- Invasion of privacy
- Fear of change in body image/appearance
- Fear of death or disability
- Concerns of keeping up with schoolwork or getting back to school

What you can do to help while your adolescent is in the hospital:

- Honest preparations for procedures and surgery is imperative for this age group: let them know if any procedures or medicines will change the way their bodies look or work
- Involve adolescents in medical decision-making and choices about their care
- Anticipate any questions that your teen may have because these will not always be expressed
- Advocate for privacy whenever possible (pulling curtain, wearing own pajamas instead of hospital gown)
- If it's okay with the patient, encourage friends to visit as often as possible
- Bring favorite activities or watch a movie together in the hospital

Always remember, your treatment team can provide suggestions as well. Your child’s clinical case manager and the therapeutic recreation specialist play critical roles in helping children and adolescents cope with a lengthy hospitalization. In addition, a pediatric psychologist can be consulted. Please feel free to talk more with your clinical case manager if you have any concerns about your child during their rehab stay.