WakeMed Rehab is a strong link in the world-class WakeMed Hospital system. All our rehabilitation services – including in-hospital medical care, inpatient rehab, day treatment, outpatient rehab and home care – are connected, forming a smooth, well-defined path to your recovery.

We call this a “continuum of care.” For our patients, this means we’ll be with you every step of the way on your journey to maximum rehabilitation and independence.

RESTORING YOUR STRENGTH AND SPIRIT

Inpatient rehabilitation is an important part of the full range of rehabilitation services provided by WakeMed Rehab. Once you enter our doors, we will work to increase your independence, so you can return to doing the things that are important to you.

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WakeMed Rehab Hospital is a 78-bed, state-of-the-art inpatient rehabilitation program that will help you if you have recently had a stroke, brain injury, spinal cord injury, orthopaedic condition, or other physical trauma. Our goal is to help you become as independent as possible so that you can return to daily life. WakeMed Rehab offers a team of experts (what we call an interdisciplinary team) to lead you through your rehabilitation program. This team approach works to make sure you are getting the best possible care.

WakeMed Rehab Hospital welcomes the involvement of your family members and encourages you to ask questions and to get to know the staff. We are eager to help you with your concerns or needs. If you or your family members have any questions or concerns regarding your treatment program, please feel free to discuss them with your nurse, therapist or case manager.

We want to create a comfortable, homelike setting for you and your family. Please let us know what we can do to improve your stay.

WakeMed Rehab and How it Benefits You

As a patient in the rehab hospital, you will share in designing a recovery program to help you return to as normal a life as possible. You and your interdisciplinary team will plan activities and treatments that will best help you during your recovery period.

You will participate in a daily schedule of therapy consisting of a minimum of three hours of physical, occupational, nursing, and speech therapy services. You may also be involved in neuropsychology, therapeutic recreation, community reentry activities, counseling and education programs. The staff may coordinate community outings that may include shopping, visiting a park, swimming or bowling.

Your therapies are all offered on-site in the two-story WakeMed Rehab Hospital. We have comprehensive rehabilitation gyms where you will go for occupational and physical therapies. Our speech and language therapy program will help you with any speech, language, cognitive, eating/swallowing, or facial movement problems you may have.

Most of our rooms are semi-private, so you will more than likely have a roommate and you will be invited to eat with other rehab patients in one of our dining rooms. Your food will be prepared according to your specific dietary needs.

Your therapy program will begin on the day after admission. You will get a daily therapy schedule to carry with you to your treatment sessions. The nursing staff and therapists will help you as needed to scheduled appointments.
This education notebook is provided to help organize written materials you may get from various members of your treatment team. We are committed to meeting you and your family’s educational needs so that you can actively participate in the overall rehabilitation plan.

We encourage you to share these materials with your family to help them learn more about your rehabilitation. They may take these materials home to read, but you will need to keep the notebook with you in the hospital.

This notebook is for you to keep, so feel free to add your own information. We hope that it will be a resource for you and your family during and after your stay at WakeMed Rehab.
[IMPORTANT PHONE NUMBERS]

WAKEMED REHAB

Elaine Rohlik, Executive Director, WakeMed Rehab ............... (919) 350-8852
Ann Bené, Director, Rehab Nursing Services ....................... (919) 350-7938
Beth Rudisill, Director, Rehabilitation Hospital Services .......... (919) 350-8864
Tannis Hillis, Manager, Rehab Therapy Services .................... (919) 350-6344
Angela Jones, Manager, Rehab Nursing Services .................... (919) 350-2879
Jeanne Dibbert, Manager, Rehab Case Management ................. (919) 350-2945

NURSES’ STATION

2D ......................................................... (919) 350-8787
2C ......................................................... (919) 350-8850
6B ......................................................... (919) 350-8818

WakeMed Administration ........................................... (919) 350-8109
Campus Police ................................................. (919) 350-8805
Department of Spiritual Care ....................................... (919) 350-8556
Cafe 3000 ....................................................... (919) 350-8047

WAKEMED REHABILITATION HOSPITAL

3000 New Bern Avenue
Raleigh, NC 27610
At WakeMed Rehab, you can be sure our programs and staff adhere to the highest standards of health care. WakeMed is accredited with commendation by the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO). WakeMed Rehab Hospital is also accredited by CARF, the Accreditation Commission for Rehabilitation Facilities.

We employ a select group of therapists and staff. Along with extensive experience, our team has solid credentials, specialized training and advanced certifications.

Specializing in rehab requires more than clinical qualifications. It takes a unique person with patience, the ability to communicate well, and the ability to motivate. These are the people who help you reach success, one step at a time.

GRIEVANCE PROCEDURE

WakeMed Rehab encourages you to ask questions and to get to know the staff. We are eager to help you with your concerns or needs. If you or your family has any questions or concerns regarding your treatment program, please discuss them with your clinical case manager (the staff member assigned to work with you and your family and act as a liaison between your family and your treatment team). If you have a complaint, please share your concern with any team member. If your complaint cannot be promptly resolved, WakeMed Rehab management will conduct an investigation and respond to you in writing within 10 business days. If you would like to file a formal grievance, you may call or write to Elaine Rohlik, WakeMed Rehab, 3000 New Bern Ave., Raleigh, NC 27610 (919) 350-8852.

Ms. Rohlik will respond through a scheduled appointment or in writing within 10 business days of receiving your grievance.

You may at any time contact the North Carolina Department of Health and Human Services Division of Facility Services, Attn: Assistant Chief, Licensure and Certification, Acute/Home Care, 2712 Mail Service Delivery Center, Raleigh, NC 27699-2712 1 (800) 624-3004.

ETHICS COMMITTEE

There may be a time when you have to make a difficult health care decision for yourself or a loved one. WakeMed has an Ethics Committee to help you. This group is made up of physicians, nurses, a hospital chaplain, representatives from social work, administration and the community. Committee members are trained and prepared to listen to your case objectively. They will never come up with a final answer or tell you what to do. The Ethics Committee exists to help everyone involved make the best decision possible. For a more detailed brochure, ask your nurse or clinical case manager, or call the Department of Spiritual Care at (919) 350-8556.
PATIENTS’ RIGHTS

Access to Care and Communication – Patients are admitted to WakeMed facilities without regard to race, religion, sex, national origin, disability, or source of payment for care. Patients have the right to access protective services (i.e., guardianship, advocacy service, child or adult protective service) with support from the hospital. The hospital shall not impose restrictions on visitors, mail, telephone calls, or other forms of communication except for therapeutic reasons that are fully discussed with the patient or their authorized representative. The patient has the right to have a family member or representative of his/her choice and his/her own physician notified promptly of his/her admission to the hospital.

Respect and Dignity – All patients have the right to care that is respectful and considerate of personal values and beliefs, paying attention to psychosocial, spiritual, and cultural needs as they relate to individualized patient care. Patients have the right to refuse to be observed or cared for by any person or group other than those directly responsible for their care. Patients have the right to expect treatments and procedures to be explained to them using the language or method of communication they best understand. They have a right to pastoral counseling. Patients have the right to be free of restraints of any form that are not medically or behaviorally necessary.

Information and Participation in Decision Making – Patients are encouraged to become involved in all aspects of their care. They have the right to be informed of their diagnosis and course of treatment. Patients have the right to ask their doctor, nurse, or other health care professional for clarification. Patients have the right to refuse any prescribed course of treatment after they have been informed of the possible consequences of that decision, and their refusal will not affect access to care. Patients and families are educated about their role in helping to facilitate the safe delivery of care. Patients, and when appropriate, their families are informed about the outcomes of care, including unanticipated outcomes. Patients have the right to access information in their medical record in a reasonable time frame.

Informed Consent – Patients (legally competent adult, parent/guardian of minor) have a right to have proposed treatments or procedures explained to them in a manner they can understand. Only after they give their voluntary consent will the procedure or treatment for routine, non-emergent care be provided. Patients asked to participate in a research project are given information on expected benefits, risks, alternatives, the procedure itself, and the right to refuse to participate without compromising their access to services.
Conflict Resolution and Ethical Decision Making – Patients have the right to voice complaints about their care, and to have the complaint reviewed, and when possible, resolved. Patients have a right to expect assistance in resolution of dilemmas regarding their care and treatment. Patients having a conflict or complaint should express their concern to the staff delivering care, the department manager, or the Chief Operating Officer of WakeMed at 350-8104. Patients can expect a written response from the hospital within 10 business days following the failure to resolve a complaint. They also have the right to lodge a complaint with the North Carolina Department of Health and Human Services, Division of Facility Services at 1-800-624-3004. The address for patients wishing to send a written complaint to Division of Facility Services is: Licensure and Certification Section, Acute/Home Care, 2712 Mail Service Center, Raleigh, NC 27699-2712. In addition, for grievances related to quality of care or premature discharge, patients have the right to request review by the North Carolina Peer Review Organization.

Security, Privacy and Confidentiality – Patients have the right to expect to be cared for in a secure environment free from all forms of abuse and harassment. Personal privacy will be respected in care delivery. Patients have the right to privacy and confidentiality regarding their treatment, care and medical record.

Advanced Directives – Patients of legal age have the right to express their wishes regarding treatment at any point in the care provided. Advanced Directives can include self-directed anatomical gift donations. In the absence of advanced directives, the hospital will offer information and education and will offer assistance in completing a written advanced directive.

Pain Management – Patients have the right to have their pain recognized and addressed appropriately. This includes information about pain and pain relief measures, a concerned staff committed to effective pain prevention and management, health care professionals who believe and respond quickly to reports of pain, and state-of-the-art pain management.

Patients’ Responsibilities

Respect and Dignity – All patients have the responsibility to follow all rules and regulations established by the hospital system concerning patient care and conduct. If they have questions related to these rules, they should ask their care provider for clarification. All patients have the responsibility to respect the rights of other patients as well as hospital staff in both their conduct and the behavior of their visitors.

Information and Participation in Decision Making – All patients have the responsibility to provide complete and accurate information with respect to their medical history, present complaint, and any
other health-related issues that may have an effect on their course of treatment. They are expected to become partners in the development and implementation of their plan of care.

Once their treatment plan has been determined and communicated by the health care providers, all patients have the responsibility for following the plan of treatment. They are responsible for reporting to the responsible practitioner unexpected changes in their condition and perceived risks in their care. They should notify the health care provider if they have concerns about their ability to follow the treatment plan so the hospital can make every effort to adapt to the patient’s specific needs and limitations. Where such adaptations are not recommended, the patient and family should understand the consequences of failing to follow the recommended course of treatment, or of using other treatment.

All patients have the responsibility to ask questions when they do not understand what they have been told or what they are expected to do. If a patient or family refuses treatment or fails to follow instructions, they are responsible for the consequences of that decision.

**Pain Management** – Patients have the responsibility for participating in their pain management. This includes communicating with the health care professionals about pain relief options, a pain management plan of care, measuring the pain, and what to expect regarding pain and pain management. They should ask for pain relief when pain first begins and tell the doctor or nurse if the pain is not relieved.
The staff of WakeMed Rehab have developed and abide by a code of ethical conduct. This code of conduct is intended to guide staff behavior and interactions with all customers of the rehabilitation hospital. It has as its primary goal, the welfare and protection of the individuals and families with whom staff work. It is the individual responsibility of each staff member to aspire to the highest possible standards of conduct. The rehabilitation staff respect and protect human and civil rights, and do not knowingly participate in or condone unfair discriminatory practices.

**COMPETENCE**

All staff strive to maintain high standards of competence in their work. They recognize the boundaries of their particular abilities and the limitations of their expertise. They provide only those services and use only those techniques for which they are qualified by education, training or experience.

**INTEGRITY**

Staff is honest, fair and respectful of others. In describing or reporting their qualifications, services, products or fees, they do not make statements that are false, misleading or deceptive. Staff strive to be aware of their own belief systems, values, needs and limitations and the effect of these on their work.

**PROFESSIONAL RESPONSIBILITY**

Staff uphold professional standards of conduct, clarify their professional roles and obligations, accept appropriate responsibility for their behavior and adapt their methods to the needs of different populations. Staff consult with, refer to or cooperate with other professionals and institutions to serve the best interests of their patients.

**RESPECT FOR PEOPLE’S RIGHTS AND DIGNITY**

Staff respect the fundamental rights, dignity and worth of all people. They respect the rights of individuals to privacy, confidentiality, self-determination and autonomy. Staff are aware of cultural, individual and role differences, including those due to age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language and socioeconomic status.

**MAINTAINING EXPERTISE**

Staff who engage in assessment, therapy, teaching or other professional activities maintain a reasonable level of awareness of current scientific and professional information in their fields and undertake ongoing efforts to maintain competence in the skills they use.
**DOCUMENTATION, RECORDS AND DATA**

Staff appropriately document their professional work in order to facilitate provision of services later by them or by other professionals, to ensure accountability and to meet other requirements of the facility or the law. Staff create, maintain, disseminate, store, retain and dispose of records and data relating to their practice in accordance with hospital policy and applicable law.

**FEES AND BILLING**

Staff do not exploit recipients of services or payers with respect to fees. Charges are set and authorized by the department of reimbursement and budget.

**CONFLICTS BETWEEN ETHICS AND ORGANIZATIONAL DEMANDS**

If the demands of the organization conflicts with this Code of Ethics, staff clarify the nature of the conflict, make known their commitment to the Code of Ethics and to the extent feasible seek to resolve the conflict in a way that permits the fullest adherence to the Code of Ethics.

**REPORTING AND RESOLUTION OF ETHICAL VIOLATIONS**

When staff believe that there may have been an ethical violation by another staff member, they attempt to resolve the issue by bringing it to the attention of that individual if an informal resolution appears appropriate and the intervention does not violate any confidentiality rights. Staff exercise professional judgement in notifying management of their perceptions. If an apparent ethical violation is not appropriate for informal resolution or is not resolved properly in that fashion, staff may take further action through the organizational management structure, human resource department and/or hospital grievance procedure.
We are committed to giving you quality service. We are constantly monitoring our system and programs and looking for ways to improve the service you receive. Throughout your stay, the staff will ask about your satisfaction with the care you are getting. We encourage you to be open and honest about how things are going and what you would like done differently.

Within 30 days after you leave, you may be contacted by our consulting group who will ask you questions to see if you were satisfied with our program. Our management team uses this information to plan our program development as well as improve our service delivery.

Members of WakeMed Rehab administration are available at any time to address concerns you may have throughout your hospitalization or after discharge. Any staff member will be able to direct you to the administrative office area.
SMOKING

WakeMed Rehab is a smoke-free facility. Smoking is not permitted inside the building or on any WakeMed property.

LAUNDRY

We encourage your family to take your clothing home to wash. The nursing staff will wash any clothing that becomes soiled due to spills or bowel/bladder control accidents. You may be encouraged when appropriate to do your own laundry as part of your therapy. Your therapist will make the necessary arrangements.

TELEPHONE

You will have your own phone in your room. To make calls within the hospital, you do not need to dial the 350-prefix, simply the four-digit extension number. If you need assistance, dial “8000” to reach the hospital operator.

To make outside local calls, dial 9 + the local number. There is no charge for local calls.

To make long distance calls, dial 9 and then you will need to use your calling card.

MEDICATIONS

Your attending physician must prescribe all medications you will use while you are here, and they will be dispensed by our pharmacy. This ensures your medications are coordinated by one health care professional. If you prefer to have certain medications left at your bedside, please discuss this with your physician and/or the charge nurse.

MEALS

WakeMed’s Food and Nutrition Services prepares all meals. If you would like to bring in outside food, please discuss it with the staff ahead of time. Family members are welcome to bring their own food and join you during lunch and dinner. The dining schedule is below:

- **Breakfast** – Served around 7:30 am in your room
- **Lunch** – Served at noon in the patient dining area
- **Dinner** – Served at 5:00 pm in the patient dining area

YOUR ROOM

Your room is equipped with a telephone and color television. Most rooms are shared, so you will likely have the company of a roommate. A limited number of private rooms are available for patients with special needs or whose medical condition may require privacy.
MAIL AND FLOWERS

Your mail and flowers will be delivered to your room each day. Your mail should be addressed:

Your name  
WakeMed Rehab - (your room number)  
P.O. Box 14465  
Raleigh, NC 27620-4465

CAFETERIA

Cafe 3000 is open from 6:30 a.m. to 8:00 p.m.

PARKING PASS

Criteria for obtaining 7-day or 14-day discount parking passes:

Patient must be in the hospital for seven (7) full days prior to obtaining an extended pass. Visitors, family members, etc., must go to the security office to get the discount authorization slip before the parking attendant is allowed to issue these passes.

Cost:  
7-day pass $10  
14-day pass $15

VISITING HOURS

Visiting hours at WakeMed have been designed to compliment your rehabilitation program. It is through visits from family and friends that you get encouragement and reinforcement for continued recovery.

While visiting hours are scheduled daily from 11:00 a.m. to 8:00 p.m., there may be times that you are not available for visitors because of your therapy schedule. Because the therapy program cannot be interrupted, please have your visitors check with your nurse or clinical case manager to determine the most convenient times for a visit.

Generally, you will be available to visit Monday through Friday after 4:00 p.m., and on weekends after noon.

We look forward to your family and friends involvement in your recovery, and welcome any suggestions that they may have regarding your rehabilitation stay.
Our clinical case management staff will talk to your family member regularly for various reasons, which include:

- Reports on your progress
- Educational information about your condition
- Counseling
- Financial information
- Discharge planning assistance (helping you and your family decide where you should go after being discharged and assist with arranging follow up therapies if necessary)
- Community resource information
- Liaison services with interdisciplinary treatment team

We encourage families to select one person to serve as a contact. We will direct all information to that person and ask that he or she relay the information to the other family members. Families may contact your clinical case manager at any time by phone. They may leave a message if the clinical case manager is not available, and their call will be returned as quickly as possible.

Your clinical case manager will also help you and/or your family in arranging meetings or contacts with other members of your treatment team through family training sessions and family conferences as appropriate.
A critical aspect of the rehab process at WakeMed Rehab is for patients and families to understand the illness or injury as much as possible. We try to address this through a series of family education and training sessions.

We offer “Family Training” at various points during hospitalization. The first training session is for observation. This is scheduled early in your hospital stay and involves your family following you through your therapy schedule. The objective for this session is to familiarize your family with your daily routine and the treatment team working with you.

The following training sessions are for preparation for pass (a pass is when you are allowed to leave the hospital to go out in the community or home for a visit). This is scheduled for your family to learn actual “hands on” care you may need. It also gives you the opportunity to “show off” your progress. The objectives for this session include family participation in your care and preparation so that they may work with you while you are on a day pass outside of the hospital. Your family will again follow your regular schedule. During breaks in your schedule other members of your treatment team may meet with you and your family as necessary.

The final training session is to prepare you and your family for your discharge. This training happens at the end of your stay at WakeMed Rehab. The focus of this session is to provide education and assistance to help you and your family prepare for your discharge. This training will help you “tie up” all the loose ends and address questions and concerns to ensure a smooth, confident transition at discharge.

Many times only one training session is needed. In this case, all of your care needs and any questions you may have will be addressed during one family visit.

**Things You Should Know**

- Your clinical case manager will coordinate training sessions with your family and team.

- Family training is held during scheduled therapy sessions, so it’s important that you follow your wheelchair card (listing of your daily schedule) and be punctual.

- Family training is scheduled for one-half day unless otherwise requested by you, the team or your family.

Please direct all questions regarding training to your clinical case manager.
**THINGS FAMILIES SHOULD KNOW**

- Park your car in the visitor parking deck. During physical therapy training you may be asked to bring your car around to the circular driveway to help your family member practice getting in and out of the car.

- Parking is free on family training days. Please bring your parking ticket with you and the receptionist will stamp your card.

- Please meet your family member at his/her scheduled therapy session, depending on the time of your arrival.

We hope family education will be a rewarding experience that will help you understand the rehab process and allow you to leave WakeMed Rehab feeling prepared to deal with life at home. If there is anything we can do to improve this process, please let your clinical case manager know.

**DAY PASSES**

After evaluating you, your treatment team may recommend that you go home on a day pass. Day passes may be used on weekends from 10:00 a.m. to 8:00 p.m. A family member or other caregiver must have successfully completed training before a pass will be recommended.

Your treatment team will identify tasks for you to practice while on pass. You can discuss the results when you return to the hospital.
As you begin to follow your daily treatment schedule, you will see that WakeMed has a team approach to individualized care. You will have therapies and treatments specific to your recovery needs.

During the first week of your stay, there will be an initial team conference to discuss your treatment program and goals for rehab and anticipated length of stay. From that point on, conferences will be held every week where team members review your progress. Your clinical case manager will report your goals and concerns to the treatment team and keep you informed about the team discussion after each team meeting.

THE FAMILY’S ROLE

The most important members of the treatment team are you, your family and your friends. Your input and feedback is always welcome, and you may request a meeting with your treatment team at any time.

Your clinical case manager will coordinate training sessions with members of your family so they can learn about your therapy. We want you and your family to feel comfortable with your program, and be prepared when it is time to leave the hospital.

THE REHABILITATION TEAM MEMBERS

Rehabilitation Physician: A specially trained physician, called a physiatrist, is in charge of your treatment and progress while you are a patient in the Rehab Hospital. A physiatrist has completed training in the board-certified specialty of physical medicine and rehabilitation. The physiatrist works closely with your primary doctor and coordinates the overall team treatment program, while also consulting other specialists as needed.

Physician Assistant: The physician assistant is Nationally Board Certified and is licensed by the state of North Carolina to practice medicine under the supervision of a physician. The physician assistants at WakeMed Rehab work intimately with the physiatrists to manage your medical care and rehabilitation needs.

Clinical Case Manager: The clinical case manager is the team leader and a liaison for you and your family with the treatment team. The clinical case manager helps you and your family with personal, financial, emotional and social concerns that may arise as a result of your illness or injury. You and your family will have an initial meeting with the clinical case manager to discuss your family needs. Your clinical case manager can also arrange individual and group counseling to help you and your family learn to cope with problems. If going home is not an option after you are discharged, the clinical case manager will help you find a nursing
home or other appropriate facility. The clinical case manager can also provide referrals to community resources that may help you and your family during the hospital stay and after discharge. The clinical case manager also provides information to insurance carriers for their review and certification for the hospital stay.

**Rehabilitation Nurse:** The rehabilitation nurse is a registered nurse (RN) with specialized training in caring for patients with disabilities. The nurse works closely with other members of the nursing team (Licensed Practical Nurses and Nurse Technicians) to provide you with nursing care and your family with education.

**Clinical Dietician:** The registered dietitian (RD) is a professional specially trained in the field of nutrition. The RD reviews your diet, sees what special dietary needs you may have to help you get better, follows your treatment plan to see that your recommended diet is carried out and instructs you on the importance of your special diet.

**Physical Therapist (PT):** The physical therapist works with you to improve your overall strength, endurance, balance and coordination. The therapist helps you redevelop walking skills or learn to move about safely in a wheelchair or with other equipment, such as a walker or cane. If you have limited range of motion in a joint or cannot move well, you may benefit from physical therapy to improve your strength and long-term physical fitness.

**Neuropsychologist:** Neuropsychologists are psychologists with specialized training in brain behavior relationships. They evaluate and treat cognitive (thinking abilities), emotional and behavioral effects of disability. The neuropsychologist may conduct a neuropsychological assessment, provide cognitive rehabilitation and behavior management services and education and counseling to you and your family.

**Occupational Therapist (OT):** The occupational therapist works with you if you have disabilities that can keep you from doing daily living activities. These activities may be feeding, dressing, bathing and grooming, or more complex tasks such as planning a menu, shopping for groceries and cooking a meal or driving a car. The occupational therapist may also design splints and other adaptive equipment to help you increase your abilities and decrease further disability. If you have limited range of motion in a joint, diminished muscular strength and coordination, visual impairments, or limited thought processing skills, you may benefit from occupational therapy.

The Occupational Therapy Department includes a kitchen, living area, bedroom and bathroom where you can work with the therapist nearby, and simulate at-home activities such as getting on and off of the toilet, into and out of the bathtub, and on and off a bed or couch. In addition, you may work on laundry skills and kitchen safety techniques.
Speech-Language Pathologist (SLP): The speech-language pathologist evaluates and treats your speech, language, voice and thought processing disorders. The speech-language pathologist evaluates and treats swallowing disorders that hamper your ability to eat and take medications by mouth. The primary focus of speech therapy is to maximize your ability to communicate and swallow.

Therapeutic Recreation Specialist: The therapeutic recreation specialist helps you understand the value of leisure time activities and address lifestyle changes that you may need as a result of your injury or illness. In-hospital activities provide you with a social environment filled with leisure activities.

Through education and community outings, the therapist helps you increase social skills and awareness of accessible, affordable community services and activities. As the final link between in-hospital care and the return to daily life, the recreation specialist uses these outside activities to evaluate how well your physical, occupational, and speech therapy skills are working in real world situations.

Spiritual Care: Our chaplains are available to meet with you or your family members to offer spiritual support.
Your care plan will be designed just for you. We will focus on every aspect of you as a person: your lifestyle, relationships, appearance, personality, behavior and physical abilities.

After an initial evaluation by your treatment team an individualized treatment plan (ITP) will be developed. The ITP gives you a written assessment of your status and goals, which your clinical case manager will review regularly with you and your family. Your input into your individualized treatment plan is very important, and your clinical case manager will pattern the ITP to meet your specific needs.

**SECTIONS OF THE ITP INCLUDE:**

- **Medical:** This is a brief summary of your current medical status including any acute medical issues, medical changes, information related to your diet and bowel and bladder control.

- **Communication/Cognition:** This section provides a summary of your ability to express and understand language. In addition, a summary of your cognitive abilities including memory, problem solving, and safety awareness is included.

- **Mobility:** This section outlines your current status as it relates to your ability to move around in your wheelchair, walk and transfer from one surface to another. Discharge goals for each of these areas are also included in this section.

- **Self Care:** This section outlines your current ability to manage activities of daily living including bathing, dressing and personal care. Discharge goals for each of these areas are also included in this section.

- **Discharge:** This section indicates the team’s recommendations for your post-discharge care. Recommendations for follow-up therapy and equipment will be listed as well as the team’s recommendation for any supervision you may need following discharge.
Your clinical case manager will work with you and your family to ensure that you are discharged to the best possible setting. Whether you’re going back home or to another location, we will help you identify the best possible way to make the transition and to help you identify your needs. To help you and your family when you are discharged from WakeMed Rehab, your clinical case manager will work very closely with other treatment team members to identify problem areas, continued care needs and equipment needs.

The medical social worker will make appropriate arrangements for follow-up therapy and equipment you may need. The social worker will try to schedule you for follow-up therapy at the agency of your choice. Just before you are discharged from WakeMed Rehab, the medical social worker will give you the names of agencies and/or vendors who will provide you services after you leave WakeMed Rehab.
If you are prescribed a regular, pediatric, no concentrated sweets, low cholesterol, or no added salt diet you can choose your meals today for tomorrow. A select menu will be given to you each morning to make your choices for tomorrow’s breakfast, lunch and dinner. Please make your selection and return your menu to the nursing staff by 10:00 a.m. If you need assistance in making your selection, please ask a staff member to help you. If you have questions about the menu items call 350-8185.

These items are available daily if our special on your paper menu is not what you would like. You may write these items in on your paper menu. “All Time Favorites” Daily Selections: Menu for Regular, Low Cholesterol, 3 gram Sodium, No Concentrated Sweets, No Added Salt Diets.

CHO = grams of Carbohydrate in one portion

**Entrees:**
- Oven Roasted Chicken
- Oven Baked Fish
- Hamburger Steak
- Fried Chicken (Regular Diets only)
- Fried Fish (Regular Diets only)

**Entrée Salads:**
- Cottage cheese fruit plate (45 CHO)
- Chef Salad
- Grilled Chicken Caesar

**From the Grill:**
- Grilled Chicken Sandwich (30 CHO)
- Hamburger on bun (30 CHO)
- Cheeseburger on bun (30 CHO)
- Hot Dog on Bun (30 CHO) Reg. only
- Vegetable Burger (45 CHO)
- Grilled cheese sandwich (30CHO)
- Grilled Ham & Cheese Sandwich (30CHO)
- Slice of Cheese pizza (45 CHO)
- Slice of Pepperoni Pizza (45 CHO) Reg. only
- Deli Select Sandwiches:
  - Ham on Multigrain Bread (30 CHO)
  - Turkey on Whole Wheat Bread (30 CHO)
  - Roast Beef on Kaiser Roll (30 CHO)
  - Club on Sourdough Bread (30 CHO)

**On the Side:**
- Lettuce and Tomato
- Tossed salad
- Baked Potato Chips (15 CHO)
- Regular potato chips (15 CHO)
- Gravy
Soups:
• Homemade vegetable soup (15 CHO)
• Cream of Tomato soup (10 CHO)
• Chicken Noodle Soup (10 CHO)
• Vegetables & Starches
• Green Beans
• Steamed Broccoli
• Pinto Beans (15 CHO)
• Macaroni and Cheese (15 CHO)
• Rice (15 CHO)
• Whip Potatoes (15 CHO)
• Flour Tortillas (30 CHO)
• Baked Potato (30 CHO)
• French Fries (30 CHO) Regular only

Fruit:
• Banana (30 CHO)
• Orange (30 CHO)
• Apple (15 CHO)
• Melon Cup (15 CHO)
• Applesauce (15 CHO)
• Fruit Cocktail (15 CHO)
• Peaches (15 CHO)

Condiments:
• Ketchup/Mustard
• Italian Dressing /French dressing
• Mayo
• Salsa
• Vinegar
• Tartar Sauce
• Sour Cream

Breakfast: Served any meal
• Pancakes/ French toast (15CHO each)
• English Muffin (1/2 15CHO)
• Bran or Blueberry muffin (30 CHO)
• Fried Egg

Snacks:
• Peanut Butter
• Cheese
• Graham Crackers (15 CHO)
• Crackers Salt Free (15 CHO)
• Crackers Saltine (15 CHO)

Sweets:
• Sugar free Gelatin (red)
• Regular Gelatin (red) (15 CHO)
• Sugar free pudding:
  • Vanilla (15 CHO)
  • Chocolate (15 CHO)
• Regular pudding:
  • Vanilla (20)
  • Chocolate (20)
• Sherbet (30 CHO)
• Ice cream:
  • Vanilla (20 CHO)
  • Chocolate (20 CHO)
• Sugar Free Vanilla Ice Cream (20 CHO)
• Yogurt: Vanilla-Sugar Free (30 CHO)
• Fruited-Regular (40 CHO)
• Pecan Pie (60 CHO) Regular Only
• Carrot Cake (45 CHO) Regular Only
• Chocolate Layer Cake (45 CHO) Reg. Only
• Angel Food Cake (30 CHO)
You or your family members may hear physicians and hospital staff use words or terms that you may not understand. Below are some of the most common ones used in the rehabilitation setting. Please feel free to ask if you hear staff members using terms you do not know. It is important to us that you and your family understand your condition and your treatment plan.

**ADL (Activities of Daily Living)** - Dressing, bathing, brushing your teeth, etc.

**AFO (Ankle-foot orthosis)** - A short leg brace.

**Ambulate** - To walk.

**Anti-convulsant** - Medication to decrease the possibility of seizures; examples include Dilantin, Tegretol, Phenobarbital or Mysoline.

**Aphasia** - Inability to express or understand ideas.

**Expressive aphasia** - Inability to express oneself.

**Receptive aphasia** - Inability to understand spoken language.

**Global aphasia** - Combination of both of the above.

**Apraxia** - Partial or total inability to move even though there is no evidence of paralysis, nerve damage or lack of understanding.

**Aspiration** - When food, liquid or other fluids enter into the airway/lungs.

**Assistive device** - Special equipment that helps a disabled person, such as canes, special eating utensils, hearing aids, etc.

**Ataxia** - Inability to coordinate movement; for example, a staggering walk.

**Attention span** - The length of time a person can concentrate on a task or event.

**BSC** - Bedside Commode.

**Bed mobility** - Ability to move oneself onto a mat or bed, by rolling, sitting or lying down.

**Bilateral** - Both sides of the body.

**Catheter** - A tube for draining urine that is either inserted into the bladder internally by using a foley catheter, or externally over the penis using what is called a condom catheter.

**Clonus** - Uncontrolled rhythmic jerks, usually occurs in ankles or wrists, caused by the quick stretching of a muscle.

**Cognition** - Understanding and reasoning; the way the brain gathers and uses information.

**Cognitive retaining** - Learning how to use the brain to think again.

**Comprehension** - Understanding or knowing what you see, hear or touch.
Concrete thinking - Not understanding how situations are alike; always seeing each situation as different; language is interpreted literally.

Continence - Ability to control bowel and bladder functions.

Contracture - Loss of joint motion; stiffness.

DABSC - Drop arm bedside commode.

Decubitus - A skin irritation from being in bed or in one position; commonly called a bed sore.

Dysarthria - A muscle condition which causes the patient to have slurred or unclear speech.

Dysphagia - A swallowing disorder resulting from an injury or illness.

Emotional lability - Involuntary, uncontrolled laughing or crying.

Extension - Usually means to straighten a joint, as in straightening your knee.

Fine motor activities - Activities that use small, complex movement of body parts such as writing and moving small objects.

Flaccid - Lacking muscle tone; flabby.

Flexion - Usually means to bend a joint, as in bending your elbow.

Functional - Ability to perform useful skills/activities in a reasonable amount of time.

Gait training - Instruction in walking, with or without equipment; also called ambulation (to walk) training.

Gastrostomy tube - A feeding tube passed directly into the stomach from a surgical opening in the stomach; used when patient cannot eat or has trouble swallowing.

Gross motor activities - Activities that use large movements of body parts such as rolling, sitting up or standing.

Hemianopsia - Loss of half the visual field in one or both eyes.

Hemiparesis - Lack of muscle control on one side of the body, such as right face, right leg (see Paresis).

Hypertonic - Abnormally tensed muscles.

Hypotonic - Abnormally relaxed muscles.

Independent - Ability to perform an activity consistently and safely, in a practical amount of time, without supervision or assistance.

LB - Lower body.

LE - Lower extremity.

Memory - Remembering something that has been learned.

Motor planning problem - Difficulty starting, continuing and stopping movements when there is no actual muscle weakness or damage. May affect speech or movement or the arms and legs. Also referred to as Apraxia. (see Perseveration).
N/G tube (Nasogatric tube) - A tube that is inserted into the nose and goes to the stomach to provide nutrition, liquids or medicines.

Non-purposeful movement - Movement or any part of the body which has no apparent purpose.

Nystagmus - Involuntary movement of the eye.

NPO - A medical abbreviation for a physician’s order that the patient is to receive “nothing by mouth.”

Orthotics - Devices to help support a paralyzed leg or to help correct a leg deformity; leg braces.

Orientation - Being aware of self, other people, time and place.

Paralysis - Inability to move a muscle or group of muscles voluntarily.

Paresis - Lack of control of a muscle or group of muscles; partial or incomplete paralysis.

Perception - Ability to recognize objects, including size, shape, color, and distance.

Perceptual motor - Ability to use eyes and hands together for activities such as eating, picking up objects, etc.

Perseveration - Uncontrolled, involuntary repetition of speech or activity (see Motor planning).

Premorbid - A term to describe the patient’s condition before the injury or illness.

Pressure area - A sore or discolored area of skin caused by continued pressure, which could eventually develop into a bed sore.

Prosthesis - An artificial body part, usually a leg or arm.

Prone - Lying face down.

Quadriplegia - Lack of control of all four arms and legs (see PARESIS).

Range of Motion (ROM) - How far a patient can move a body part such as lifting a leg or arm. The ROM is measured in degrees.

Passive Range of Motion (PROM) - When the therapist moves the joint without help from the patient.

Active Range of Motion (AROM) - When the patient moves the joint without help from the therapist.

Reality Orientation (R.O.) - An exercise the care giver goes through with the patient to review names of familiar people, places or things.

UB - Upper body.

UE - Upper extremity.
WakeMed Rehab

[Our Rehab Facilities]

A.E. Finley YMCA
9216 Baileywick Road
Raleigh, NC 27615
(919) 350-3800

Banks D. Kerr Family YMCA
2500 Wakefield Pines Drive
Raleigh, NC 27614
(919) 350-3800

Cary Family YMCA
101 YMCA Drive
Cary, NC 27513
(919) 350-3800

Kraft Family YMCA
8921 Holly Springs Road
Apex, NC 27539
(919) 350-3800

WakeMed Rehab Hospital
3000 New Bern Avenue
Raleigh, NC 27610
(919) 350-7876

WakeMed Wake Forest Road
Outpatient Rehab Center
3701 Wake Forest Road
Raleigh, NC 27609
(919) 350-4200

WakeMed Fuquay-Varina
Outpatient & Skilled
Nursing Facility
400 W. Ransom Street
Fuquay-Varina, NC 27526
(919) 350-4646

WakeMed North Healthplex
Outpatient Rehab Center
10000 Falls of Neuse Road
Raleigh, NC 27614
(919) 350-1470

WakeMed Zebulon/Wendell
Outpatient Rehab Program
535 W. Gannon Avenue
Zebulon, NC 27597
(919) 350-4782

WakeMed North Healthplex
Physicians Office Pavilion
10010 Falls of Neuse Road
Suite 015
Raleigh, NC 27604
(919) 350-1470

WakeMed Zebulon/Wendell
Skilled Nursing Facility
& Rehab Program
535 W. Gannon Avenue
Zebulon, NC 27597
(919) 350-4700

WakeMed Clayton Medical Park
Outpatient Rehab Center
555 Medical Park Place
Suite 101
Clayton, NC 27520
(919) 350-4242

WakeMed Home Health
2920 Highwoods Blvd.
Raleigh, NC 27604
(919) 350-7990

WakeMed Raleigh Campus
Outpatient Rehab Program
3000 New Bern Avenue
Raleigh, NC 27610
(919) 350-8550

WakeMed Brier Creek
Medical Park
10208 Cerny Street
Raleigh, NC 27617
(919) 350-0978