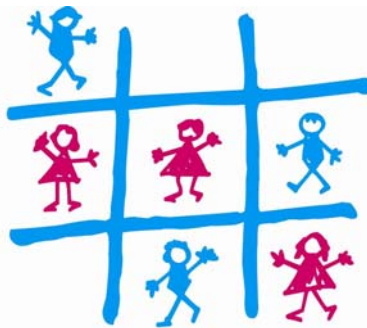


# Getting Your Child Ready for Surgery



**Brenner Children's Hospital**  
Wake Forest University Baptist Medical Center

Please bring this folder with you when you come for your appointments and hospital stay.



**Brenner Children's Hospital**  
Wake Forest University Baptist Medical Center

## Brenner Children's Hospital Facts:

- Offers a family-friendly atmosphere that reflects the needs of children
- Is the only full service facility in the region dedicated to the care of children
- Is a state-of-the-art 160-bed facility
- Has 120 pediatric specialists in over 30 types of pediatric medicine. Offers services for children with cancer, heart problems, fractures, as well as services for pediatric emergencies and premature births
- Has pediatric surgeons in every surgical specialty, including pediatric anesthesiology
- Has the region's only pediatric emergency department and trauma center staffed 24 hours a day, 7 days a week by pediatric specialists in a child-friendly environment

For more information go to  
[www.brennerchildrens.org](http://www.brennerchildrens.org)

Welcome!

Brenner Children's Hospital, part of Wake Forest University Baptist Medical Center (WFUBMC), is committed to your child's well-being and to giving the best care.

We hope you and your family rest a little easier knowing that the team caring for you is one of the best in the country. We are known for our excellent doctors, nurses, and leading-edge technology. From the simplest injury to the most complex disease, our experts can help your child reach optimal health.

One of our goals is to help you, the parent, become an informed member of our healthcare team. This handout will describe what to expect before surgery, day of surgery, and during the hospital stay.

As you prepare for your child's surgery, think about who will take care of your child after discharge to change bandages or give medicines, if needed. Ask your doctor or nurse about talking to someone from our Care Coordination Department if you are told your child might need additional care or equipment at home.

Please let us know how we can improve the surgical process. We promise to give you our very best.

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## Do You Have Questions?

These questions should be answered before surgery. If they are not answered, please ask your doctor or nurse. There is space at the bottom for you to write other questions or special instructions you may receive.

When should my child stop eating and drinking? \_\_\_\_\_

What number do I call if I have questions about the surgery? \_\_\_\_\_

What number do I call to find the time I need to arrive for surgery? \_\_\_\_\_

How long will the surgery take? \_\_\_\_\_

What kind of care will my child when I go home? Will someone need to change bandages? Give medicines? Empty drainage? Will I need equipment like a wheelchair?

Here is some space for you to write your questions or special instructions.

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# Getting Your Child Ready For Surgery

This section will:

- ④ Describe what you should do as you prepare for your child's surgery.
- ④ Offer tips to help you prepare your child for surgery.
- ④ Briefly explain the types of anesthesia. Your anesthesiologist will give more details.
- ④ Review information about the doctor and hospital bills.

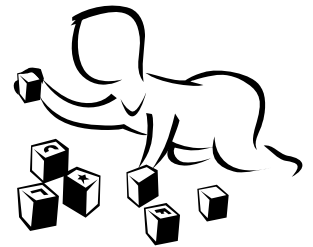
# Tips to Help You Get Your Child Ready for Surgery

Getting ready for your child's surgery can be stressful for you and your child. Knowing what to expect may help you and your child feel less anxious. One of the best ways to prepare your child for surgery is to prepare yourself. You can get information from your child's surgeon, nurses, anesthesiologist, and child life specialist. You can purchase children's books about going to surgery or you can check some books out of the Family Resource Center on the 7th floor of Brenner Tower.

Children do better if things are explained honestly and simply. This section describes some approaches you might want to try based on your child's age.

## Infants (birth to 1 year)

- You should stay with your baby as much as you can. This way you can keep your baby's normal schedule for feeding, bathing, and playing. Keeping a normal schedule makes your baby feel safe.
- We will explain the equipment used on your baby to help you feel more secure as you participate in your baby's care.



## Toddlers (2 to 3 years old)

- It is best to tell your child what to expect 1 to 2 days before surgery.
- Let your child choose a favorite stuffed animal, blanket, or toy to bring to the hospital.
- It is normal for toddlers to become fussy and change the way they act.
- Use simple words to tell children in this age group why they must go to the hospital.
- Children do better when their parents stay with them. Tell your child that you will be with him or her as much as you can.



## Preschoolers (4 to 5 years old)

- Tell your child about surgery 3 to 4 days ahead of time.
- Prepare children in this age group by telling them what they will see, hear, smell and feel while in the hospital.
- Use simple words without too many details. Avoid words like "shot," "cut," and "put to sleep."

- When preschoolers do not know what to expect, they may imagine what will happen.
- Often children think they did something wrong to cause the surgery. Please tell your child that surgery is not a punishment and it is no one's fault.
- Playing "hospital" or "doctor" before and after the surgery lets children show their feelings about the hospital stay.
- Let your child know you will stay in the hospital as much as you can.
- Your child can bring a favorite stuffed animal or blanket.



### **School Age Children (6 to 12 years old)**

- Begin preparing your school age child for surgery 1 to 2 weeks ahead of time.
- School age children often worry about how the surgery will change the way they look.
- They need details about what they will hear, smell, and feel before, during, and after surgery.
- Talk about your child's fears and answer questions honestly. Do not use the words or phrases, like "shot," "cut," or "put to sleep."
- Let your child bring a favorite stuffed animal or blanket.
- School age children often worry they will wake up during the surgery. Explain there will be a doctor whose job is to make sure children stay asleep and not feel anything during the surgery.
- It is normal for children in this group to become angry or quiet while in the hospital.
- Let your child select from some realistic choices so he or she can feel a sense of control., such as favorite toy or clothes to bring.

### **Teenagers (13 years and older)**

- Teens need plenty of time to prepare for surgery.
- Teens need independence and privacy. Surgery may make your teen feel more dependent on others. Include your teen in all talks and decisions about the surgery.
- Have your teen make a list of questions about the surgery and hospital stay.
- Be open and honest when you answer questions.
- Teens need details about what they will see, hear, smell, and feel before, during, and after surgery.

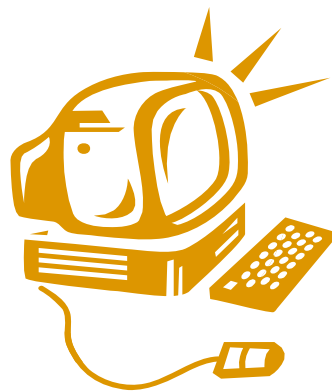


- Teens may be concerned about how their body will look and if their friends will still accept them.
- Teens sometimes show anger or frustration by being quiet or not taking medicines.
- Support your teen. Let him or her select from realistic choices to provide a sense of control.
- Teens may or may not want to tell friends about their surgery.
- Teens often want to pack their own suitcase. They may bring favorite pajamas, clothes, personal hygiene products, music, and movies on DVD or VHS.

## Resources

We have many resources to help you prepare for your child's surgery.

- A child life specialist can help you learn more about the hospital and take you on a tour. Please phone the Child Life Department at (336) 713-3083 to arrange a tour. A Child Life Specialist helps children cope through play, preparation, education, and self expression activities. The specialist has experience dealing with children's and teen's reactions to illness and hospital stays.
- If you have been told your child might need equipment or supplies or nursing care after discharge, you might want to call a social worker in our Care Coordination Department for advise at (336) 713-5329.
- You can watch a video titled, *Your Operation*, when you and your child come for the surgery consult.
- You may take a tour on the website <http://www.brennerchildrens.org/>
- You may visit the Family Resource Center on the 7<sup>th</sup> floor of Brenner Children's Hospital for books about children and surgery that you can check out. The Resource Center also has a computer and someone can help you find websites.





# Preparing for Your Child's Surgery



Your child's doctor will give you more details about your specific surgery.



Check with your insurance company that all paperwork has been completed and your child has been cleared for this admission.



Someone from Surgical Services will call to tell you where to come, when to arrive, and when your child should stop eating and drinking. If you have not heard about your child's schedule by 3:00 p.m. the day before your surgery, call **(336) 713-6000**. Someone from cardiothoracic surgery (CTS) will call about the schedule if your child is having heart surgery. If you have not heard from someone in CTS, call **(336) 716-1805**.



Call **(336) 713-6000** if your child gets sick or cannot come for surgery.



**FOR OUTPATIENTS:** An adult **must drive** a child home. We cannot send a child home by bus or taxi. Plan to have an adult stay with the child during the recovery period after surgery. Ask your child's doctor for more details. If there is no adult who can drive a child home and stay with the child, we may need to cancel the surgery.



You and your child will talk with someone from anesthesiology anywhere from a month before surgery to the day of surgery. If you and your child are to meet the anesthesiologist before surgery, you will go to the Preoperative Assessment Clinic (PAC) on the ground floor of Reynolds Tower. **Take this folder with you for this visit.**

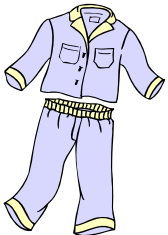


Ask your child's surgeon or anesthesiologist what to do if your child takes insulin, diabetes pills, heart or seizure medicines, or uses inhalers.

Children should not wear jewelry (including body piercings of any kind), make-up, nail polish on fingers or toes, artificial nails, or eye contact lenses on the day of surgery.



Leave all valuables at home. If you choose to bring jewelry, ipods, laptops, cell phones, etc, we are not responsible if they are lost or damaged.



Children admitted to the hospital need walking shoes or bedroom slippers with closed toes and heels and non-skid bottoms. Children may want to wear socks into surgery. Children also need something to sleep in, toothbrush, toothpaste, deodorant, hairbrush, etc. If you bring items to plug in, like a hair dryer, we need to have our staff inspect it before your child uses it. It is fine to use battery operated items like a radio.

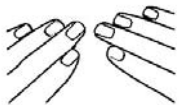


If your child is to spend time in the pediatric intensive care (PICU) or pediatric intermediate care unit (PIMC), you need to keep your child's belongings. Your nurse in PICU or PIMC will let you know which items your child will need, such as toothbrush and toothpaste. Your child may need other items when going to a regular unit.

It is important to be as healthy as possible for your surgery. Here are some tips that can help boost your child's health and improve recovery.



Your child should shower or bathe the night before and the morning of surgery using antibacterial soap (such as Dial™ ) and a washcloth. **DO NOT shave the area where the doctor will operate.** Shaving increases the chance of wound infection.



Cut and clean your child's fingernails before surgery. Long fingernails can make it hard to wash hands well. Remove nail polish so we can check the color of the nail beds after surgery. It is best to remove artificial nails before surgery since they can hide germs.



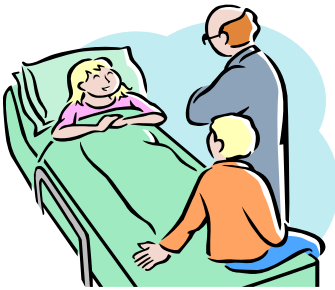
Tell your doctor if your child has loose or decayed teeth, or an infection or sores in his mouth. Have your child brush his teeth before going to surgery. Your child should not swallow when rinsing his mouth.



Check to see if your child's immunizations are up to date. Bring a copy of their "Shot Record" the day of surgery. Ask the pediatrician if your child should get the flu vaccine (if it is flu season).



Tell your child's surgeon if your child has been around anyone with a disease that can be catching. This includes diseases such as shingles, measles, chicken pox, whooping cough, methicillin resistant staphylococcus aureus (MRSA: say MUR suh), or vancomycin resistant enterococci (VRE).



Please tell your family and friends not to visit if they are ill. Visitors and staff should wash their hands before and after touching your child.



Bring ALL your child's medicines in the original containers. Or bring a list with the names of ALL medicines your child takes, how much he takes, and how often he takes each one. This includes sports drinks, herbs or herbal teas, vitamins, pain pills, aspirin or blood-thinning drugs, and diet pills.



Depending on the type of anesthesia and surgery your child has, it will be important to deep breathe and cough after surgery. Your child can get blow bubbles or a pinwheel from Child Life Therapist to help with deep breaths. Deep breathing and coughing will help prevent lung problems, such as pneumonia. Your nurse will explain this to your child after surgery. See page 23 if your child wants to practice at home.

# Anesthesia Information

An anesthesiologist supervises a team of nurse anesthetists and residents. During surgery children always have one or more members of this team with them. Children are never left alone.

Before surgery, the anesthesiologist will discuss the type of anesthesia(s) that will work best for your child. There are three main types of anesthesia.

## Local Anesthesia

This involves numbing a certain area, like at the dentist's office when your tooth is numbed. Sometimes the surgeon may be the one to give this anesthesia.

## Regional Anesthesia

Regional anesthesia includes spinal, epidural (say ep uh DUR uhl), and nerve blocks. The anesthesiologist injects anesthetics in certain parts of the body to block pain signals from reaching the brain. Many times sedation (medicine that makes a person sleepy) is used with this type of anesthesia. Children are often lightly asleep and remember nothing in the operating room.

## General Anesthesia

During general anesthesia, medicines are given to make children sleep. The team member adjusts the amount of anesthetic as needed. Also, to help decrease pain after surgery, some children may receive regional anesthesia as well.



# Patient Financial Services Guidelines

We understand your concerns about the costs of health care. Insurance claims, along with doctor and hospital bills confuse many people.

This section will review:

- Parent /guardian responsibilities for payment
- Methods used to pay for health care costs
- Differences in payment for hospital and doctors' bills
- Phone numbers to call if you have questions about the bill

You may receive two bills from Wake Forest University Baptist Medical Center (WFUBMC). One bill will be from North Carolina Baptist Hospital (NCBH). It will include items such as, but not limited to, the costs for the room, operating room, tests, medicines and supplies your child uses while in the hospital. You will get another bill if your child sees a doctor from Wake Forest University Physicians (WFUP). The doctor's bill will include payment for visits to the doctor's office, treatments done in the office, surgery, and anesthesia services. It also includes, but is not limited to, fees for doctors who interpret tests run on tissue and blood samples, doctors who do x-rays, and doctors who see your child in the hospital. Ambulance services and charges are not part of the hospital or doctor's bill.

## Participating Insurance Plans

WFUBMC participates with many insurance companies and Medicaid. Before going to the doctor's office or hospital, call your insurance company to be sure NCBH or WFUP are an in-network provider. If your insurance does not list Baptist Hospital or your child's doctor from WFUP as a provider, you would be using "out of network" services. Your insurance company may need to give permission before it will pay for services from WFUP or NCBH. If you do not get permission, you may be responsible for the bill. You are expected to pay the entire bill at the time of your visit if your insurance plan will not cover your child's care.

## Health Insurance

As a courtesy, we will send the bill to your insurance company. You may hear us say, "File your claim." But first, we need to see your insurance card(s) each time you come to the doctor's office or to the hospital. This helps us send your claim to the correct insurance company.

## Parent /Guardian Responsibility

Deductibles, co-insurance, co-pays, and other balances are due when your child receives services. The amount of money parents need for deposit and co-insurance payment is based on estimated charges. We will send the bill for the balances to the responsible party.

## Medicaid

We will check with Medicaid to make sure your child is eligible to receive these benefits. If you are a member of Carolina Access, we need the name and phone number of your child's primary care doctor. Your child's primary care doctor must refer you to WFUP, or NCBH, or both before Medicaid will pay for the services.

Medicaid does not pay for certain services, even if your child's doctor orders them. You may need to pay a part or all other costs that are not covered. Please call your Department of Social Services (DSS) worker to make sure Medicaid will cover the procedure.

If you believe you may qualify for Medicaid, call:

- WFUP Medicaid Eligibility Worker at (336)716-5579
- NCBH Patient Financial Resource Services at (336)716-0681

## Payment Choices

You may pay by:

- Cash
- Check or money order
- Debit cards
- Credit cards: VISA<sup>®</sup>, MasterCard<sup>®</sup>, Discover<sup>®</sup>
- NCBH also takes American Express<sup>®</sup>
- WFUP has Interactive Voice Response (IVR)

If you choose to send the bill to your insurance company (file your own insurance) or do not have insurance, you must "pay up front" when you receive services. If you cannot pay your child's entire bill at one time, let us know. We have staff who may be able to help you. You may visit our office or call:

- WFUP Financial Counseling (336) 716-3844  
Main floor of Janeway Tower
- NCBH Patient Financial Resource Services (336) 716-0681  
Main floor of Reynolds Tower

## Contact Numbers

If you have questions about your child's **doctor's charges**, call:  
WFUP Customer Service:

Local number (336) 716-3988  
Toll free number (877) 938-7497  
Spanish line (336) 716-3907

If you have questions about your child's **hospital charges**, call:

NCBH Customer Services:  
Local number (336) 716-4729  
Toll free number (800) 995-3009  
Spanish line (336) 713-2271



# Day of Surgery

This section will:

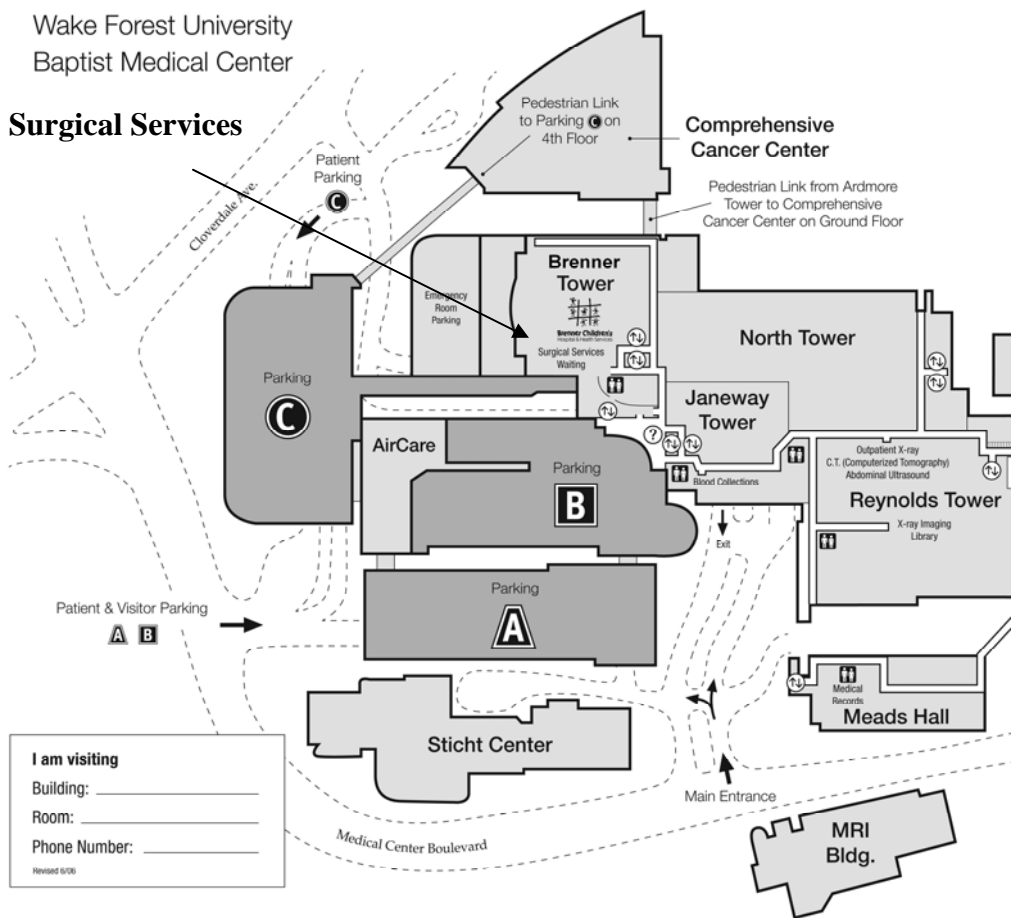
- ② Give directions to Surgical Services. This is where you will check in for your child's surgery and wait while your child is in surgery.
- ② Explain what you can expect in the pediatric holding room (on the way to surgery) and in the operating room.
- ② Describe what to expect while your child is in the recovery room (called PACU: pronounced PACK u).

# Directions to Surgical Services

You will go to Surgical Services the morning of your child's surgery. There are three parking decks: A, B, and C. Each level is a different color. **Surgical Services is on the top level of parking deck B (BLUE level).** You will pay for parking when you leave the parking deck.

**Surgical Services** is where you will check in for your child's surgery and your family will wait. Children going home the same day of surgery (outpatients) and those admitted to the hospital after surgery (inpatients) will check in here. Surgical Services is on the first floor.

**Directions to Surgical Services:** If you can, park on the **BLUE** level in one of the parking decks. From other parking levels, use the parking lot elevators to go to the **BLUE** level. Surgical Services is at the end of parking deck B. From the **BLUE** level, you can walk to parking deck B from the other parking decks. There is a sign outside the building that says Surgical Services.



**Special Assistance:**  
Go to the Main Entrance outside Reynolds Tower if you need help with a wheelchair. Or, for a fee you may choose valet parking.

**Check In:**  
Check in your child at the desk when you arrive in Surgical Services.

If your child will stay in the hospital after surgery, leave the suitcase in the car until you know your child's room number.

## Pediatric Surgical Waiting Room

- You or an adult family member needs to watch your child at all times.
- At least one adult family member should stay in the Pediatric Surgical Waiting Room so staff can share information about your child. If you are by yourself, please tell the waiting room staff if you must leave the area.
- Do not eat or drink in the Pediatric Surgical Waiting Room. Children who cannot eat or drink before surgery may not understand if others are eating and drinking. You may eat and drink in the Adult Surgical Waiting Room.
- Make sure your child does not have chewing gum or anything to eat or drink, **not even a sip**, while you are in the waiting room. For your child's safety, follow your anesthesia doctor's instructions about eating and drinking.
- Do not let your child play with other children if your child has a fever or is sick.
- When it is time for your child's surgery, someone will call your child's name. You can go to the Holding Room with your child. This is a large room just outside the operating room.
- **Your child's surgery may not start on time due to emergencies or unexpected delays.** We will make every effort to keep you informed.

## Pediatric Holding Room (before surgery)

- A nurse will check your child's temperature, heart and breathing rates, and blood pressure. We call these the vital signs.
- Someone will help your child put on a hospital gown and socks. We will put an identification (ID) band on your child. Children may wear their own socks to the operating room if they wish.
- Several times someone will ask your child's name, date of birth, name of surgeon and what you know about the surgery. This is normal and is done for your child's safety.
- The nurse will ask you to point to where the surgery is to be done, Then they will write their initials on the body where the surgery will be done.
- You will need to sign forms giving permission for the surgery.
- You will meet the person from anesthesia who will take care of your child.
- Children may play in our playroom. Please watch your child during this time.
- You need to turn off your cell phone.
- The anesthesia doctor or nurse may give children medicine in a vein (IV) that makes them sleepy and wobbly. Keep your child on your lap or in the bed so your child will not get hurt.



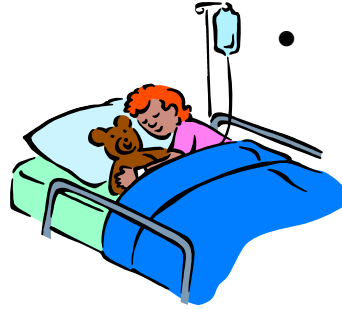
- The anesthesia team will take your child to the operating room (OR). Your child may take one small comfort item, such as a pacifier, blanket, toy, stuffed animal, etc.
- When your child goes to the OR, you will return to the Pediatric Surgical Waiting Room.. Please let the waiting room staff know you have returned.



## Pediatric Operating Room (OR)

- Someone in the OR will give the waiting room staff updates about your child. The waiting room staff will pass the information to you.
- If it seems like it's been a long time since you had an update, ask the waiting room staff to call the OR
- Use the time you are waiting to write questions you want to ask the surgeon.
- You may receive a visit or a phone call from your child's surgeon when the operation is nearly finished. This does not mean your child is ready to leave the operating room or that it is time to visit.

## Brenner Children's Post Anesthesia Care Unit (PACU):



- Right after surgery or anesthesia, we need to watch your child closely and give special care.
- Registered nurses, trained to care for children recovering from surgery and anesthesia, work in the Brenner Children's Post-Anesthesia Care Unit (PACU is pronounced PACK u).
- Brenner Children's PACU staff believes parents and caregivers are important to a child's well-being and healing process. You may see your child as soon as it is appropriate.
- When you visit in the PACU, please let your child sleep. This is a good time to discuss your child's care with the nurse and to ask your questions.
- Your child may look swollen, pale, or flushed. Your child will be affected by your response, so try to remain calm and speak in a quiet voice.
- Right after surgery, your child may need oxygen, have an IV line for fluids or medicines, and may be connected to a machine that shows the heart rate or blood pressure on a TV-like screen (a monitor).

- Children recover from anesthesia in a number of ways. For instance,
  - Some remain drowsy for hours
  - Others are alert and playful soon after surgery
  - A few children wake up confused and try to hit others. This will improve as the medicines wear off. Your child may look awake but more than likely will not remember his or her actions during this time. Seeing your child like this may upset you. Please try to remain calm and tell your child things are alright.
- Seeing a child upset or in pain is hard for a parent. One of our first concerns is to control your child's pain and nausea. We may ask you about methods you use to manage your child's discomfort and may try those as well.
- For your child to receive the best care, we ask you to follow these guidelines:
  - Due to limited space, only one parent or caregiver may visit unless there are unusual circumstances.
  - Please respect the privacy of other patients. We cannot share information about the other children.
  - Should an emergency occur, we will ask you to leave the PACU. We will let you know when you can return.
- Sometimes, a child will not go to the PACU. He or she will go from the Operating Room to the Pediatric or Neonatal Intensive Care Unit. If this happens, someone will let you know where to wait until you can visit with your child.
- We understand if you feel overwhelmed and need to step away from the bed. Please let the nurse know if you feel lightheaded or flushed.

## **Discharge from the Pediatric PACU**

How long children stay in the PACU will be based on how quickly they wake up from anesthesia, how well their pain & nausea are controlled, and the type of surgery. An anesthesiologist sees each child before the child is discharged from the PACU.

When your child is ready to leave the PACU, the waiting room staff will tell other family members who are still in the waiting room to meet the PACU nurse in the hall and go with the child to the room. Parents or primary caregivers may go into the room with their child. We ask other family members and visitors to wait in the waiting room on the unit until the child is settled in his or her room.

Getting the child "settled" includes a brief physical exam and a report from the PACU nurse. Your child's pediatric nurse will do some paperwork to admit your child and give you some guidelines about visiting and services the unit provides. At least one parent or caregiver needs to stay with the child during this process.

## Discharge Home

Your child's doctor will decide if your child can go home right after surgery. In this case, we will ask you to come to the PACU to help your child get dressed and to discuss how to take care of your child at home. Please feel free to ask any questions you may have.



## Outpatient Guidelines

- If your child goes home the day of surgery, the doctor and nurse in the recovery room will give you prescriptions, if needed. They will give you guidelines to follow about your child's incision care and activities. **Bring this book with you.**
- Your child should not use machines, make important decisions, or sign important papers for 24 hours after surgery.
- Do not let your child ride or drive vehicles with wheels or a motor during the recovery period after surgery. Ask your child's doctor for more details.
- A parent, guardian, or adult must drive the child home.
- Plan to have an adult stay with the child during the recovery period after surgery. Ask your child's doctor for more details.

# After Surgery

This section will review:

- ② What to expect if your child goes to the intensive care unit or to a hospital room.
- ② How your child's pain will be managed.
- ② What you can do to help your child recover more quickly.
- ② Information just for kids and teens.

# Hospital Stay

## Critical Care Units:

Your child may need more intensive care and medical support. We have 3 critical care units called the Neonatal Intensive Care Unit (NICU: say NICK U), Pediatric Intensive Care Unit (PICU: say PICK U), and the Pediatric Intermediate Unit (PIMC).

If your child goes to a critical care unit after surgery, you may go with him to the 6th floor. You need to wait in the PICU or NICU waiting room. The nurses will call you to come see your child as soon as they can.

## Hospital Room

If your child does not go to a Critical Care Unit, he will go to one of these units:

### Pediatric Day Hospital:

For children who will stay less than 24 hours

### General Pediatric and Adolescent Units:

For children who will stay longer than 24 hours

# Pain Management

## Medicine

Your child may have an order for pain medicine after surgery. Most children will have an IV (tiny, soft tube in the hand or arm attached to a bag of fluids). The nurse can give medicine through the IV. When your child is able to eat or drink, we will give liquid pain medicine or a pill.

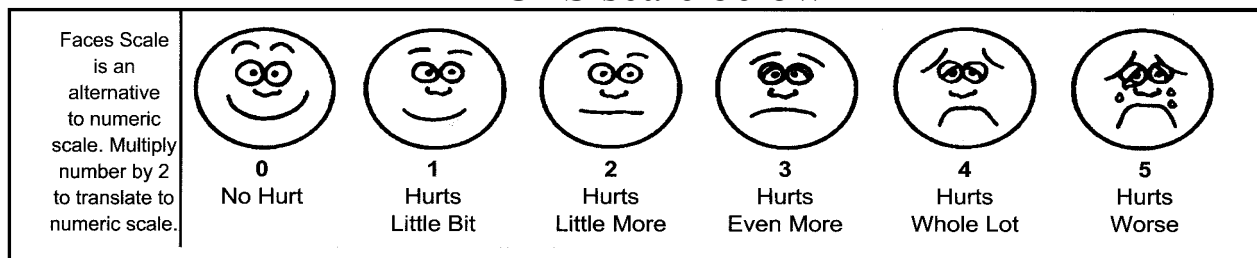
In the hospital, pain medicines can be given safely to most children, even babies. We give doses to infants and children based on their weight.

We watch for side effects like constipation, itching, or sleeping too long.

For some types of surgery, children will have an epidural catheter. It is placed in the child's back (just outside the spinal cord). Medicine can be put into the catheter.

Children over 5 or 6 years old may be given a PCA pump. PCA stand for "Patient Controlled Analgesia." The child can push a button on the pump to get pain medicine when needed. The amount of medicine the child gets is programmed into the pump.

## Pain levels are measured by your child's response to the FACES scale below



### Measuring Pain

All children or their parents are asked about the child's pain.

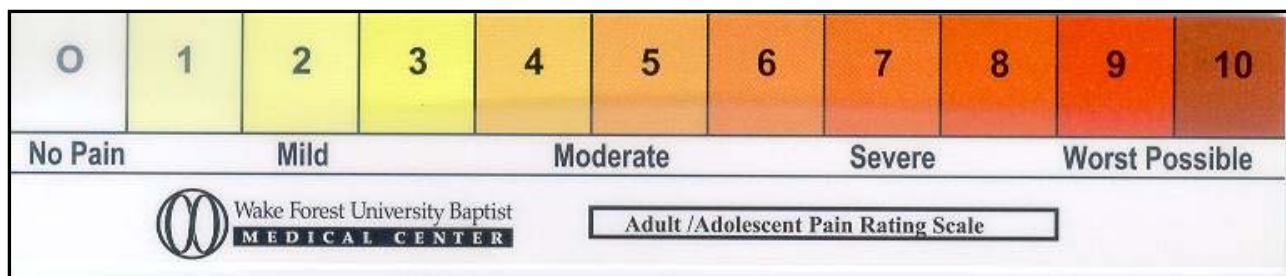
Your child's nurses and doctors will evaluate your child's pain depending on age.

- If children are too young to tell us how they feel, we use a pain scale so we can get an idea of how much pain they are having by certain changes and reactions in the child.
- We ask children four years of age or older to look at a scale with faces to describe how they feel. (See the scale above.)
- We ask older children and teens to rate their pain with numbers from 0 to 10. Zero is no pain and number 10 means the worst possible pain. (See the scale below.)

It is best for children to ask for pain medicine when they first seem to be in pain. If children wait until the pain is bad, the pain medicine may not work as well. We call this taking medicine PRN or "as needed."

Studies show it is rare to get addicted to medicine used for pain. If you have concerns about your child becoming addicted to pain medicines, please talk to your doctor.

Taking the right amount of pain medicine as soon as it is needed may help children recover from surgery sooner. If children's pain is controlled, they are more likely to cough and deep breathe, use the incentive spirometer, and move around more.



# Towards Recovery

You can help your child recover faster by having your child take deep breaths, cough, and move around.

## Breathing Exercises

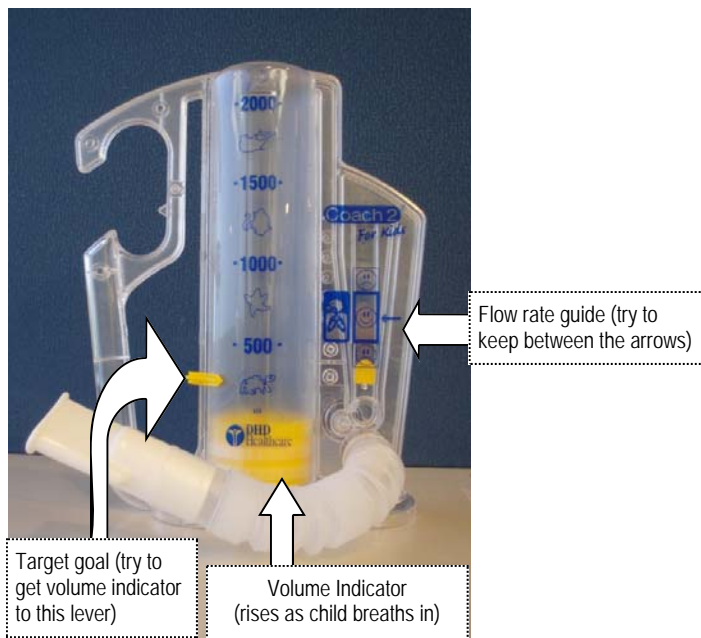
After certain types of anesthesia, your child must deep breathe and cough. Have children hug a pillow over their chest or tummy wounds (incisions) to decrease pain as they deep breathe and cough.

Children who are old enough and able should use an incentive spirometer (breathing device). See the information below and in the next column.

Young children may not be willing to take deep breaths or use an incentive spirometer. If this is the case, children can blow bubbles or a pinwheel at least 10 times each hour when they are awake. Your nurse or Child Life Specialist can get a pinwheel or blow bubbles for your child if you prefer this method.

## How to Use an Incentive Spirometer

Using an incentive (say in CENT ive) spirometer (say spy RAHM uh ter) or I.S. after surgery will help keep your child's lungs clear and prevent problems, such as pneumonia. The I.S. is a small device. Children put the mouthpiece in their mouths and take long, slow, deep breaths. This section will review how to use the I.S.



- The nurse will set a goal. Your child should sit up as straight as she can.
- Your child should hold the device upright.

### Steps to Use the IS

- Breathe out through the mouth (not the nose).
- Put the mouthpiece in the mouth. Tell your child to seal her lips tightly around the mouthpiece.
- Take a slow, deep breath through the mouth (not the nose) until the lungs feel full. Keep the flow rate guide between the arrows to see how slowly your child needs to breathe. When your child can't breathe in any more, tell her to try to hold her breath about 6 seconds. Quickly count to yourself: One, one thousand. Two, one thousand. Three, one thousand. Four, one thousand. Five, one thousand. Six, one thousand.



## Tell Your Child's Nurse

- If your child gets dizzy, lightheaded, or tired, stop and tell your nurse. Sometimes, breathing too fast may cause a child to feel dizzy.
- If your child has pain, tell your nurse. Children can take deep breaths better if they have less pain.

## Mobility

Moving around is a good thing. It:

- Reduces chance of your child getting a skin breakdown (bedsore)
- Decreases chance of your child getting a lung infection (pneumonia)
- Lessens chance of your child getting a blood clot



Ask your nurse or Child Life Specialist about activities your child can do in the bed, in the room, or playroom. Unless your doctor says not to do so, follow the guidelines in the next column:

- ▶ Urge your child to move around in bed.
- ▶ It is a good thing for children to turn from one side to the other side and to their back at least every two hours, unless the doctor says not to do so. If children are not able to move on their own, a staff member will help them turn. If you would like to help your child turn, ask a staff member if you should use special techniques.
- ▶ Have a staff member help your child get out of bed the first time. You may be able to hold your child in your lap or ride your son or daughter in a wagon.
- ▶ School age children and adolescents may have leg squeezers (compression hose) to improve blood flow to the legs until they can get out of bed.
- ▶ Once the doctor says it is okay to get out of bed, it is important for your child to do so. Getting out of bed decreases the chance of problems after surgery. Places you might be able to take your child include the playroom, family resource center, interactive wall and the rooftop terrace. Please check with the nurse to make sure it is okay for your child to leave the unit and/or floor.

# Miscellaneous

## • Visiting



The patient care units have different visiting hours. Please check with someone at the

nursing station on your child's unit about the guidelines for visiting, flowers, and food from home. Latex balloons are not allowed. Children can have mylar balloons.

Please ask people who have a cold or feel sick to delay the visit until they feel better. Before visits children under 12 must be checked for colds, fever, other illnesses and recent immunizations.

## • Phones



In a hospital room, dial 9 to call outside. For long distance, you may call

collect, charge a call to your home phone, or use your credit card.

To call your child's room from outside the hospital:

- If your child is on the 6th, 8th, or 9th floors, dial (336) 702-9 plus the room number.
- If your child is on the 10th or 11th floors, dial (336) 702-9 plus the last 3 numbers of the room number.

## • Parking

If your child will be in the hospital seven or more days, you may want a parking pass with a reduced rate. Have your family ask the parking attendant about the pass as they leave the parking lot.

## • Cell Phones

You cannot use cell phones in patient care areas because they may disrupt some equipment. Please turn your cell phone off. Ask your nurse where you may go to use your cell phone.



## • Patient Education

We have handouts and videos on many health topics. The Family Resource Center on the 7th floor of Brenner Tower has handout on many topics as well. Please let your nurse know if you would like information on a certain topic. You can watch a video on a health topic by dialing 6-7891 on the phone in your room and following the voice prompts. Press "1" for video on demand. The voice prompt will ask you to punch in a 3 digit program code for the video you wish to watch. Ask your nurse for a list of the video titles and code numbers.

Turn to channel 5 for relaxing music and nature scenes 24 hours a day.

## • Guide to Patient Services

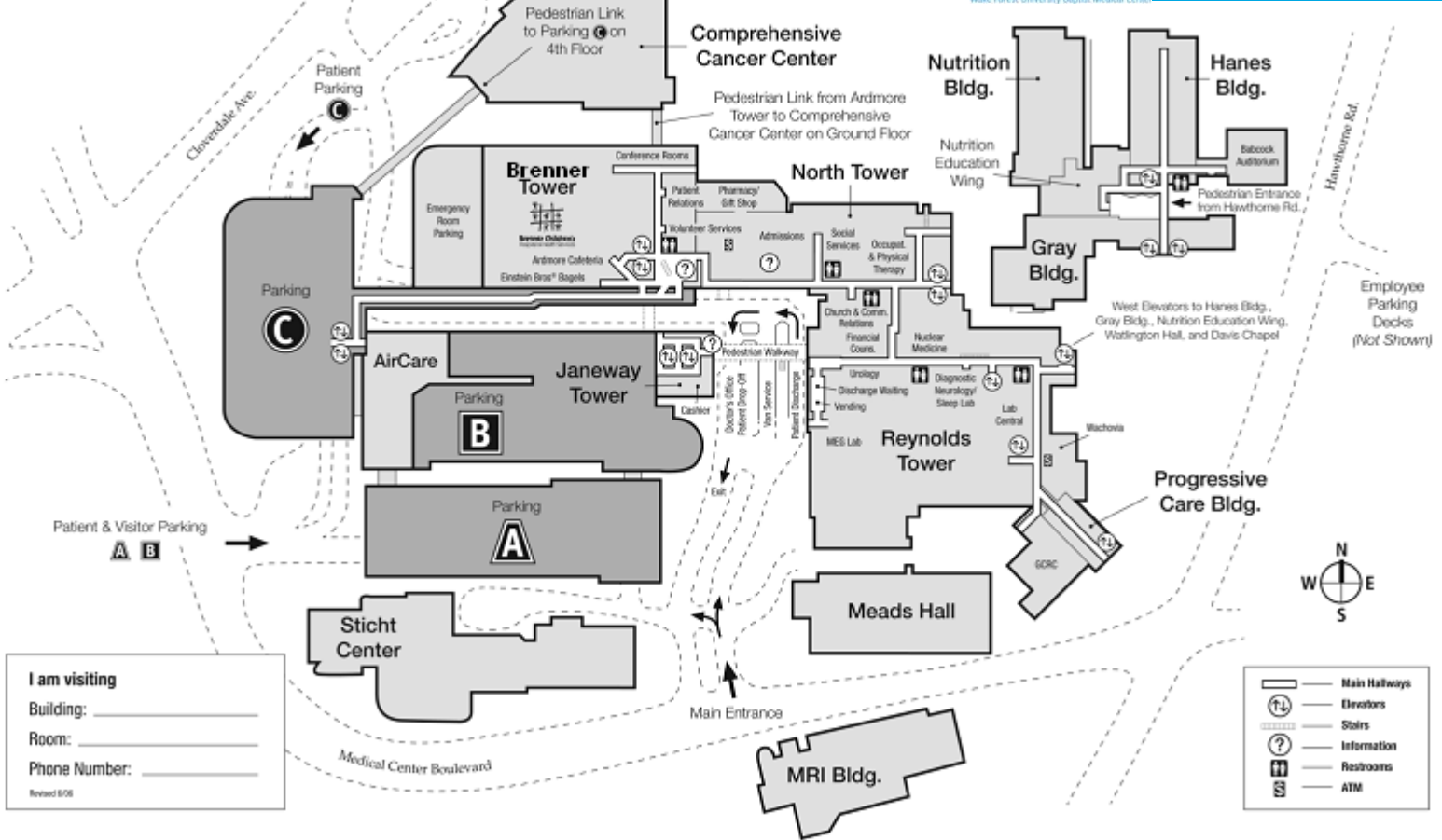
For more details about the many resources at Baptist Hospital, read the *Guide to Patient Services*, which is in every child's room.





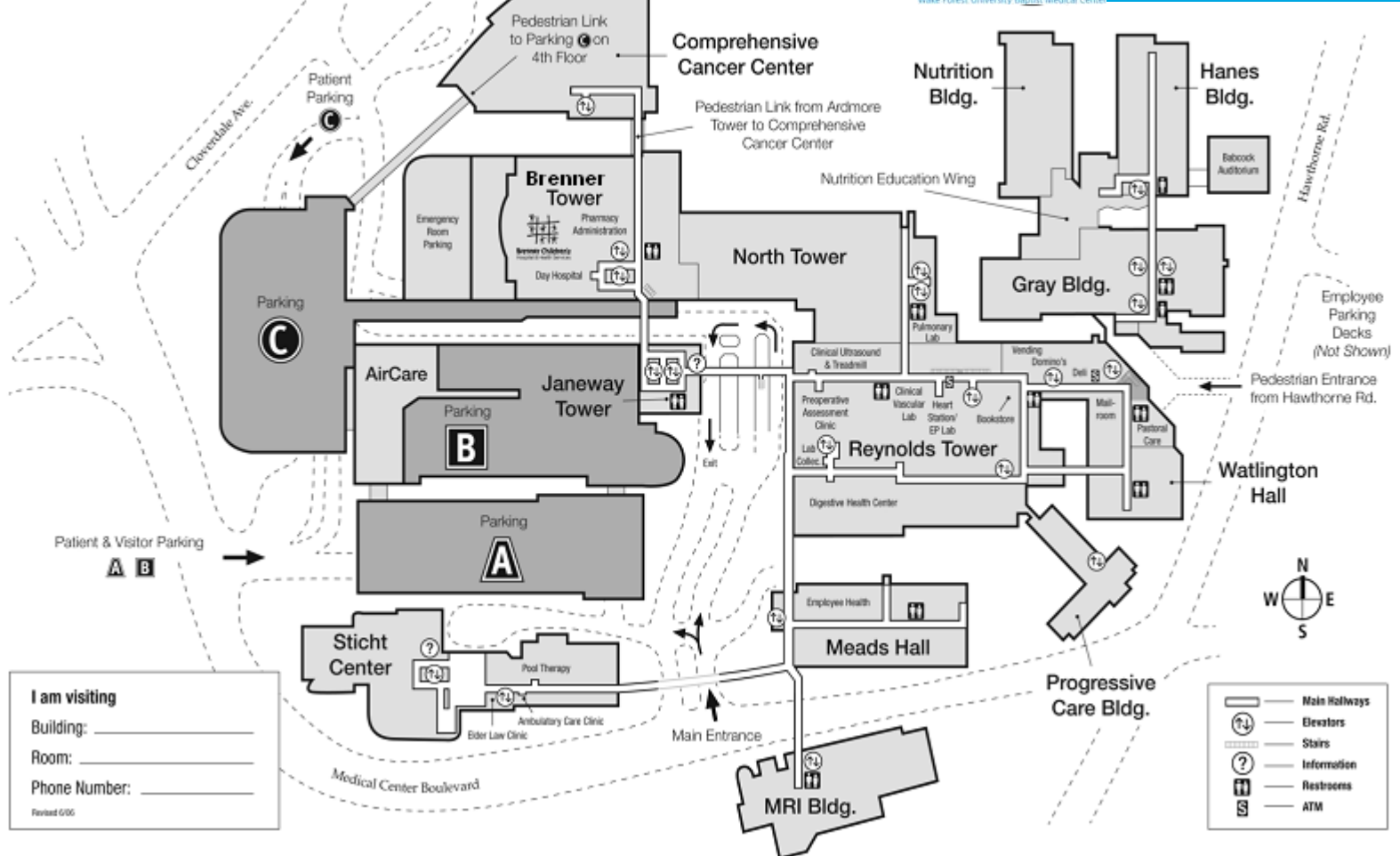
## Maps

This section has maps showing the main floor, ground floor, and first floor of the hospital.



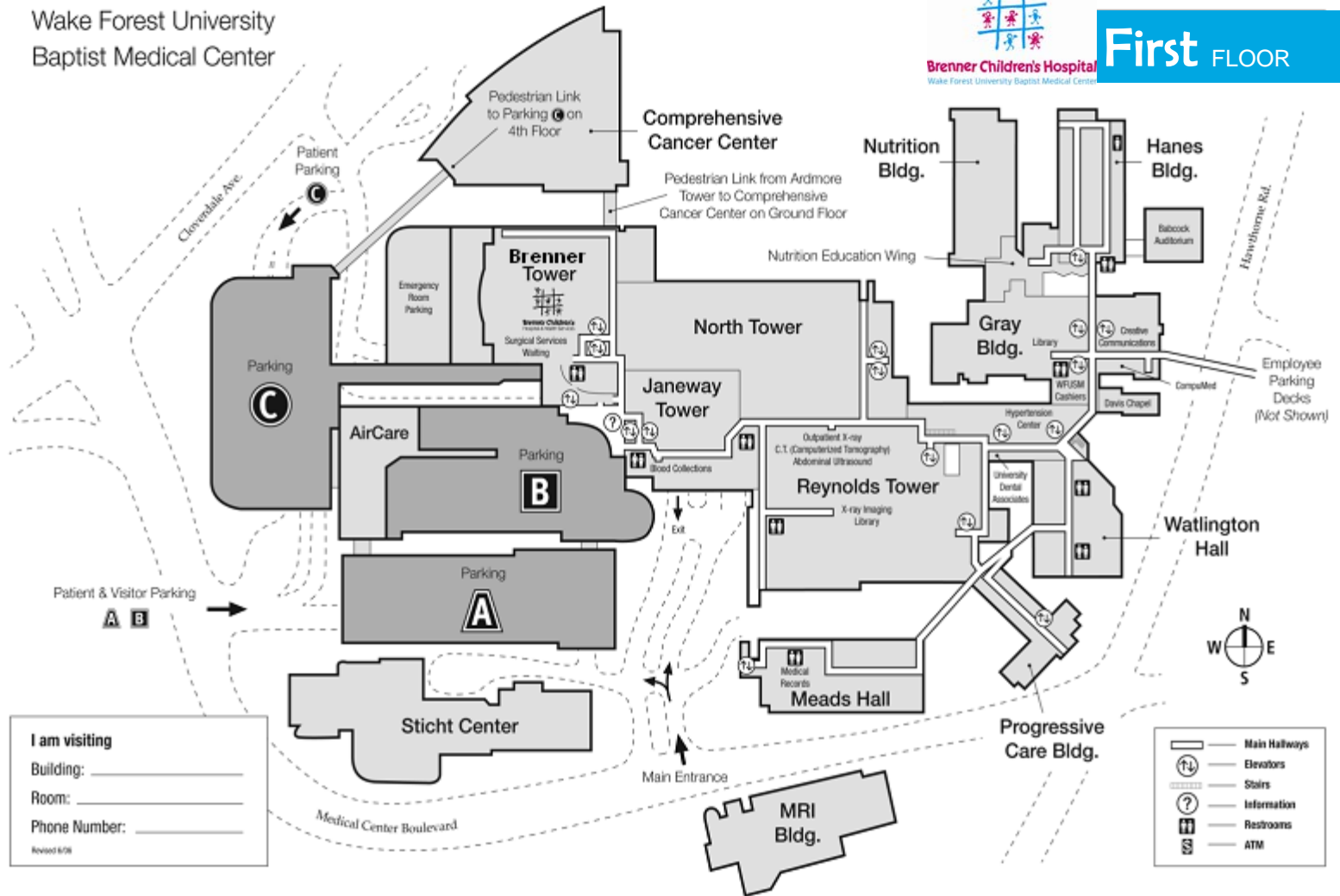
**Points of interest on main floor:**

- Cafeteria—Ardmore Tower 6:30 am to 10 am and 11 am to 8 pm
- Einstein's Bagel & Sandwich Shop—Ardmore Tower: 6 am to 2 pm and 8 pm to 3 am
- Service Excellence—Ardmore Tower
- Gift Shop—Ardmore Tower: 8:30 am to 8 pm Monday through Saturday  
1 to 8 pm Sunday
- Pharmacy—Ardmore Tower: 7 am to 7 pm Monday through Friday
- ATM Machine—Ardmore Tower
- Admissions Office—North Tower
- Main Lobby—North Tower
- Financial Counselors—North Tower



**Points of Interest on ground floor:**

- Pre-operative Assessment Clinic—Reynolds Tower
- Deli—Reynolds Tower Hall: 6:15 to 10 am and 11 to 2:30 pm Monday through Friday
- Domino's Pizza—Reynolds Tower: 10 am to 11 pm Monday to Friday and 11 am through 7 pm Saturday and 12 noon to 7 pm Sunday
- Vending Machines (24/7)- Reynolds Tower
- ATM Machine—Reynolds Tower
- Java by Jeffe (Coffee Shop) -Watlington Tower: 6 am to 5 pm Monday through Friday
- Post Office—Watlington Tower: 8 am to 5 pm Monday through Friday



**I am visiting**  
 Building: \_\_\_\_\_  
 Room: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Revised 6/08

**Points of Interest on first floor:**

- Pediatric Surgical Services Waiting Room— Ardmore Tower
- Davis Chapel—Between Watlington Hall and Gray Building
- Operating Rooms—North Tower

# Getting Your Child Ready for Surgery

This information is general. If your doctor tells you something different, follow his or her advice and instructions.

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Pediatric Surgery Patient Education Committee

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pep1737  
Storeroom # 09-992500  
April 2009  
I:Pated/Patient Education/Booklets/2009/Brenner/Pediatric,GettingReadyForSurgery



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