

## **TIP SHEET #4 GOING HOME!**

READ IN ADVANCE!!!

Great! The day is quickly approaching when you can take your baby or child home. It is probably a day that you have been looking forward to for some time. Yet it may also be a day that you have a great deal of fear or anxiety about. Don't worry. This is entirely normal.

Readying your child to go home successfully is a process that your child's doctors and nurses have been working toward from the moment your child was admitted to the hospital. As parents, you have also been working towards this goal as well. Your care coordinator will assist you. Here are a few tips to get you started in the right direction.

1. If you have any doubts about where you will be living, or need assistance with finding a home or in providing your child with basic needs, please talk to your Care Coordinator. They are glad to help!
2. Decide what care, assistance, or special equipment will be needed. You may need the help of your Care Coordinator in doing this. Don't worry they will know exactly what to do!
3. Your Care Coordinator will meet with you and discuss about what services you will need in the home and assist you in choosing who will provide these services before you go home. (This may be accomplished in a Care Conference).
4. Know what diet your child will be placed on before you take him/her home. If you need help with the purchase of food or formula, please let your Care Coordinator know!
5. Get comfortable with the special cares that your child may need. Practice the different skills that you will need to know before you go home (dressing changes, bladder catheterizations etc.) Every parent should feel comfortable with Infant and Child CPR. If you don't, please contact your Care Coordinator.
6. Understand what medications your child will be on when he/she goes home. Make sure that you understand the right way to give your child the medication, the right amount and dosage, what the drug is and what it's purpose is, what side effects to be looking for and who to call if you notice any side effects. Refer to Tip Sheet #7 for details.
7. Understand what activities and therapies, if any, your child will be involved in or will need.

**INSURANCE INFORMATION**

Health Insurance Company	
Holder of Insurance Plan	
Social Security #	
Employer	
Address (if different from child)	

**Primary** Health Insurance Company:

Policy #	
General phone #	
Pre-authorization phone #	
Billing/Correspondence Address	
Insurance Case Manager	
Other	

**Secondary** Health Insurance Company:

Policy #	
General phone #	
Pre-authorization phone #	
Billing/Correspondence Address	
Insurance Case Manager	
Other	

**Medicaid of Iowa**

Medicaid #	
Department of Human Services phone #	
Social Security #	

Other Important information to remember about our insurance coverage:

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## TIP SHEET #5 YOUR CHILD'S MEDICATION— SOME HELPFUL HINTS...

1. Have your physician or nurse tell you the name of any medication that is prescribed. Then, when you go to pick up your child's medication at the pharmacy, make sure that it matches **exactly** what your physician or nurse practitioner prescribed. If you have any question about changes in the name of the medication from what you thought was prescribed, be sure to ask your pharmacist **before you give the medication to your child!**
2. Ask the physician, nurse or pharmacist to explain to you any side effects of medications prescribed or situations in which a specific medication should not be used.
3. Check to make sure that all prescriptions are filled correctly by reading the label and looking at the medicine's color, shape or consistency. Check the size, shape and color of pills, if they have previously been prescribed, to see if they appear to be the same. If an **error** has been made, **contact the pharmacist immediately. DO NOT GIVE THE MEDICATION IF YOU DISCOVER AN ERROR.** If you discover that you have given the wrong medication, wrong dosage, wrong way or route, at the wrong time; PLEASE call your physician or nurse. They will step you through what to do next. If they are not available, you may call POISON CONTROL @ 1-800-222-1222. Don't worry...you won't be the first parent to call this number! If your child is having side effects that affect breathing, color, tone or level of consciousness, call 911!
4. Learn how to change milliliters (ml) into teaspoon measurements: **1 teaspoon equals 5 milliliters (ml) or 5cc (cubic centimeters) 1ml equals 1cc. (They are the same; they are interchangeable).** Ask for the pharmacist to provide your child with a clearly marked medicine syringe for liquid medicines: one for each medication.
5. When possible, use the same pharmacy to fill all your child's prescriptions. This will permit the pharmacist to check readily to see what other medications your child is taking or has taken in past and alert you and the doctor to possible medication interactions. He or she can also become familiar with any problems your child has with taking medication (such as reactions or sensitivities).
6. Become familiar with any medication prescribed for your child, its purpose, actual and possible side effects and how it may interact with other medicines prescribed for your child.
7. Pharmacists are **required** to provide printed information (sometimes called monographs) regarding the medicines that they dispense: the name of the drug, action of the drug, side effects, what to do if you miss a dose, etc. Be sure to **read** what is provided and ask the pharmacist any questions that you have about the medicine.

8. Some medications require that the person who is taking them have frequent lab testing to check to see if the medication is at effective levels in treating the condition and or is not becoming too strong for the patient, which could potentially cause injury or illness to the patient. Make sure to ask your health care provider if your child will need these special tests.
9. Make sure to read all of the little stickers on each bottle of medication. If the stickers say "Give with a meal", make sure you do so. Never hesitate to call your pharmacist with questions.
10. Make sure that any emergency medicines that you need to keep on hand have not passed their expiration date(s).

## THERAPY TRACKING GUIDE

PRIMARY DIAGNOSIS THAT REQUIRES THERAPY: \_\_\_\_\_

Therapy	Therapist/Agency Providing Therapy	Phone #:
<b>OT</b> = Occupational Therapy		
<b>PT</b> = Physical Therapy		
<b>ST</b> - Speech Therapy		
<b>VT</b> = Vision Therapy		
<b>MT</b> = Music Therapy		
<b>AT</b> = Aquatic Therapy		
<b>HT</b> =Hippo Therapy (horse therapy)		

## **TIP SHEET #6: EMERGENCY PLANNING GUIDELINES**

Children with special health care needs often have complicated medical histories with resulting complicated treatment plans. If emergency care personnel do not have the right information, it makes it very difficult for them to do their jobs safely and provide your child with the best care possible. Please read this tip sheet carefully and fill out the necessary forms as completely as you can. Periodically, update them. Make plenty of copies so that you have enough for all of the places they need to go!

1. Read the 2 forms in this section.
2. The first form: **Emergency Medical Services Form**: is a form that you may fill out yourself. This form is for emergency medical service personnel. The second form: **Emergency Information Form** for Children with special needs: fill out as much as you can, but will probably need the assistance of your physician or Continuity of Care Coordinator to complete this form. You will notice that the form requires your physician's signature on the bottom of page 2. This form will be for physicians to use who work in Emergency Departments or Trauma Centers and who may be seeing your child on an emergency basis.
3. **KEEP THE FORMS AT THE FOLLOWING PLACES:**
  - **DOCTORS:** On file with each doctor for your child, or in your child's chart including specialists
  - **HOME:** At the child's home in a place where it can be easily located: (refrigerator, bedroom door, head of bed). Have several available so you can hand one directly to the Ambulance Service if necessary.
  - **VEHICLES:** In each parent's car (example: glove box)
  - **WORK:** At each parent's work place
  - **PURSE/WALLET:** In parent's purse or wallet
  - **SCHOOL:** On file with the child's school: for example, the school nurse
  - **CHILD'S BELONGINGS:** With the child when they are traveling
  - **EMERGENCY CONTACT PERSON:** At the home of the emergency contact person listed on the form
4. You can register your child with Medic-Alert®. You can send Medic-Alert® a copy of the form to keep in their computer, which can be accessed by medical personnel.
5. Update the form every year or after any changes in your child's condition; performance of major procedures/surgeries; changes in important medications; changes in doctors or nursing agencies.

**TIP SHEET #7**  
**FOR USE OF YOUR CHILD'S HEALTH PROFILE:**

1. The health profile is designed for you to hand to your child's Physician or nurse when your child becomes hospitalized.
2. The purpose of this form is to give your health care provider a quick and brief description of who your child is, what they are comforted by, and what upsets them.
3. The health profile is NOT meant to substitute for information that will be asked for upon your child's admission to the hospital.
4. This health profile can also be a resource for nursing agencies that may be providing care to your child or emergency personnel if a 911 call is needed.

## HOW SPECIAL I AM!

Family: \_\_\_\_\_

Pets: \_\_\_\_\_

Brothers: \_\_\_\_\_

Sisters: \_\_\_\_\_

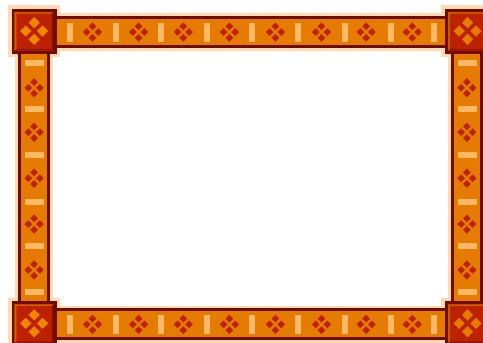
Cousins: \_\_\_\_\_

Aunts/Uncles: \_\_\_\_\_

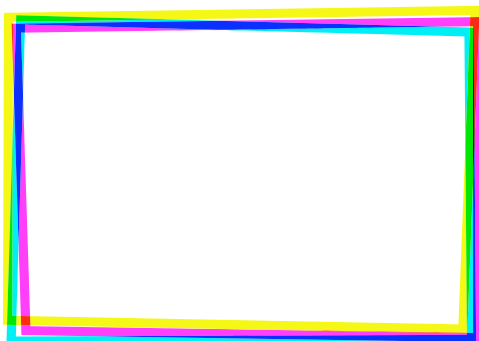
Grandma(s), Grandpa(s): \_\_\_\_\_

Where I live, what my house is like: \_\_\_\_\_

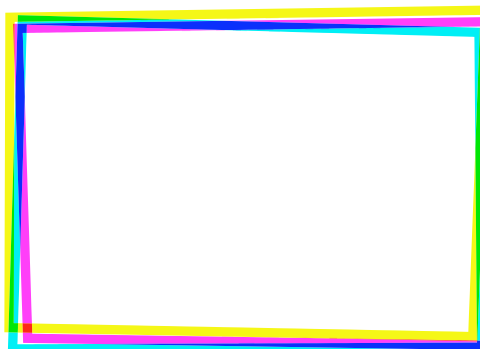
\_\_\_\_\_



My Family



My House



My Toys

My favorite toys are: \_\_\_\_\_

My favorite places to go are: \_\_\_\_\_

Places that I haven't been to but would like to go to: \_\_\_\_\_

\_\_\_\_\_

My favorite things to do are: \_\_\_\_\_

Favorite songs: \_\_\_\_\_

Best friends: \_\_\_\_\_

**HOW SPECIAL I AM!**  
**Page 2**

Games/sports that I like to watch: \_\_\_\_\_

Games/sports that I like to play: \_\_\_\_\_

My favorite foods: \_\_\_\_\_

Foods I don't like: \_\_\_\_\_

My favorite TV show: \_\_\_\_\_

My favorite movie of all time: \_\_\_\_\_

Things that usually upset me: \_\_\_\_\_

Things that will help calm me when I'm upset, how I like to be held, patted, or soothed: \_\_\_\_\_

Other things that you should know about me that are important about me: likes and dislikes (you may want to update periodically as needed):



**"My Self Portrait"**



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\*TIP: Ask your doctor, doctor's nurse, or pharmacist for information about any medication



## HEALTH PROFILE

(may be given to hospital staff when your child is admitted)

Some important things care givers may need to know about my child:

<b>Child's Name:</b>			
<b>Child's Date of Birth:</b>		<b>Age:</b>	
<b>Parent's Name:</b>			
<b>Home #:</b>		<b>Work #:</b>	
<b>Cell #:</b>		<b>Work #:</b>	

Child lives with: (may check more than one)

	Biological Family
	Extended Family
	Adoptive Family
	Foster Family
	Group Home

Child's main diagnosis/s:

How this illness affects my child:


My child is allergic to: \_\_\_\_\_

My child's daily scheduled medications:

Medication	Dosage	Route	How often	By whom

Special Diet:



