



Inpatient
Pediatric Rehabilitation
Program





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Pediatric Rehabilitation Mission Statement





Tampa General Hospital Pediatric Rehabilitation Services is dedicated to serving individuals with functional limitations and their caregivers by promoting optimal independence and quality of life through an interdisciplinary team approach across a continuum of care.



Inpatient Pediatric Rehabilitation Orientation Manual





Welcome to the Inpatient Pediatric Rehabilitation Program at Tampa General Hospital's Children's Medical Center. We are excited about working with your child and you.

Our patients and their functional progress are our highest priority. We will help maximize your child's strength and independence through a variety of therapies and provide opportunities for socialization through recreational activities.

Our staff is here to help you. They will keep you updated on your child's progress, and will be available when questions arise. Please feel free to approach any team member with your questions and concerns. We believe a close partnership between staff members and families is important in recovery.

This orientation manual contains valuable information about the Inpatient Pediatric Rehabilitation Program, including information about what to expect during your stay, a description of each team member's role, contact numbers, parking information, cafeteria hours and much more. During your stay this manual will be updated as an individualized plan is developed for your child. Please take a few moments to review this manual.

We are glad you have chosen the Pediatric Rehabilitation Program at Tampa General Hospital's Children's Medical Center, and we look forward to working with you and your child.

Sincerely,

The Pediatric Rehabilitation Team

Pediatric Rehabilitation Services

The Pediatric Inpatient Rehabilitation Program is located on the 5th floor in the Children's Medical Center at Tampa General Hospital. Tampa General Hospital (TGH) is the region's only Level 1 Trauma Center providing a continuum of care from the acute hospitalization to inpatient rehabilitation and outpatient therapies.

We provide a comprehensive, inpatient, team-oriented approach to rehabilitation for children following an illness, injury or surgery. Services are provided for various diagnoses including but not limited to:

Amputations Brain Tumors Cerebral Palsy Developmental Delay Neuromuscular Disease **Congenital Defects** Deconditioning (related to illness, surgery or injury) Spinal Cord Injury Encephalopathy **Feeding Problems** Juvenile Rheumatoid Arthritis **Prematurity** Musculoskeletal injuries Spina Bifida Failure to Thrive Traumatic Brain Injury



The Pediatric Rehabilitation Program is accredited by the Commission for Accreditation of Rehabilitation Facilities (CARF) and designated by the Florida Department of Health Brain and Spinal Cord Injury Program as an Inpatient and Outpatient Pediatric Rehabilitation Program. The program is staffed by rehabilitation professionals: a pediatric physiatrist (rehabilitation doctor), nurse practitioners, physical and occupational therapists, speech-language pathologists, social workers, child life specialists, pediatric nurses, psychologist, dietician, orthotist, school teacher and assistive technology practitioner, who are experienced in pediatrics and understand the unique needs of this population.

The purpose of rehabilitation is to improve function through therapy, play and education. This is accomplished through a team approach. The team's goals are to:

- return your child to a functional lifestyle
- help your child reach his/her personal goals for independence
- provide family/caregiver education

Pediatric Patient Bill of Rights



At Tampa General Hospital, I have the right to:

- be called by my name
- receive a smile and loving care
- be treated with respect and dignity
- know the names of my doctors, nurses, therapists and others who help care for me
- be taken care of by staff who know how to care for infants, children and teenagers
- have as normal a schedule as possible which includes uninterrupted sleep, quiet time, playtime, school and the comfort of my parents, family and friends
- rest, play and learning
- have places and times for the things children my age need to grow and learn
- have my pain assessed and appropriately addressed during this hospitalization
- cry and make noise, or object to anything that hurts me
- · receive care in a safe setting
- be told what is happening to me, and to have my questions answered honestly in words
 I can understand
- have a member of my family spend the night with me or near me
- keep my special things with me (example: favorite toy, blanket, book, movie)
- make choices and decisions whenever possible. (When possible, I can choose where and when I get my treatments)
- privacy and confidentiality about the reason for my hospital visit
- as short and comfortable a stay as possible





At Tampa General Hospital, you and your family have the right to:

- be treated with respect and personal dignity
- receive information you can understand from those caring for your child
- receive quality health care with the right to privacy
- know about the policies, procedures and routines of the hospital
- care that includes consideration of the psychological, emotional, spiritual and cultural variables that influence your perception of your child's illness and/or disability
- know what support services are available, including whether an interpreter is available
- have at least one family member spend the night with or near your child
- know who is providing medical services and who is responsible for your child's care
- have your child cared for by personnel who know how to care for infants, children and teenagers
- review your child's medical records in the presence of healthcare staff to help you understand them
- know that we consider all of your child's interests and needs, not just those related to illness and disability
- keep your child's schedule and activities in the hospital as normal as possible. This includes giving them playtime activities appropriate to their age, school, quiet times, uninterrupted sleep and comfort from family and friends.
- receive information that will help you take care of your child at home after you leave the hospital, including information about community resources

Members of the Rehabilitation Team

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Pediatric Physiatrist: A medical doctor who has specialized training in pediatrics and a unique area of medicine known as Physical Medicine and Rehabilitation (PM & R) or Physiatry. The physiatrist works closely with the entire rehabilitation team and will be directing your child's rehabilitation care. This includes monitoring progress, ordering necessary therapies and managing any illness that may arise.

Nurse Practitioner: A nurse with a master's level education who has specialized training in pediatrics. The nurse practitioner works closely with the physiatrist and the rehabilitation team to meet your child's rehabilitation needs.

Pediatric Nurse: A nurse who has specialized training in the care of children. The role of the nurse will focus on ensuring needs such as medicines, dressing changes, diets, tube feedings and skin care are met. The nurse will also teach you about any special care your child may need after discharge.

Physical Therapists (PT): A physical therapist will work with your child on regaining the skills needed to improve walking, balance, muscle tone, endurance, strength and coordination. Other skills may include learning proper transfer techniques for getting in and out of bed, the tub or shower, a chair and a car.

Speech-Language Therapist (ST): A speech-language therapist assists with communication, cognitive retraining and swallowing. They will also teach your child use of compensatory strategies for memory, attention, problem-solving and reasoning difficulties. If your child has swallowing problems, the ST will evaluate the difficulty and provide recommendations for the safest and most appropriate type of food and beverages.

Occupational Therapist (OT): An occupational therapist will work with your child on improving skills known as activities of daily living (ADLs) such as bathing, dressing, eating and grooming and recommend adaptive equipment that may increase your child's level of independence. They will also assist your child with any visual, perceptual or cognitive (thinking) problems they may be experiencing.

Psychologist: A psychologist is available to help patients and families adjust and cope with the changes brought about by injury or illness. The psychologist works directly with you and your child to provide individual and/or family counseling to address psychological and adjustment issues. In addition, some children may need neuropsychological testing to better identify levels of cognitive, behavioral and emotional functioning. This information is helpful when reintegrating your child into school.

Members of the Rehabilitation Team

Care Coordinator: The care coordinator assists with funding and payment issues throughout your child's stay. In addition, the coordinator assists the social worker with discharge planning, ordering equipment and outpatient services.

Social Worker: A social worker works with you and the rehabilitation team to develop the most appropriate discharge plan. Discharge planning includes arranging outpatient therapies, ordering medical equipment and arranging any assistance you may need at home to care for your child. The social worker may also link families to appropriate community resources.

Child Life Specialist/Therapeutic Recreation Specialist (CLS): The child life therapist provides support during hospitalization and procedures, and assists with socialization and play activities. In addition, the CLS works closely with the rehabilitation team to determine if outings away from the hospital, such as going to a movie, would be appropriate and beneficial to your child during his/her stay.

School Teachers: A school teacher is available on-site for children of school age. The Cynthia Wells King School for children is located within the Children's Medical Center where your child will be staying. The teacher will talk with your child's school teacher and provide the appropriate education during the hospital stay. They will also make arrangements for any homebound schooling your child may need after discharge and assist with reintegration into school.

Nutritionist: A nutritionist works with the rehabilitation team to ensure your child's nutritional needs are being met. The nutritionist assists with menu selections and, if indicated, provides education for those with special dietary needs.

Orthotist: The orthotist works with the rehabilitation team to fabricate any custom braces that your child may require.



Pediatric Rehabilitation Phone Numbers



Physician	(813) 228 - 7696
Pediatric Rehabilitation Nurse Practitioner	(813) 844 - 8951
Nurse Manager	(813) 844 - 4229
Pediatrics 5F Nurse Station	(813) 844 - 4206
Pediatrics 5E Nurse Station	(813) 844 - 4202
Child Life Specialist	(813) 844 - 4208
Case Management	(813) 844 - 7181
Social Work	(813) 844 - 4156
School Teacher	(813) 844 - 4252
Pastoral Care	(813) 844 - 7063
Rehabilitation Services Manager	(813) 844 - 7073
Speech Therapy	(813) 844 - 4415
Occupational Therapy	(813) 844 - 4415
Physical Therapy	(813) 844 - 4415
Psychologist	(813) 844 - 4251

Coping with Injury



It is common for a child going through an intensive inpatient rehabilitation program to experience changes in behavior and emotions. This may be the direct result of the injury itself or due to issues of adjustment from the many challenges of being in a hospital. In order to assist you and your child through these difficulties, the team may consult the neuropsychologist for emotional support and behavior management.

It is important that your child be able to share thoughts and feelings about his/her illness/injury and hospital stay. The neuropsychologist will speak with your child and help him/her make sense of what is happening. In addition, counseling can be provided for siblings.

If behavior starts interfering with your child's participation, the neuropsychologist will work with you and the team to develop a behavior plan. Behavior plans are designed to use positive reinforcement and:

- promote appropriate and positive behaviors
- decrease harmful and/or inappropriate behaviors
- teach new adaptive behaviors

This behavior plan will be monitored by the psychologist working together with your child, you and the rehab team. Your input and feedback during this process will be very important.

The neuropsychologist will evaluate your child's cognitive and behavioral outcomes during and after medical treatment and injury. Additionally, he/she will advocate for your child's rights as he/she re-enters school.

During your child's stay at the hospital, it is very important to monitor and balance your own needs. Though some life circumstances cannot be altered, sharing your thoughts and feelings with a trained mental health professional can give you an opportunity to cope with your own emotions. The psychologist will work with you in problem solving and provide support.

Cynthia Wells King School

School is a concern for parents and patients when faced with prolonged hospitalization. Hillsborough County Schools are required by law to ensure that the appropriate educational needs for all hospitalized patients with a length of stay of more than 14 days are met. Hillsborough County Schools has partnered with Tampa General's Pediatric Rehabilitation Program to provide these services.

The Cynthia Wells King School is located in the Children's Medical Center where your child will be staying. Teachers are available during the school year to answer any educational questions parents or patients may have regardless of the home school's location (patients from other counties, states or countries are served). Our goal is to provide schooling to each patient with minimum disruption to his/her overall education. School services include an assessment of educational needs, development of an individual educational plan (IEP), individual instruction and the transition to a less restrictive educational environment either at home or back to school (re-entry).

Your child will begin receiving school services once the medical team determines he/she is ready. The school staff will contact your child's school, the medical staff and the rehab team and complete an assessment of your child's educational needs. For those who meet state requirements, an eligibility staffing is held with the school system and upon approval an IEP is developed.



During your child's stay at TGH, school is scheduled along with all other therapies. The county teachers at TGH specialize in hospital teaching and are aware of your child's busy schedule. Every attempt is made to adequately meet the educational needs of the patients.

As your child nears discharge, the school staff, the rehab team, you and your child will make a decision regarding the appropriate level of school re-entry. Levels include a range from the patient returning to school with no further action required, to development of a Sec. 504 of the Rehabilitation Act plan, to a Hillsborough County Schools Child Study Team to determine further eligibility under the Individuals with Disabilities Education Act (IDEA).

Child Life Program



A child life specialist is a professional who is specially trained to help children and families manage stressful healthcare experiences and other life events. They help reduce the stress and anxiety that many children experience in the hospital and healthcare setting.

TGH has certified child life specialists on staff. The child life program helps the rehabilitation process by:

- facilitating play therapy
- planning and facilitating therapeutic outings
- planning and facilitating daily group and individualized recreation interventions: games, movie times, picnic lunches, ceiling tile painting, pet therapy, initiative and team building games, social skills groups, art therapy, music therapy, journaling and humor therapy
- normalizing the hospital environment
- working with the medical team to minimize stress associated with a hospital visit
- · working with the medical rehab team on rehab goals and developmental tasks
- · developing supportive relationships with patients and family members
- teaching about pre-op procedures and facilitating medical play to teach the patient and family about surgery, tests and therapies
- using medical play for patients to express feelings and cope with stress
- teaching coping skills and pain management including comfort positioning, progressive relaxation, deep breathing, alternative focus, guided imagery, therapeutic touch and diversionary activities
- offering siblings and friends support and education
- assisting with the development and implementation of a behavior management plan



The Playroom: Furnished by a generous donation from the Tampa Bay Lightning, the playroom gives kids a stress-free place to play. Activities in the Lightning playroom include arts and crafts, board games, bowling, bingo, puzzles, scrap booking, adapted sports, pet therapy visits, play doh, blowing bubbles, beading, dress-up parties, movies, video games, scavenger hunts and medical play.

Child Life Program



The child life playroom is a non-threatening area where no medical procedures are allowed to take place. It's a place for fun and play!

Because of the importance of play in the life of a child, we provide special times for supervised play activities. Daily activities are posted on a calendar in the playroom.

Wednesday

Picnic at 12 noon Socialize, eat good food and have fun in the playroom!

Thursday

Pet therapy from 9:30 a.m. - 12 noon (times may vary)

The child life playroom hours are:

Monday through Thursday: 8:30 a.m. - 7:00 p.m.

Friday: 8:30 a.m. - 5:00 p.m.

Saturday and Sunday: Closed unless volunteers are scheduled

Please do not make us cry or become upset.

This is a fun place!
Thank you

No Needles No Exams No Procedures No Pain

Parents are welcome to join in for playtime or enjoy a break during supervised group activities.

Individualized bedside visits are provided to patients who must remain in their rooms. You may borrow any games or craft projects from the playroom.

Family Training and Discharge Planning

From the moment of admission, the rehabilitation team will work together to establish what your child will need for discharge. Our goal, as a team, is to achieve as much independence as possible for your child prior to discharge. We consider you and your child as essential members of our team.

Discharge Date

Once a week a team meeting is held to discuss your child's progress and goals. Based upon initial evaluation, the rehabilitation team will discuss an anticipated discharge date. The team will continue to review the anticipated discharge date at each weekly meeting and make changes based on your child's progress. Therefore, the discharge date may vary depending on the progress of your child during therapy sessions and medical evaluations.

Family Training

Family training is initiated from the first day of your stay. The rehab team will work closely with you in learning to care for your child to make the transition from rehabilitation to home easier. Based on your child's condition and needs, you will be required to complete training and education. Both therapy and nursing will conduct separate training and education sessions with your family. At least one adult family member needs to attend these sessions.

Therapists will instruct you on safe and effective ways of transferring your child (from bed to wheelchair, wheelchair to toilet, car or tub). The therapists will also teach you to assist your child in activities of daily living (such as grooming, dressing, hygiene), bed mobility, ambulation and wheelchair mobility, safety precautions, cognitive memory and problem solving methods. In order for your child's strength, mobility and cognition to continue to improve, a home exercise program, along with safety instructions, will be developed and reviewed with you.

The nursing staff will provide you with education and training on any special medical needs your child may have. Such special needs include cast or splint care, toileting or urinary catheterization, medication administration, gastrostomy tube care and tube feedings, tracheal tube care and orthopedic pin care.

Once the nursing staff or a therapist has trained a family member, you will be expected to demonstrate the ability and knowledge to complete the task independently. Before discharge, the primary caregiver in the home setting may be expected to room in for a 24- to 48-hour period to perform all aspects of the child's care using the rehabilitation team only as a reference.

Family Training and Discharge Planning

Outings and Leave of Absences

A therapeutic outing may occur during your child's stay. During a therapeutic outing, skills learned in therapy sessions will be used in the community. A family member is encouraged to attend these outings. Examples of outings are a trip to a mall, movie theater or ice cream shop.

A leave of absence (LOA) will often be arranged prior to discharge. An LOA allows your child to leave the hospital with you for a few hours, usually on a Saturday or Sunday (after therapy

sessions). Prior to an LOA, you must be properly trained in transfers (including car transfers) and other safety precautions. LOAs are important because they allow the family to practice the training they have received and review with the rehab team any questions they might have. In addition, the LOA will assist the team in determining any additional equipment needed in the home and allow the child to practice his/her skills outside of the hospital setting.



Equipment

During your rehabilitation stay, the team will evaluate your child's condition and needs in order to recommend the necessary equipment, such as a wheelchair, walker, assistive devices and bathroom and showering equipment for home use. Nursing will recommend additional equipment if needed. An assessment from the parent on the home environment will also be a valuable source of information in determining equipment needs. If needed, a home evaluation by the therapists may be done to assure that the proper equipment is ordered. The social worker will order necessary equipment and arrange for delivery either to the hospital or your home.

Injury Prevention For Your Child After Rehabilitation

A safe environment for your child at home and in the community is a priority for the team. Your child's perception of the world may not be the same as it was before the illness or injury. The rehabilitation team would like to offer some general guidelines to help ensure your child's safety.

- Structure, routine and predictability will greatly assist your child in transitioning to the home environment.
- Make a list of safety rules and post them in the house.
- The safety rules should be used in whatever setting the child visits.
- Be aware that age recommendation on toys and games may no longer apply to your child.
- Beware of over stimulation, such as a busy mall or amusement park.
- Allow rest periods if the child seems overwhelmed.
- Avoid activities where the child may fall or be re-injured. This is especially important for children with head injuries. Such activities include team or contact sports and playground activities involving heights, such as swing sets, monkey bars and slides. Your child can resume these activities in the future with a doctor's permission.
- Avoid high-risk activities such as riding dirt bikes or scooters, playing on a trampoline, in-line skating, or skateboarding until cleared by a physician. Avoid horseback riding. Even small motorized cars/jeeps for toddlers should be discouraged.
- Be extra cautious in the house to avoid falls or tripping. If your child is using a
 wheelchair or walker, check the measurements to assure the device will fit into your
 bathroom, doorways and hallways.
- Do not allow other children to play roughly with your child. No wrestling or horseplay.
- Do not allow children to cross the street without assistance. They may not have depth perception or be able to anticipate traffic patterns.
- Always observe children continuously when involved in high-risk behaviors such as swimming in a pool or playing in an area with access to chemicals.
- Lock up any harmful household items such as cleaners, pesticides or cosmetic items to reduce the risk of ingestion.
- Children should always be seated in the rear of the car if at all possible, as they are less likely to sustain injuries in a motor vehicle crash.
- Never re-use a car seat that has been in a motor vehicle crash. Receive training on how to install your car seat from a car seat technician. It has been estimated that nine out of ten car seats are installed incorrectly.
- Consider booster car seats for children that have outgrown their child car seat. Booster seats are recommended for children who weigh more than 40 pounds, older than 4 years old. Booster seats are designed to raise children up on the car seat so that the lap/shoulder belts fit correctly. Remember, seat belts are designed for adults. In a serious crash, a standard seat belt on a child may lead to increased injuries.

Injury Prevention For Your Child After Rehabilitation

- The current recommendations from the American Academy of Pediatrics is that all
 children ride in a booster seat until they are 58 inches tall and weigh more than 80
 pounds. This generally means a child should be at least 10 years old before they ride
 without a booster. All children are safer in the back seat at any age.
- Children may exhibit increased impulsivity after a head injury. General rules such as avoidance of spiders and snakes in the yard may require frequent reinforcement. Do not leave your child in a backyard setting without supervision.
- A child or adolescent with poor judgment may attempt to leave the home environment unsupervised. A bracket or dead bolt locking system may be advisable for children with impaired safety awareness. Any time an additional locking system is installed, a fire exit escape plan should be developed for the home and practiced regularly to avoid entrapment during a fire.
- Keys to cars and other motorized vehicles such as riding mowers should be kept in a locked area.
- A parent should supervise the dispensing and swallowing of all prescribed medications. Medications should not be stored in an area where the child or teenager can access them.
- Children who've experienced a head injury or stroke may be more sensitive to the
 effects of medications (i.e. sleepiness or confusion from antihistamines, narcotics or
 over-the-counter cold medicines). Use extra caution with these medications. You may
 wish to give half the recommended dosage on over-the-counter medications to better
 understand how the medicine may affect your child.
- If your child has a minor illness, such as a cold or bladder infection, it may worsen
 problems related to the brain injury or stroke such as poor balance, weakness or
 confusion. Use extra caution when your child is walking.
- If your child is prone to getting up without assistance and is at risk of falling, bed and chair alarms may be purchased on the Internet or by phone. Two companies are: Easylink UK at http://www.easylinkuk.co.uk/page45.html or Colonial Medical at http://www.colonialmedical.com/product.php?productid=16143. Both units cost under \$50.

Special Considerations for Teenagers

- Teenagers should not be allowed to drive a car until cleared by a doctor. Once cleared by a doctor, teenagers should avoid driving with loud music or peer passengers. Trips in the car should be well thought out to limit risk, and nighttime driving should be avoided.
- Teenagers may wish to take a teen driving course before resuming independent driving when approved by a physician.
- Teenagers should be monitored closely for drug and alcohol usage, even if that has
 not been a problem in the past. Often, serious injury predisposes teens to self-image
 issues and depression. Consequently, they may begin self-medicating with alcohol,
 prescription or illicit drugs. Seek professional counseling if you feel your child is
 exhibiting depressed or erratic behavior.

Frequently Asked Questions



The following is a list of frequently asked questions regarding the Pediatric Rehabilitation Program. If you have additional questions, please feel free to call the Nurse Practitioner at (813) 844-8951.

Q: What should I expect when my child enters the Pediatric Rehabilitation Program?

A: The Inpatient Pediatric Rehabilitation Program is housed in the 43-bed pediatric unit within Tampa General Hospital's Children's Medical Center. If your child is admitted before 3:00 p.m., the Pediatric Rehab Team will meet with you to discuss your child's prior medical history and goals for this admission. If your child is admitted after 3:00 p.m., a member of the nursing team will meet with you that day and the Pediatric Rehab Team will meet with you the following day. The team consists of a nurse practitioner, physical, occupational and speech therapists, neuropsychologist, specially trained nursing staff and Hillsborough County schoolteachers. The evaluation by the therapy team typically takes two weekdays. The team meets weekly to discuss goals for inpatient rehab and estimated length of stay. You are expected to attend training sessions with therapists and attend family meetings with the team.

Q: How long will my child be in the Pediatric Rehabilitation Program?

A: The length of your child's stay will be determined by the rehabilitation team according to your child's diagnosis, progress and discharge plan. The care coordinator will be in contact with your insurance provider as needed to help them understand your child's progress and goals. Our goal is to give your child a good start in his/her rehabilitation process.

Q: Can I stay with my child?

A: Yes. One parent is allowed to room in with their child 24 hours a day. You must obtain a security fast pass at the information desk in the East Pavilion lobby. The CMC has security doors that close and lock between 8:30 p.m. and 6:00 a.m. The fast pass ensures you will be able to leave and reenter the CMC after hours. Only four visitors are allowed at the bedside at one time. There is a parent lounge and waiting room in the center for additional guests. These measures help ensure the safety and security of pediatric patients. Anytime your child leaves the CMC, you must sign them out in the transport log, so everyone knows they are accounted for and safe. Families can also stay at the Ronald McDonald House located on the Tampa General Campus. Please call (813) 254-2398 to request a room. A small fee is charged each day, but can be waived under certain circumstances.

Q: How will I be informed of my child's progress?

A: Members of your team discuss your child's progress on an ongoing basis. They also have a team meeting weekly to discuss your child's program and progress. The physiatrist and/or nurse practitioner will talk with you and your family about the discussions at these meetings and keep you informed about your child's progress and estimated length of stay. If necessary, the rehab team may arrange a special meeting between the interdisciplinary team and the parents/caregivers.

Frequently Asked Questions



Q: Why is my child staying in the Children's Medical Center instead of the Rehabilitation Center?

A: The CMC is an ideal setting for the pediatric rehabilitation patient. The environment and design is laid out to promote both physical and emotional healing for children. The nursing staff is specifically trained to care for children and can best address the needs of families. The Cynthia Wells King School is located in the CMC where teachers are available to meet your child's educational needs. Child life therapy is also located in the CMC and provides emotional support, recreational activities, education and fun during your child's stay.

Q: What kind of clothes and personal items will my child need?

A: Your child will need seven days' worth of loose-fitting clothing, such as sweat pants and t-shirts. They will also need a light sweater, underclothes and a comb or brush. Other items may include a toy or stuffed animal. Please mark items with your child's name.

Q: Should I bring my child's walking cane, wheelchair or other home equipment?

A: Please bring all assistive devices your child uses in the home and school environment including ankle-foot orthotics, walkers, quad canes, wheelchairs and arm splints. If your child has not been fitted with any equipment in the past, he/she will be evaluated by the Rehab Team after admission. If your child is admitted after 3:00 p.m., the Rehab Team will provide your child with a wheelchair and/or other equipment after he/she has been evaluated the following day.



Q: What type of therapy will my child receive?

A: Therapy services include physical, occupational and speech-language therapy. The rehabilitation team will determine the type of therapy your child needs. Other services available which may be appropriate for your child include psychology, child life therapy, integrative medicine and schooling.

Q: What is a typical day in the rehabilitation program?

A: Each day may vary slightly; however, there are many similarities. The nursing staff will wake your child around 7:00 a.m. each day. Breakfast is typically served between 7:00 a.m. and 7:30 a.m. Therapy usually begins at 8:00 a.m. with the occupational therapist (OT) who will assist your child with activities of daily living (ADLs). These include eating, dressing and grooming. Your child will continue with other therapies until lunch time around noon. Therapy resumes after lunch. If your child needs a nap or rest time during the day, the team will incorporate that into the schedule. The psychologist, schoolteacher and child life therapist will each schedule time with your child. Dinner is typically served between 5:00 p.m. and 6:00 p.m.





Q: How much therapy will my child receive each day? Is there therapy on weekends?

A: Based on your child's endurance level and ability to tolerate therapy, he/she will receive up to three hours of physical, occupational and/or speech therapies a day. In addition, child life-recreational therapy, psychological services, schooling or others may be utilized depending on your child's needs. The therapy provided may be one-to-one or in a group session, and may be scheduled in the morning or afternoon.

On the weekends your child will receive limited PT and/or OT usually in the morning so the afternoons are available for visitation with family and friends. Additionally, a leave of absence (LOA) with family may take place on weekend afternoons, if cleared by the rehabilitation team.

Q: How do I know when my child's therapy times are scheduled?

A: Your child has a patient orientation board, or printed schedule, at the bedside. On this board you will find your child's therapy schedule, therapists' names, information and special instructions about your child's care and abilities, and precautions that need to be followed. This board is one of the ways that the rehabilitation team communicates with you, your family and with each other. It is very important that you and your family review this board daily for any new information or changes.

Q: May my child bring small appliances with them? What kinds are allowed?

A: You may bring a CD player, handheld video game player or laptop. The hospital is not responsible for the loss or theft of these items. Please make sure all appliances are safe and in good condition.

Q: Will my child and I be able to call friends and family?

A: You or your child may make local calls from the telephone in his/her room by dialing "29" and then the telephone number. All long-distance calls must be made collect, or with a credit card or phone card. Friends and family can call the patient room directly. The phone number is posted in the patient room. Providing a quiet time for sleep is important, so the main switchboard computer blocks all incoming calls from 10:00 p.m. to 7:00 a.m. Your child can always dial outgoing calls from his/her room.

Telecommunication devices for the deaf (TDD) and machines for the hearing-impaired are available upon request. Phone adaptations can be made for individuals who may have trouble holding the receiver.

Q: Can my child's friends and family come to see them?

A: We encourage your child to have visitors, but please ask friends to come after therapy sessions, which are usually complete by 4:00 p.m. Family members who will participate in the child's care after discharge will be asked to attend therapy sessions for training purposes.



Frequently Asked Questions

Q: Where should I park at the hospital?

A: There are several options for parking. Parking is available in the parking garage located on campus. A \$3 fee is due upon exiting the garage. The first hour of parking is free. Complimentary shuttle service is available from designated locations in the garage to your destination on the TGH campus. Parking spaces for disabled permit holders are clearly marked. Valet parking is available for \$5, cash only. Free off-site parking is available in the 200 block of South Hyde Park Ave. Shuttle buses run every 15 minutes between the lot and TGH, Monday – Friday, 5:30 a.m. – midnight. After-hours transportation to the off-site lot can be arranged through Security at ext. 7363. Families staying at the Ronald McDonald House should park in the lot adjacent to the house.

Q: Where can my child's friends and family find a restaurant or place to stay?

A: The Cafeteria/Food Court at TGH has several choices for meals and is located on the first floor in the West Pavilion. McDonald's and Starbucks Coffee are located on the first floor in the East Pavilion. Staff members will be happy to give you directions to other restaurants in the area. If family members need a place to stay, the nursing staff or social worker can provide a list of area hotels.

Q: May my child go home for a visit?

A: Your child may be cleared for a leave of absence (LOA) that allows him/her to go home for a few hours on a weekend day, after therapy until 8:00 p.m. These trips home will help your child, your family and the rehabilitation team decide if some areas of your child's program need to be adjusted.

Before your child's trip home, those family members or friends who will care for your child must attend therapy and nursing sessions. You or a family member will have to demonstrate competence in all the skills that will be needed in an eight-hour period.

Q: How will my family and I be involved in my child's rehabilitation program?

A: You and your family are an important part of the rehabilitation team. Family members should understand how to care for your child or how to help your child take care of him or herself. We will be arranging times for you or your family to come in and participate in therapies. In addition, while you and your family are visiting, you will learn how to do all of the care that the nurses are doing or helping your child to do.

Frequently Asked Questions

Q: What should I expect when my child is ready to be discharged?

A: Once your child's discharge date is decided, the social worker will order any equipment needed, arrange outpatient home health therapies and provide you with all the necessary contact information.

In addition, the team will arrange family education and training sessions for you and your child. A discharge conference may be arranged with the entire team the week of discharge. At this meeting, the team will provide you with information regarding your child's health status, ongoing therapy needs, or safety precautions, and will answer questions.



On the day of your child's discharge, you should:

- 1. Plan to leave by 11:00 a.m. unless otherwise instructed.
- 2. Check that none of your child's belongings are being left behind. We recommend that you pack your child's things the night before discharge.
- 3. Ask the nurse to call security to retrieve any items you had placed in the hospital's safe, if applicable.
- 4. Attend morning therapy for last-minute reminders and discharge teaching.
- 5. Wait in your child's room for final information on discharge instructions from your team. These include doctors' follow-up appointments that you will need to make, prescriptions and information about any medication your child will continue after discharge. You will sign and receive a copy of the discharge summary sheet from your child's nurse.

After discharge, your child's rehabilitation team members may follow up with you by phone, through outpatient therapy or via your doctor appointments.

Hospital Resources



Information Desk

- Main lobby, 1st floor, West Pavilion
- East Pavilion, 1st floor, near McDonald's

ATM

An ATM is located inside McDonald's, as well as in the Cafeteria/Food Court

Laundry Facilities

• Located on the 3rd and 4th floors of the Rehabilitation Center

Dining Services

- TGH Cafeteria/Food Court, 1st floor, West Pavilion. A daily menu of Morrison's offerings may be obtained by dialing (813) 844-6368 (MENU)
- · McDonald's, 1st floor, East Pavilion
- Starbucks Coffee, 1st floor, East Pavilion

W.H.A.R.F. Gift Shop

- Main Lobby, 1st floor, West Pavilion
- (813) 844-7370
- Hours of Operation: Monday-Friday, 9:30 a.m. 8:00 p.m.; Saturday, 10:00 a.m. 4:00 p.m., Sunday, 11:00 a.m. 4:00 p.m.

Pastoral Care

- The chapel is located on the 1st floor, East Pavilion
- (813) 844-7063



Internet Services

- Wireless internet access is available throughout the hospital.
- Care Pages A free service that lets you set up a unique webpage for yourself, family or friends who are hospitalized. Visit www.tgh.org to link to this service.
- Several notebook computers are available in the Children's Medical Center for personal use. Please inquire at the nurse's station or in the child life playroom if you need access to a computer.

Hospital Resources



The Ronald McDonald House

- The Ronald McDonald House provides a home-away-from-home for families of children being treated at TGH.
- Available for immediate family members of children in the inpatient rehabilitation program who do not reside in the Tampa Bay area.
- · Reservations are not accepted but a room may be requested the day it is needed.
- Families can check in between 10:00 a.m. and 8:00 p.m.
- There is a \$10 charge per family per night, but no one is turned away because of an inability to pay.
- Up to four persons may stay in a room, and one private room with a private bath is available per family.
- Families are responsible for preparing their own meals, doing personal laundry and cleaning their own bedroom and bath.
- For more information, please call (813) 254-2398 and choose extension 316 for room requests.
- Visit them online at www.rmhctampabay.com.

The Able Trust

Also known as the Florida Governor's Alliance for the Employment of Citizens with Disabilities, The Able Trust is a 501(c)(3) public-private partnership foundation established by the Florida Legislature in 1990. Its mission is to be the leader in providing Floridians with disabilities fair employment opportunities through fundraising, grant programs, public awareness and education. The Able Trust sponsors The Florida Youth Leadership Forum (YLF), an annual career and leadership training program that is both educational and motivational. The Able Trust also sponsors Florida High School/High Tech, a transition program designed to reduce the dropout rate of youth with disabilities, increase their enrollment in college and improve participation in education/vocational/employment related activities. Florida High School/High Tech promotes technology-based careers and education for youth with disabilities between the ages of 14 and 22. The objectives of the program include encouraging young people to explore their own interests and potential in science, technology, engineering and math, with an ultimate goal to help them aim for college and a degree in their chosen field. For more information, call (888) 838-2253 or (850) 224-4493, or visit www.abletrust.org.

ADA Watch

A project of the National Coalition for Disability Rights, ADA Watch is an alliance of hundreds of disability, civil rights and social justice organizations united to defend and promote the Americans with Disabilities Act (ADA) and the human rights of children and adults with physical, mental, cognitive and developmental disabilities. For more information, call (202) 329-5877, or visit www.adawatch.org.

The Advocacy Center for Persons with Disabilities Inc.

The Advocacy Center for Persons with Disabilities, Inc. is a non-profit organization providing protection and advocacy services in the state of Florida. The center's mission is to advance the dignity, equality, self-determination and expressed choices of individuals with disabilities. The center promotes, expands, protects and seeks to assure the human and legal rights of people through the provision of information and advocacy. The center will carry out its mission with the involvement of individuals with disabilities. The center is committed to assuring community inclusion with adequate supports for all individuals with disabilities and will be at the forefront of protecting this right. The center also monitors the quality of residential and support services to individuals with disabilities. For more information, call (850) 488-9071 or (800) 342-0823, or visit www.advocacycenter.org.

BlazeSports

The mission of the USDAF and its BlazeSports America program is to maximize the potential of children and adults with physical disability through sport. This program helps to bridge gaps between community adaptive sports and individuals. For more information, call (813) 744-5307, or visit www.blazesports.com.

Brain and Spinal Cord Injury Program

The mission of the Brain and Spinal Cord Injury Program is to provide all eligible residents who sustain a traumatic brain or spinal cord injury the opportunity to obtain the necessary services enabling them to return to their community. For more information, call (800) 342-0778 or (727) 570-3427, or visit www.doh.state.fl.us/workforce/brainsc.

Brain Injury Association of Florida

The mission of this association is to improve the quality of life for persons with brain injuries and their families by creating a better future through brain injury prevention, research, education, support services and advocacy. The organization assists individuals with brain injuries, their families and professionals by providing a statewide information and resource center, education and training, support services, a toll-free help line, awareness and prevention programs and legislative advocacy. For more information, call (800) 992-3442, or visit www.biaf.org.

Camp Boggy Creek

Camp Boggy Creek is a permanent, year-round facility open to young people between the ages of 7 and 16 with chronic and life-threatening illnesses. Camp Boggy Creek is free and provides a safe and exciting camp experience for children with asthma, cancer, craniofacial disorders, diabetes, epilepsy, heart disease, hemophilia, immunology, kidney disease, rheumatic disease, sickle cell anemia, spina bifida and disorders requiring ventilator assistance. For more information, call (352) 483-4200, (866) GO-BOGGY, or visit www.boggycreek.org.

Caring & Sharing Center for Independent Living, Inc (CASCIL)

The mission of CASCIL is to assist persons with all types of disabilities and their families to achieve the greatest degree of independence possible. For more information, call the county office at (727) 577-0065 or (866) 539-7550 (toll-free), or visit www. cascil.org.

CenterWatch

CenterWatch is dedicated to providing patients and their advocates with a variety of information services and educational materials on clinical research. Its Web site provides an extensive list of IRB approved clinical trials being conducted internationally and lists promising therapies newly approved by the FDA (Food and Drug Administration). For more information, call (866) 219-3440, or visit www.centerwatch.com.

Christopher Reeve Foundation

The Christopher Reeve Foundation is committed to finding treatments and cures for paralysis caused by spinal cord injury and other neurological disorders and improving the quality of life for people living with disabilities. For more information, call (800) 225-0292, or visit www.christopherreeve.org.

Clinical Trials

A service of the National Institutes of Health, ClinicalTrials.gov provides regularly updated information about federally and privately supported clinical research in human volunteers. ClinicalTrials.gov gives you information about a trial's purpose, who may participate, locations and phone numbers for more details. The information provided on ClinicalTrials.gov should be used in conjunction with advice from healthcare professionals. For more information, visit www.ClinicalTrials.gov.

Disability Rights Education and Defense Fund (DREDF)

Founded in 1979 by people with disabilities and parents of children with disabilities, the Disability Rights Education and Defense Fund, Inc. (DREDF) is a national law and policy center dedicated to protecting and advancing the civil rights of people with disabilities through legislation, litigation, advocacy, technical assistance and education and training of attorneys, advocates, persons with disabilities and parents of children with disabilities. For more information, call (800) 348-4232, or visit www.dredf.org.

Dream Oaks Camp

The mission of the Foundation for Dreams, Inc. and Dream Oaks Camp is to provide fun, educational and recreational experiences in an outdoor camp environment to enhance the lives of children ages 7 to 17 with physical and developmental disabilities and serious illnesses. For more information, call (941) 746-5659, or visit www.foundationfordreams.org.

Easter Seals

From child development centers to physical rehabilitation and job training for people with disabilities, Easter Seals offers a variety of services to help people with disabilities address life's challenges and achieve personal goals. For more information, call (813) 236-5589 or (800) 221-6827, or visit www.easterseals.com or www.fl.easterseals.com.

Family Care Council Florida, (Suncoast Region)

The FCC Suncoast advises the Department of Children and Families about the needs of individuals and their families with developmental disabilities. For more information, call (800) 201-0530, or visit www.fccflorida.org.

Family Network on Disabilities of Florida

The Family Network on Disabilities of Florida is a network of families and professionals serving families who have children with disabilities, special needs, or may be at-risk. For more information, call (800) 825-5736, or visit www.fndfl.org.

Florida Alliance for Assistive Services and Technology (FAAST)

FAAST's mission is to improve the quality of life for all Floridians with disabilities through advocacy and awareness activities that increase access to and acquisition of assistive services and technology. FAAST also has an Adopted Toy Lending Library that allows parents and non-profit agencies to try out these adopted toys to allow children with disabilities an opportunity to experience play activities. For more information, call (813) 844-7591, or visit http://www.faast.org.

Florida Commission for the Transportation Disadvantaged

The Florida Commission for the Transportation Disadvantaged is an independent commission housed administratively within the Florida Department of Transportation. The organization's mission is to ensure the availability of efficient, cost-effective and quality transportation services for transportation of disadvantaged persons. For more information, call (813) 276-8999 for Hillsborough, (727) 464-8200 for Pinellas, (863) 534-5301 for Polk, (727) 834-3200 for Pasco, (352) 799-1510 x 15 for Hernando, (850) 410-5700 for Tallahassee or (850) 410-5715 for the Medicaid Specialist, or visit www.dot.state.fl.us/ctd/index.htm.

Florida Developmental Disabilities Council

The Web site of the Florida Developmental Disabilities Council, Inc. contains a wealth of information for people with disabilities, families, advocates and professionals relating to supports and services available for Floridians. For more information, call (800) 580-7801 or (850) 488-4180, or visit www.fddc.org.

The Florida Diagnostic and Learning Resources System (FDLRS)

The Florida Diagnostic and Learning Resources System (FDLRS) provides diagnostic and instructional support services to district exceptional student education programs and families of students with exceptionalities statewide. For more information, call (813) 837-7777, or visit www.fdlrs.org.

The Florida Diagnostic & Learning Resources System-Technology State Loan Library (FDLRS-TSLL)

FDLRS-TSLL provides services to students, family members, teachers and other professionals within the state of Florida. The mission of the FDLRS-TSLL is to assist in the enhancement of student outcomes through provision of information, training and technical support in the area of assistive technology. For more information, call (800) 558-6580, or visit www.aten.scps.k12.fl.us.

Florida Directory of Early Childhood Services

The Florida Directory of Early Childhood Services (Central Directory) has provided services to thousands of families and providers seeking advocacy, education, training, resources and referrals, and information on disability services available in their communities. For more information, call (800) 654-4440 or (850) 487-6301, or visit www.centraldirectory.org.

Florida Disabled Outdoors Association

The purpose of the Florida Disabled Outdoors Association is to enrich the lives of persons with disabilities (both present and future) by providing information and education about the therapeutic value of recreation, promoting participation in leisure activities, developing accessible outdoor recreational facilities and programs, and advocating for inclusion in all sports, recreation and leisure opportunities. For more information, call (850) 201-2944, or visit www.fdoa.org.

Florida Housing Coalition

The Florida Housing Coalition provides a resource list relating to housing for the special needs population. For more information, call (800) 677-4548, or visit www.flhousing.org.

Florida Inclusion Network

The Florida Inclusion Network provides learning opportunities, consultation, information and support to educators, families and community members resulting in the inclusion of all students. For more information, call (813) 837-7730, or visit www.floridainclusionnetwork.com.

Florida Independent Living Council (FILC)

The Florida Independent Living Council is a statewide council whose purpose is to promote independent living opportunities for persons with disabilities throughout the state of Florida. For more information, call (877) 822-1993 or (850) 488-5624, or visit www.flailc.org.

Florida Institute for Family Involvement (FIFI)

FIFI is a non-profit organization with a 501(c)(3) status for the purpose of enhancing, facilitating and supporting family and consumer involvement in the development of responsive, family centered and community-based systems of care. FIFI works in collaboration with state, federal and private programs to develop a resource and training information center to enable individuals to advocate for appropriate services and make wise service choices. FIFI provides a vital link in the flow of information between families, consumers, communities and policymakers to ensure that programs are responsive to the real needs of Florida's most vulnerable citizens. FIFI also contracts with a variety of local, state and federal programs to enhance, monitor and improve family and consumer involvement and family centeredness practices in service delivery and systems of care. For more information, visit www.fifionline.org.

Florida Instructional Materials Center for the Visually Impaired (FIMCVI)

FIMCVI is a statewide resource center designed to assist schools in obtaining specialized materials for students with visual impairments. FIMCVI serves students with visual impairments enrolled in Florida's public and private schools and teachers in those schools, both exceptional student educators and regular educators, who work with visually impaired students. For more information, call (813) 837-7826, or visit www.fimcvi.org.

Florida State Resources

Florida State Resources is a publication of the National Dissemination Center for Children with Disabilities. For more information, visit www.nichcy.org/stateshe/fl.htm.

Learning Disabilities Association of America (LDA)

The LDA is dedicated to identifying causes and promoting prevention of learning disabilities and enhancing the quality of life for all individuals with learning disabilities and their families by encouraging effective identification and intervention, fostering research and protecting their rights under the law. For more information, call (412) 341-1515, or visit www.ldaamerica.us.

Tampa Lighthouse for the Blind

The Tampa Lighthouse for the Blind provides comprehensive rehabilitation programs for persons who are blind or visually impaired in two locations in Florida. On-site services are provided in Tampa and in Winter Haven for persons residing in Hillsborough, Polk and surrounding counties. Training is designed to help individuals who have recently lost part or all of their vision to gain the skills needed to perform daily living tasks independently and maintain their employment. For more information, call (813) 251-2407, or visit www.tampalighthouse.org.

The Medicaid Waiver

Home and community-based waivers 1915(c) are tools used by states to obtain federal Medicaid matching funds to provide long-term care to patients in settings other than institutions. The goals of the Medicaid Waivers are to re-integrate individuals into their communities, ensure that quality services are delivered in the most effective and cost efficient manner through a coordinated system and utilize program funds to leverage federal dollars and grants to support the long-term goals of the program. For more information, call (866) 875-5660 or the central registry at (800) 342-0778, or visit www.doh.state.fl.us/demo/brainsc/Medicaid/medicaidhome.html.

Muscular Dystrophy Association (MDA)

The MDA combats neuromuscular diseases through programs of worldwide research, comprehensive medical and community services and far-reaching professional and public health education. For more information, call (800) 572-1717, or visit www.mdausa.org.

Sailability Tampa Bay

Sailability Tampa Bay is an adaptive sailing program for individuals with disabilities. For more information, call (727) 489-9468, or contact us at sailabilitygtb@msn.com.

Self Reliance, Inc. Center for Independent Living

This organization's mission is to promote independence through empowering persons with disabilities and improving the communities in which they live. Its core services include advocacy, peer support and mentoring, independent living skills training, information and referrals. It also has a medical equipment program, ADA accessibility surveys, assistive devices and equipment, recreational and social opportunities and youth and family services for individuals with disabilities. For more information, call (813) 375-3965 (Voice) or (813) 375-3972 (TTY), or visit www.self-reliance.org.

Special Needs Support Group

The Special Needs Support Group provides support for parents and caregivers of children with special needs. For more information, call (813) 968-3982, ext. 17.

Florida Spinal Cord Injury Resource Center (FSCIRC)

The Florida Spinal Cord Injury Resource Center, established in January 1994, serves as the statewide clearinghouse of SCI resource information for persons who have survived a SCI, their families and friends, healthcare professionals, support groups, the media and the general public. For more information, call (800) 995-8544 or (813) 844-4286, or visit www.flspinalcord.us.

TASH

An international association of people with disabilities, their family members, other advocates and professionals fighting for a society in which inclusion of all people in all aspects of society is the norm. TASH is a civil rights organization for, and of, people with mental retardation, autism, cerebral palsy, physical disabilities and other conditions that make full integration a challenge. For more information, call (202) 540-9020, or visit www.tash.org.

Unite2FightParalysis

With a mission to unite and empower those physically disabled by paralysis, their families, and their supporters, Unite2FightParalysis provides resources, tools, information and activities to strengthen the cure movement with a particular focus on helping those physically disabled by paralysis to advocate for themselves. The organization also supports the efforts of other organizations committed to the same objectives. For more information, call (888) 202-1992, or visit www.unite2fightparalysis.org.

United Cerebral Palsy (Achieve Tampa Bay)

United Cerebral Palsy (UCP) is the leading source of information on cerebral palsy and is a pivotal advocate for the rights of persons with any disability. As one of the largest health charities in America, the UCP mission is to advance the independence, productivity and full citizenship of people with disabilities through an affiliate network. Affiliates provide services such as housing, therapy, assistive technology training, early intervention programs, individual and family support, social and recreation programs, community living, state and local referrals, employment assistance and advocacy. For more information, (800) 872-5827, or visit www.ucp.org.

University of South Florida Rehabilitation Engineering and Technology Program (RETP)

The USF RETP is a unique interdisciplinary approach, which incorporates service delivery, research and academic programs in order to provide quality technology interventions for individuals with disabilities and to develop integrated rehabilitation technology systems that will increase employment of individuals with disabilities. For more information, call (813) 974-5346 or (866) 732-8873, or visit http://retp.eng.usf.edu.

Vocational Rehabilitation (Florida)

Vocational Rehabilitation Florida is a statewide employment resource for businesses and people with disabilities. Its mission is to enable individuals with disabilities to obtain and keep employment. For more information, call (800) 451-4327, or visit www.rehabworks.org.

VSA Arts of Florida

The VSA Arts of Florida's mission is to create a society where people with disabilities can learn through, participate in and enjoy the arts. Founded in 1981 by the Florida Department of Education and the Florida Department of State, VSA Arts of Florida is housed at the University of South Florida. For more information, call (813) 974-0745, or visit www.vsafl.org.



Inpatient Pediatric Rehabilitation Program Outcomes

During the period from January - December 2010, 57 patients were admitted to the Inpatient Pediatric Rehabilitation Program.

Of these, 22 had brain injuries, four had spinal cord injuries, eight had stroke, seven had cerebral palsy and 16 had other diagnoses like trauma, orthopedic injuries or other neurological disorders.

Average age of patients in the program: 11.6 years

Average length of stay: 24.2 days

Change in functional independence score (WeeFIM) from admission to discharge: 24.7

(National average: 23.8)

Discharge to community: 91.2% (National average: 90%)

Satisfaction Survey results:

(Source: Patient Satisfaction Survey completed prior to discharge by patient/caregiver)

91% of the patients and/or families surveyed rated the care provided by our nurses and therapists as "good" or "excellent."

95% of patients who responded to the survey said they would be willing to return to rehab for further needs.





Name:

Admission Agreement for Pediatric Patients



Date:	
	, legal guardian(s) of the above stated patient, the following treatment guidelines. It is understood that these items must be
-	d prior to the discharge of the patient.
2.3.4.	Guardian(s) will attend any family conference requested by the rehab team. Guardian(s) agree to participate in the child's care including grooming, feeding and play activities as requested by the rehab team. In the event of long distances, the guardians agree to weekly contact with social services and/or case management. Guardian(s) will attend family education sessions with nursing and therapists as requested. Guardian(s) agree to be present at this hospital at discharge and receive and transport the patient home. Guardian(s) agree to obtain, prior to discharge, an appropriately fitted car seat in accordance with Florida law.
Signed:	
Date:	

Should you have a complaint or grievance about any aspect of service received, you have the right to contact the Risk Manager at (813) 844-7666 and to know that provision of care will not be compromised for doing so. If necessary, you may also contact AHCA at 2727 Mahan Drive, Tallahassee, Florida 32308, or at (810) 487-1709.

You are an important member of your child's healthcare team. Please share as much information as you can with the team so that we can plan what is best for your child.