

*The National Rehabilitation Hospital
Paediatric Family-Centred Rehabilitation
Programme.*



*Parent/Carer's Handbook
A Helpful Guide*

*National Rehabilitation Hospital,
Rochestown Avenue,
Dun Loaghaire,
Co. Dublin.
Tel:-(01)2355000
Fax:-(01)2854777*

National Rehabilitation Hospital Paediatric Family-Centred Rehabilitation Programme Parent/Carer Handbook

For the Parent/Carer's of

Your Child/Adolescent's admission to the NRH Paediatric Service has
been scheduled for

-----at-----
(Day/date) (time)

If by some unforeseen circumstances you need to reschedule, Please
call (01) 2355255 at the earliest possible convenience.

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Welcome to the NRH Paediatric Family-Centred Rehabilitation Programme

Dear Parents/Carers

You are very welcome to the National Rehabilitation Hospital's (NRH) Paediatric Family-Centred Rehabilitation Programme. This handbook has been written to provide you with information about the service.

Although each child/adolescent that comes to the NRH is unique, our goal for all is the same: to help them to function as well as they are able; become as independent as possible; and feel comfortable with others at home, in school, and in the community.

Our Mission Statement

We endeavour to maintain the ethos on which the hospital was established.

“The National Rehabilitation Hospital espouses the values established by the Sisters of Mercy to provide high quality care and treatment to patients irrespective of background or status, but on the basis of need. The hospital, in partnership with the patients and families endeavours to achieve health and social gain through the effective treatment and education of patients, who following illness or injury, require dedicated interdisciplinary rehabilitation services. The hospital aims to achieve this in a manner that is equitable and transparent in its service delivery, sensitive and responsive to those availing of its services and supportive of the staff entrusted with its delivery.”

This handbook will help familiarise you with the NRH Paediatric Programme and routines. If you still have questions after reading it, feel free to call us. Please bring it along when your child/adolescent is admitted. We hope you will find it very useful.

On behalf of the entire staff, I would like to welcome you and your child/adolescent to the NRH Paediatric Programme.

Derek Greene
Chief Executive
National Rehabilitation Hospital

The Paediatric Family-Centred Rehabilitation Programme...

The Paediatric Family-Centred Rehabilitation Programme is the national medical service for children and adolescents requiring intensive rehabilitation as a result of traumatic and non-traumatic brain injury, stroke, traumatic and non-traumatic spinal cord injury, neurological disorders, limb absence, other musculoskeletal and neuromuscular disorders.

Referrals are received from across the Republic of Ireland and the Paediatric Programme can serve up to eight children/adolescents at any one time (six inpatients and two day patients).

Healing, rehabilitation, and adjustment to disability may be both medical and emotional. As children/adolescents learn to master tasks and manage disabilities, they require support, praise and guidance. At the National Rehabilitation Hospital the interdisciplinary Paediatric Programme brings together staff with relevant experience and expertise in child/adolescent neurological rehabilitation. The team work together in partnership with the child/adolescent and their family/carers to help the individual young person become as independent and confident as possible to achieve their full rehabilitation potential.

THE PAEDIATRIC TEAM

The Team serving each child/adolescent admitted will be determined by an assessment and an individual programme planning process.

The Paediatric Team members include the following:

- Consultant Neuro-paediatrician – Dr. Hugh Monaghan
- Consultant in Rehabilitation Medicine & Limb Absence, Dr. Nicola Ryall
- Registrar & Senior House Officer
- Programme Manager
- Clinical Nurse Manager (Ward Sister)
- Registered Nursing Staff
- Health Care Assistants
- Speech and Language Therapists
- Physiotherapists
- Occupational Therapists
- Clinical Neuropsychologists
- Medical Social Workers

- Orthotist
- Prosthetist
- Dietitian
- Secretary to Consultant and Paediatric Team
- Children in Hospital Ireland – Play Volunteers

(Throughout the year the service will also have students, trainees and assistants on placement.)

The Department of Education and Science provide schooling onsite for all children and young people (4-18 years) attending the service as day and inpatients. This service is integral to the rehabilitation process.

Staff in the School:

- Principal
- Special Duties Teacher
- Part-time Teacher (12.5 hrs weekly)
- Special Needs Assistant x 2
- School Secretary

(The school also has access to a Special Education Needs Organiser through the Department of Education and Science).

ROLES OF THE TEAM MEMBERS AND THERAPIES AVAILABLE

The Medical Consultants

The Consultant Neuro-paediatrician leads the interdisciplinary rehabilitation programme in respect of all of the patients admitted apart from those with limb absence who are under the medical care of the Consultant in Rehabilitation Medicine.

Working with the Consultants is a Registrar in Rehabilitation Medicine and a Senior House Officer.

The Consultant Neuro-paediatrician attends the hospital to see all of the in-patients on Thursday mornings and also attends twice a month on a Tuesday afternoon for out-patient appointments and planned consultations with the parents /carers of in-patients.

Limb absence outpatient clinics are held on a Friday morning.

Programme Manager

The Programme Manager has responsibility to co-ordinate and monitor the day to day operations of the Paediatric team to provide an effective, consistent, transparent and responsive service. In line with this, the Programme Manager has a responsibility to facilitate the development of appropriate policies and procedures, quality controls, best working practices and effective goal planning. The Programme Manager has a liaison role, both within the hospital and with associated outside individuals and agencies.

Nursing

The nurse's role in rehabilitation is one of enabling and facilitating the child/adolescent to reach their potential in all areas.

The nursing staff supported by the Health Care Assistants provide full nursing care for each child/adolescent. On the ward, they also reinforce the treatments offered by the interdisciplinary team during therapy hours. They endeavour, as far as possible, to create a home from home atmosphere, as a large proportion of the child/adolescent's time is spent on the ward. When possible, they engage the child/adolescent in directed play. They are greatly helped in this by the attendance of the local "Children in Hospital Ireland" Volunteer Group, four times a week.

The nursing staff are sensitive to the needs of the child/adolescent in hospital and their family at all times, and are acutely aware of the trauma/strain experienced by the whole family.

Physiotherapy

The aim of Physiotherapy is to help the child/adolescent achieve the highest level of physical function possible to them.

Some of the physical difficulties encountered may include:

- Loss of muscle power
- Excessive muscle tightness
- Abnormal movements
- Loss or alteration of sensation
- Pain
- Balance problems
- Loss of function and mobility
- Decreased fitness and endurance

Early therapeutic intervention involves an interdisciplinary approach, where the physiotherapist advises all involved in the child/adolescent's care in the handling, positioning and transferring of the child/adolescent.

The overall management plan may include:

- Functional mobility skills
- Education in physical management
- Re-education of walking and balance
- Provision of splints
- Seating assessment and management
- Equipment assessment and recommendation
- Sports and Fitness Therapy and Hydrotherapy
- Provision of home exercise programmes

Sports And Fitness Therapy

Sports and Fitness Therapy may be used to assist rehabilitation through group activities such as remedial exercise, recreational and leisure activities, and competitive sport.

As well as individual programmes, there is also a once weekly PE class, run in conjunction with the school, which is purely recreational in nature, and open to all children/adolescents. The department also liaise with the Irish Wheelchair Association.

Hydrotherapy

A children's hydrotherapy group is run once weekly. The aim of this is to provide all children/adolescents with the opportunity to enjoy being in the water and to learn to swim using the Halliwick method. Children/adolescents may be referred to individual hydrotherapy if deemed appropriate by their physiotherapist.

Occupational Therapy Service

Occupational Therapy involves assessing a persons ability to carry out the normal everyday demands of life in the areas of self care (i.e. dressing, feeding etc.), work and leisure. Where the person has a problem in any of these areas due to physical, cognitive, psychological or social dysfunction a programme of purposeful activity is used to maximise performance in each of the areas. These activities are aimed at one of two goals:

1. Where possible regaining the physical, cognitive, psychological and social skills necessary to perform activities as they were previously performed.

2. Where this is not possible because of injury or disease the aim is to help the person acquire alternative methods of carrying out as many of the activities as possible. This may involve the use of special equipment such as aids to independence. It may also involve instructing carers in assisting the person to carry out activities.

Occupational Therapy With Children

The aim of Occupational Therapy is to maximise the child/adolescent's functional independence through purposeful activities.

The main areas addressed are:

- Activities of Daily Living – independence in self care activities such as washing and dressing etc.
- Problems with recognition and interpretation of sensory stimuli (e.g. vision, hearing and touch).
- Attention, concentration, and memory problems
- Social skills
- Upper limb rehabilitation

The overall OT management plan may include:

- Initial and ongoing assessment
- Development of the motor skills necessary for activities of daily living
- Development of sensory skills if assessment reveals impairment
- The use of aids and equipment to increase independence
- Advice on adaptations to the child/adolescent's environment to minimise any impairment
- Splinting and/or corrective seating to improve function
- Home visit and/or advice on adaptations to the home
- Relaxation and stress management
- Patient education
- Education of family and carers regarding the child's disability and how best to maximise their occupational performance
- Specific cognitive rehabilitation-type activities
- The involvement of the child in age appropriate activity (e.g.: pre-school play, play, computer games, baking, woodwork, and crafts)
- Group work with a focus on social skills and/or cognitive ('thinking') skills

- Community outings that aim to improve safety awareness and confidence with public transport, as well as planning and organisation

Teenagers over 16 may be referred for Vocational Assessment, within the Occupational Therapy Department, to help the person identify their interest, strengths and weaknesses, and to make realistic work choices.

Speech And Language Therapy

The Speech and Language Therapist provides diagnostic assessment and therapy for children/adolescents presenting with acquired communication, speech, language, feeding and swallowing difficulties. The main aim of Speech and Language Therapy is to maximise each child/adolescent's ability to communicate and interact appropriately.

The main areas addressed are:

- Difficulties with listening and attention control.
- Problems with understanding and following instructions.
- Information/language processing and thinking impairments.
- Difficulties with speaking.
- Word-finding/naming problems.
- Poor conversational skills.
- Reading and writing difficulties.
- Specific difficulties with social interaction.

The overall management plan may include:

- Individual and/or group work focusing on enhancing communication skills
- Education regarding communication skills
- Provision of augmentative or alternative means of communication, e.g.: communication boards, books, or electronic communication devices
- Feeding and swallowing management
- Provision of home exercise programmes

Clinical Psychology

The clinical psychologist's role can be divided into two main areas

1. Therapeutic support

2. Neuropsychological evaluation/intervention.
 1. In relation to therapeutic support, the initial goal is to evaluate the psychological impact of the injury or illness. Based on these findings, appropriate individualised psychological support can be provided to the child and family, including siblings. Therapy can be time-limited and focus on specific psychological issues such as post-traumatic stress, or can be more general and open-ended, such as supporting long-term adjustment to an acquired injury.
 2. Neuropsychological evaluation is carried out to ascertain the impact of the child's acquired brain injury on their cognition (learning and thinking), behaviour, and their social and emotional functioning. An evaluation involves parental interviews, liaison with the school, meetings with the child, observation, consultation with other staff, and assessment using standardised psychological measures. The results of this evaluation can then assist with multi-disciplinary planning and service delivery, both while the child is and in-patient, and when they return to their home/educational environment. A key role of the clinical psychologist is to make specific recommendations for educational supports in the context of that child's individual needs.

Clinical Nutrition And Dietetics

Nutrition is a necessity for growth and development. The need for a nutritious, well balanced diet is especially important after injury or illness. Injury or illness can affect eating behaviours and nutritional needs. Some examples include:

- Over-eating. This can result in unwanted weight gain and can affect mobility.
- Under-eating/poor appetite. This may result in weight loss which can lead to delayed growth and development.
- Children may also be more prone to weight gain as a result of their being less active.
- Constipation may occur as a result of reduced mobility or as a side effect of medications. This can also impact on appetite.

A child's/adolescent's dietary needs can vary greatly throughout rehabilitation. Good eating habits are encouraged during the child's/adolescent's stay in the National Rehabilitation Hospital. Healthy eating is encouraged through healthy meals, snacks and drinks.

The Dietician will be available on request to discuss individual questions in relation to food. The nature of the contact with family varies in each case depending on the particular needs of the child.

Social Work

The role of the Social Worker (Case Manager) for the Paediatric Programme is to support parents/carers in dealing with the emotional and practical impact of the acquired illness/disability.

The Social Worker along with the identified key nurse also acts as a link between the family/carers and the interdisciplinary team as you go through the rehabilitation process as well as with outside services and agencies. The social worker will be the person with the overall view of the patient and their family in the rehabilitation process.

The social worker will offer emotional support and counselling to the parent/carer to help them to adjust to the effects of their young person's trauma/illness. Their interventions will take into account the effects of the process on themselves as parents/carers, as well as other members of the family such as siblings. Attention will be directed to the practical and financial issues provoked by a lengthy hospital admission and where necessary the social worker can advocate on behalf of the family in these matters.

The social worker can provide resources for individual families to help them understand the effects of, for example, a brain injury and can facilitate information sharing sessions by other team members for siblings, or other important family and friends.

Planning, preparing, liaising and co-ordinating for the child/adolescents effective return to home and school is a primary focus for the social worker. The social worker will organise periodic family meetings where relevant members of the team meet with the parents/carers, and where appropriate the adolescent, to share, plan and process together the progress and challenges of the rehabilitation.

The social worker will co-ordinate Community Conferences with representatives of the service providers, local to the patients home, to promote continuing provision of necessary rehabilitation community/education services.

School

The school is a service provided and funded by the Department of Education and Science to cater for the educational needs of students attending the National Rehabilitation Hospital. It is controlled and governed by the School Board of Management under the patronage of the Archbishop of Dublin

Vision And Aims

Our Lady of Lourdes Primary School is in the trusteeship of the Sisters of Mercy and is committed to holistic education in an atmosphere of joy, care and respect, wherein each student can achieve his/her full potential in partnership with parents, School Board of Management, Medical and Nursing Staff and wider hospital community.

Services Provided

- The school provides an educational service for students attending the National Rehabilitation Hospital. The students range in age from four to eighteen years. On initial enrolment each student is assessed with a view to drawing up an education programme tailored to meet the student's abilities and needs.
- School staff is aware of the different profile and very different needs of students who have acquired a brain injury, spinal cord injury, other neurological conditions and limb absences.
- Contact is made with student's local school so that where possible continuity of school programme is maintained.
- For primary school children we aim to deliver the current primary school curriculum, adapted in many cases to meet individual needs.
- At secondary level where the curriculum is subject based, we strive to provide a broad range of subjects at the level appropriate to the student.
- Junior Certificate and Leaving Certificate examination centres are provided in the National Rehabilitation Hospital during the month of June to facilitate students resident in the National Rehabilitation Hospital at examination time.
- On students' discharge, we co-operate with relevant departments in the National Rehabilitation Hospital in seeking the most appropriate school placement for each student.
- We provide an Outreach Service which offers support to schools to enable them to provide an appropriate education to students who have an Acquired Brain Injury.

SERVICE DELIVERY

Referral/Admission Procedure

1. When a letter of referral is received by Dr Monaghan, a decision is made by him as to the suitability of the service for the patient. If the patient is deemed suitable at this stage, a referral form is sent to the referring agency by Paediatric Secretary requesting more detailed information. Subsequently if necessary, members of the Paediatric Team may visit to further assess.
2. On receipt of the referral form and relevant information a letter is sent by the Ward Managers to the parents/carer informing you:
 - Child has been placed on the waiting list.
 - The estimated time frame for admission.
 - Providing you with names and contact telephone contact numbers of nursing staff.
3. Contact is made to the referring agency for updates as to the child's status as appropriate.
4. Parents and sometimes the child/adolescent are invited to visit the facility and meet staff.
5. On this visit parents will be met by the social worker and staff nurse and you will be advised about the rehabilitation process and facilities.
6. Two weeks notice is given prior to admission wherever possible.

Dr Ryall, with members of the team and family, through her outpatient clinic assessments, decides when to admit patients with limb absence, requiring rehabilitation therapy.

The inpatient paediatric programme is available over 5 days – Monday to Friday with weekends typically spent at home for the child or young person to rest and continue with a home programme of activities. In circumstances where children are unable to go home because of the level of care required in the early stages of their rehabilitation they can, with consultation, appropriate planning, and by arrangement, be transferred to an adjacent adult ward for the weekend.

Where children and young people are to be offered inpatient services over an extended period they will mostly attend Monday-Friday for 3 weeks and then be at home for the fourth to rest, practice individually identified therapeutic activities of daily living, and begin to reintegrate into the family and wider community.

Children and young people can be offered 2 or 3 days per week inpatient attendance if they and their family/carer are:

- Preparing for discharge and transition home.
- Are unable to commit for a full 5 day week because of fatigue, age or for other family reasons.

This arrangement of split weeks allows for better utilisation of services.

What To Bring

- 3 tracksuits at least (jeans and skirts are not comfortable for many of the therapeutic activities)
- T-shirts, sweatshirts
- A coat/jacket
- Underwear – enough for 5 days
- At least five pairs of socks
- 1 or 2 pairs of comfortable runners or shoes (not new ones)
- Limb fitting patients should bring a left and right shoe, loose fitting and comfortable.
- Night wear, pyjamas or night-dresses
- Swimming togs for hydrotherapy may be necessary.
- Toiletries:- hairbrush, toothbrush and paste, facecloth, soap, shampoo and deodorant. Towels are provided by the hospital.
- Family photos and/or favourite posters, favourite soft toy or small items that will prove comforting for your child/adolescent.
- Current school books

- *If your child/adolescent wears glasses, please bring them*
- *If your child/adolescent is on any medication please bring them and a recent prescription*
- *If your child/adolescent has any appliances, e.g. splints, callipers, prosthesis, special socks etc, please bring them.*

The ward is equipped with TV, video and radio cassette; we only allow personal music systems (i.e.) iPod, Wii.

The use of mobile phones must be discussed with ward staff.

NB: - All items of clothing should be clearly marked with the child/adolescent's name.

-The Hospital Authority cannot accept responsibility for valuables, money, jewellery, clothing, etc. You are advised to bring only what is necessary for the duration of your child/adolescent's stay in hospital.

In line with our healthy-eating policy on the ward. One 'treat' from the food / drink cupboard will be given at a set time each day. You will be given information on healthy eating for your child/adolescent and you can meet with the dietician if your child/adolescent has any specific dietary needs.

If your child has special dietary requirements please inform nursing staff and bring relevant dietary information and products.

Parents' Accommodation

To support and sustain patients in the Paediatric programme accommodation for one parent for each child/adolescent can be offered either on the hospital campus or in a local B & B (support in funding the B & B arrangement when necessary may be sought from the relevant local community welfare officer). See also information at the end of this handbook with details of available local accommodation.

What To Expect At Admission

An admission letter outlining the day, date and time of admission will be forwarded to you. It is very important that you prepare your child/adolescent for this admission, and accompany him/her on the day. If, due to exceptional circumstances, you cannot attend at the time or date indicated, please telephone the National Rehabilitation Hospital at the following numbers-

Paediatric Admission's Office: 9am-5pm

Telephone: 01-2355331

Or

St. Agnes' Ward: 8am-8pm

Telephone: 01 – 2355255 / 2855303

On arrival, at the time indicated in your admission letter, please go to the admissions office in the front hall. From there you will be shown to St. Agnes Ward, where you will be met by a staff nurse and introduced to the ward staff. You will also be shown around the hospital, introduced to other team members and informed of your child/adolescent's initial

assessment, schedule/timetable. Then the Senior House Officer or the Doctor on duty will meet you for a medical admission. We will do our best to introduce you all to the Hospital and the Paediatric Programme as quickly and effectively as possible. This handbook will help you settle into the service and more information will gradually be made available.

Following the individualised, developmental and age-appropriate initial assessment period the service to be offered will be explained to the child/adolescent and parent/carer. There will be an opportunity to discuss and attempt to adjust where necessary the plan, within the constraints of the resources available, before agreement is sought.

Children/adolescents and their parents/carers will be offered appropriate information and the opportunity for feedback at every stage of the rehabilitation process. Rehabilitation requires a team approach. Children/adolescents and their families/carers are the most important part of the team and participate in the planning and decision making.

The Paediatric Programme provides comprehensive liaison with all referring hospitals, medical teams, families, schools and local therapeutic service providers to compliment the inpatient service. Planning begins for constructive timely discharge from the point of admission.

Leaving Your Child/Adolescent:

As your child/adolescent becomes more familiar and settled in the hospital, and depending on their age and stage of development, you may wish to arrange to be absent from the hospital overnight to tend to other family needs. It is natural to feel concerned about leaving your child/adolescent, especially if you live a long distance away or if you have spent long periods of time with your child/adolescent in an intensive care unit. We do want you to feel confident when you decide to leave, so please talk through any concerns you may have with the staff. Team members always welcome any information that a parent/carer can give with respect to their child/adolescent's needs, which may improve their care.

Advice and Support:

It is natural to be worried about your child/adolescent. They in turn may be worried about you and how you are coping. It is not always easy to express your worries and how you are feeling, but sometimes it helps to

write them down and discuss them with staff. You may also feel that you are not coping with the stressful situation or life in hospital. This is a normal reaction in the circumstances. Please do discuss any concerns (emotional, financial etc.) with the Social Worker allocated, Nurse or any member of staff that you feel most comfortable with. We can either provide the information you need or suggest how you can obtain it. More specific professional support is available if required. Confidentiality is maintained within the team at all times unless there is a risk of harm.

Visiting/Communication:

We welcome family/peers/friends to visit at any time. It is important, however, that visits fit in with your child/adolescents individual rehabilitation programme. We trust that all visitors will respect the advice given by team members regarding the number of visitors, timing of visits and bedtimes. It is important not to tire your child/adolescent with very long visits, or by large numbers of people visiting at any one time. We encourage parents/carers, where possible, to take their child/adolescent home at weekends as this is an integral part of the rehabilitation process and also helps the whole family to reunite after a serious illness or trauma.

Patients of the Paediatric Programme are supervised at all times in the hospital by a member of staff or by their parents/carers.

If siblings or other children/adolescents are visiting, they must be under the strict supervision of their parent/guardian at all times.

The NRH has its own Policy and Procedures for the protection of Children and Young People that have been drawn up in accordance with the Governments National Guidelines – Children First. You may read or request a copy.

Creating A Familiar Environment

During the day therapies and education for the children/adolescents are mostly provided on the ground floor of the hospital. Patients, family/carers and nursing staff are therefore based in the Paediatric day unit adjacent to the school and most therapy areas.

The day unit comprises a play and relaxation room, a kitchen, a nursing station plus toilet and personal care room and an outdoor playground.

Rehabilitation is a process that enables children/adolescents to reach their potential after their illness or accident. Parents/carers may be asked to

take part in treatment sessions with their child or it may be suggested that the child will focus more if they are not accompanied by a parent. Guidance and support is given by therapists and nurses to parents at all times who wish to participate in any of their child/adolescents care and treatments.

GENERAL HOSPITAL FACILITIES:

Dining :

The child/adolescent has all their meals on the ward. There is a staff canteen, which family of patients are welcome to use.

Cedars Coffee Shop:

The coffee shop is located next to the quadrangle garden

Monday to Friday	8am-8pm
Saturday and Sunday	9am-5.45pm

Day Room

All patients, family, and friends may use this facility, which includes a television and a pool table.

One end of the day room is for quiet time and a range of books may be obtained on loan in the Day Room. Same as in the patient book??

Quadrangle Garden:

For sunnier days, on the ground floor, there is a garden and patio area. Smoking is not allowed in this area.

Religious Services

We respect each family/carer's religious beliefs and cultural identity. A catholic chaplain is available in the Hospital.

Mass is celebrated every weekday at 6pm.
Sundays at 10.30am.

A Church of Ireland minister visits weekly. Further arrangements can be made as required. We will endeavour to source a minister of your faith.

Laundry

Children/adolescents are encouraged to wear their own clothes. Please bring in the clothes your child/adolescent likes to wear. We have limited facilities to wash clothes in the hospital and where possible we would

encourage family/carers to take laundry home. The hospital cannot take responsibility for articles of clothing which are lost or damaged.

SUPPORT SERVICES with Contact Points in the Hospital

BRÍ

BRÍ was established to build a cohesive organisation on a regional basis, to be a voice for those affected by Acquired Brain Injury, and as a means of channelling information to service providers, politicians, the media and the public in general.

Tel: (01) 235 5501

Citizens Information Service

The Citizen's Information Service (formerly Comhairle) is the government agency responsible for the provision of information, advocacy and advice to members of the public on social services. They will help with queries in relation to social welfare payments, housing, legal matters, HSE services, pensions, etc.

A Citizens Information Centre clinic is run periodically in the hospital's quadrangle. Alternatively contact your local Citizens Information Office.

Irish Wheelchair Association

The Irish Wheelchair Association is the national organisation of people with limited mobility. They provide a broad range of services for people with physical disabilities. The Association has an office based in the hospital.

Tel: (01) 235 5406

The Peter Bradley Foundation

The Peter Bradley Foundation was set up to provide a range of flexible, tailor-made services for people with Acquired Brain Injury (ABI). They provide services on a regional basis.

Tel: (01) 286 4164 (National Office)

Spinal Injuries Ireland

Spinal Injuries Ireland is a national organisation based in the hospital grounds. They provide a broad range of support and information services to patients with a spinal cord injury and their families. As part of their services Spinal Injuries Ireland provide an outreach service, social and venture activities programme, peer support and regional support groups.

Tel: (01) 235 5317 Email: info@spinalinjuries.ie

OTHER IMPORTANT INFORMATION

Fire Safety

A fire alarm bell test is carried out each week and all hospital staff receive fire safety training on an ongoing basis.

In the event of fire follow the instructions of staff. The lift must not be used during a fire. If you discover or suspect a fire in the building, tell a member of staff immediately or activate the nearest break-glass unit.

Smoking Policy

The NRH is a non-smoking hospital. Smoking is only permitted in designated areas on the hospital grounds. Children/adolescents in our care are strictly prohibited from smoking, drinking alcohol or using illegal drugs.

Electrical Appliances

If you bring any electrical appliance into the hospital, please inform the Clinical Nurse Manager on your ward as electrical equipment must be approved by our maintenance team before use.

Mobile Phones

The use of mobile phones can cause life support and diagnostic equipment to malfunction. Areas where mobile phones cannot be used are clearly marked. Patients must switch off mobile phones during therapy and educational sessions. If your child/adolescent's mobile phone needs to be charged please check first with the clinical nurse manager. **Mobile phone chargers must be unplugged when not in use.** There is a mobile phone top-up machine at the main entrance

Hand Hygiene

We try to maintain a clean, safe environment within the hospital. Your cooperation during cleaning times can assist us with this goal. Storage on the ward is limited and we recommend that personal items are kept to a minimum.

Hand hygiene is the most important way of preventing the spread of infections. Always wash your hands after using the bathroom, or if they are visibly dirty.

Hand gels are located at the entrance to the hospital, and all wards and treatment areas. We request that you and your visitors use these gels on arrival and when leaving the hospital, and when moving between different areas of the hospital to prevent the spread of infection.

There are posters around the hospital which explain how to apply hand gels but feel free to ask any staff members if you need assistance.

Please feel free to check with staff that their hands are clean.

Infection Control

If your child/adolescent is placed in an isolation room for infection control purposes, please speak with the Infection Control Nurse, Clinical Nurse Manager or a member of the team to explain the correct procedures that you should follow.

Safe Disposal of Needles

If you or your child/adolescent is a diabetic and self administer insulin injections, please use the “Sharps Bin” to dispose of your needles safely.

Mobility

Each patient’s disability is different, and each patient has a different mobility level. Some patients may be able to walk while others may need the use of a wheelchair or a mobility aid. You are asked to strictly follow the guidance of the therapists working with your child/adolescent at all times.

RIGHTS OF PATIENTS

The Hospital has put in place policies which promote the rights of all the patients. Included are policies relating to:

- Confidentiality
- Privacy
- Child Protection
- Complaints procedure

A Patients Advocate is employed at the hospital to assist patients or their family/carers with any complaints or issues they need assistance in presenting to the hospital. To contact the patient advocate:

- telephone 2355451
- email pauline.sheehan@nrh.ie

The hospital is committed to giving the patient and their family/carers as much information as possible to enable choice wherever possible regarding the delivery of their rehabilitation service.

Patients also have a right to choose whether to be involved in any research project being undertaken at the hospital.

Legal Representation

Arrangements can be made for patients/family to see their solicitor in private by planning ahead with nursing/social work staff. Also the local Citizens Advice Bureau which visits the hospital can provide information on how to seek legal advice/representation if required.

Patients Committee

A Committee of Patients, chaired by an independent person meets bi-monthly to discuss suggestions made by patients. Patients are invited to attend. If you wish to attend meetings during your child's stay in the hospital please check the day room notice board. If you would like to suggest any improvements in the hospital arrangements or facilities, Red suggestion boxes and cards are located around the hospital

CONCLUSION

- Please feel free to ask for more detailed information which is readily available on all areas of your child/adolescent 's rehabilitation.



IMPORTANT TELEPHONE NUMBERS

	Contact Name	Phone Number
<i>St. Agnes' Ward</i>		
<i>Day Unit</i>		
<i>Physiotherapy</i>		
<i>Occupational Therapy</i>		
<i>Speech & Language Therapy</i>		
<i>School</i>		
<i>Clinical Psychology</i>		
<i>Dietetics</i>		
<i>Social Work</i>		
<i>Admissions</i>		
<i>Patients Advocate</i>		
<i>Programme Manager</i>		

NOTES

Produced by members of the Paediatric Team, April 5 2008.

*To be reviewed at least annually to reflect changes in service provision
and to take account of feedback from patients/family/carers and staff*