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Communication during hospitalization

Breakthrough RESEARCH

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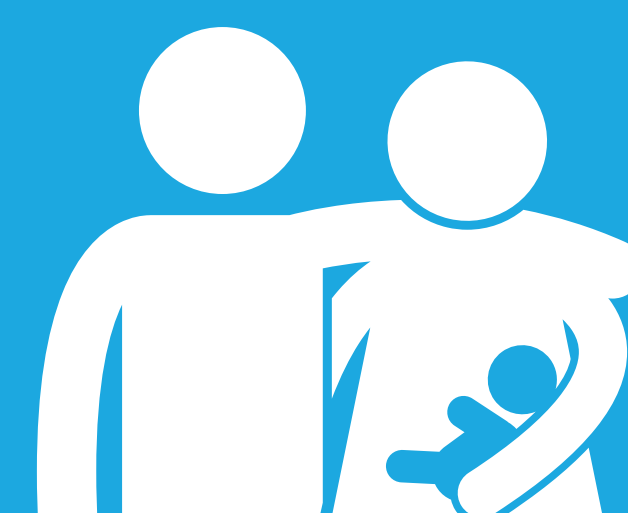
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COMMUNICATION DURING HOSPITALIZATION

HEALTHCARE PROVIDERS



PARENTS/ CAREGIVERS



Introduce yourself and your role
Be respectful, polite, and empathetic
Use local language and speak slowly

ADMISSION



Introduce yourself and your child
Be respectful, polite, and patient

Explain and decide on the child's care plan with parents/caregivers and provider team
Provide regular updates to parents and family promptly
Listen carefully to parents'/caregivers' questions and concerns
Answer any questions or concerns raised by parents/caregivers or refer appropriately

CARE PLAN



Ask for information about your hospitalized child's care plan
Voice your opinion about your child's care plan
Raise questions about your child's care
Ask for updates on your child's treatment plan

Allow and actively engage parent/caregiver participation in ward rounds
Explain clinical results and child's progress to parents/caregivers during ward rounds

WARD ROUNDS



Ask for an explanation of your child's progress during ward rounds
Seek information on test results and next steps in care

Explain the feeding methods for sick children, why, and how often to feed their child
Counsel the mother on breastfeeding and coach her on how to express breast milk if child cannot suckle
Show parents/caregivers how to feed their child and how to use weight charts

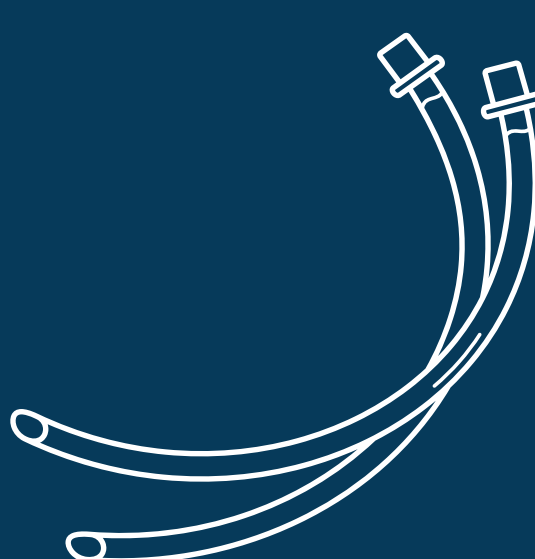
FEEDING



If your child is less than 6 months old exclusively breastfeed your child and ask how to breastfeed or express breast milk
If your child is more than 6 months old, feed your child a balanced diet and breastfeed on demand
If your child is unable to eat by mouth, ask to participate in feeding your child
Assist in filling information on your child feeding and weight charts

Explain why the NGT procedure is needed and allay any concerns
Explain how the procedure will be done and ensure the child's pain and/or discomfort is minimized
Explain how to care for the child after the NGT insertion
Demonstrate feeding methods so parents can support their child (including care of the tubes)

INSERTION OF NASAL GASTRIC TUBES (NGT)



Support the provider during tube insertion by soothing, comforting, and talking to your child
Support the provider in caring for the tubes and follow infection prevention rules
Ask if you can participate in NGT feeding and for the provider to demonstrate NGT feeding
Note: your child's feeding method may change from time to time depending on your child's condition

Inform the parents/caregivers about the procedure, why it is required, and what is involved
Allow the parents/caregiver to be present and encourage them to help comfort the infant if feasible
MAXIMUM 3 attempts allowed then you must seek help (use discretion with very small infants or infants with difficult access)

INTRAVENOUS (IV) CANNULAS FOR TREATMENT



Use comfort measures as needed (swaddling, non-nutritive suckling, warmth, shield child's eyes from direct lighting)
Help the provider check for signs of inflammation (swelling, pain, coolness of skin, and leakage at site)

Orient the parents/caregivers on the ward environment, use of bathrooms, and sleeping areas for parents/caregivers
Share information on the use of feeding spaces and incubators
Explain infection prevention control measures on hand washing and wearing masks
Explain facility policies on visitation and family members
Ensure a calm and soothing environment for sleep by minimising bright lights and loud noises
Coach the caregiver on how to reduce pain and discomfort by breastfeeding, swaddling, cuddling, singing/humming, suckling for soothing, and skin-to-skin care when in the hospital and to practice upon discharge

WARD ENVIRONMENT (INCLUDING FEEDING, SLEEPING)



Ask about the ward environment and visitation policies
Seek information for your comfort and safety, as well as warmth and safety of your child such as cots, rails, and warmers
Seek information on how to support sleep and minimise your child's pain during and after procedures
Follow provider's advice on how to breastfeed, swaddle, sing or hum, suckle for soothing, and skin-to-skin care
Inform providers when child shows signs of distress
Provide feedback to the provider on experience of care (complete the exit forms using phone, SMS, or suggestion box)