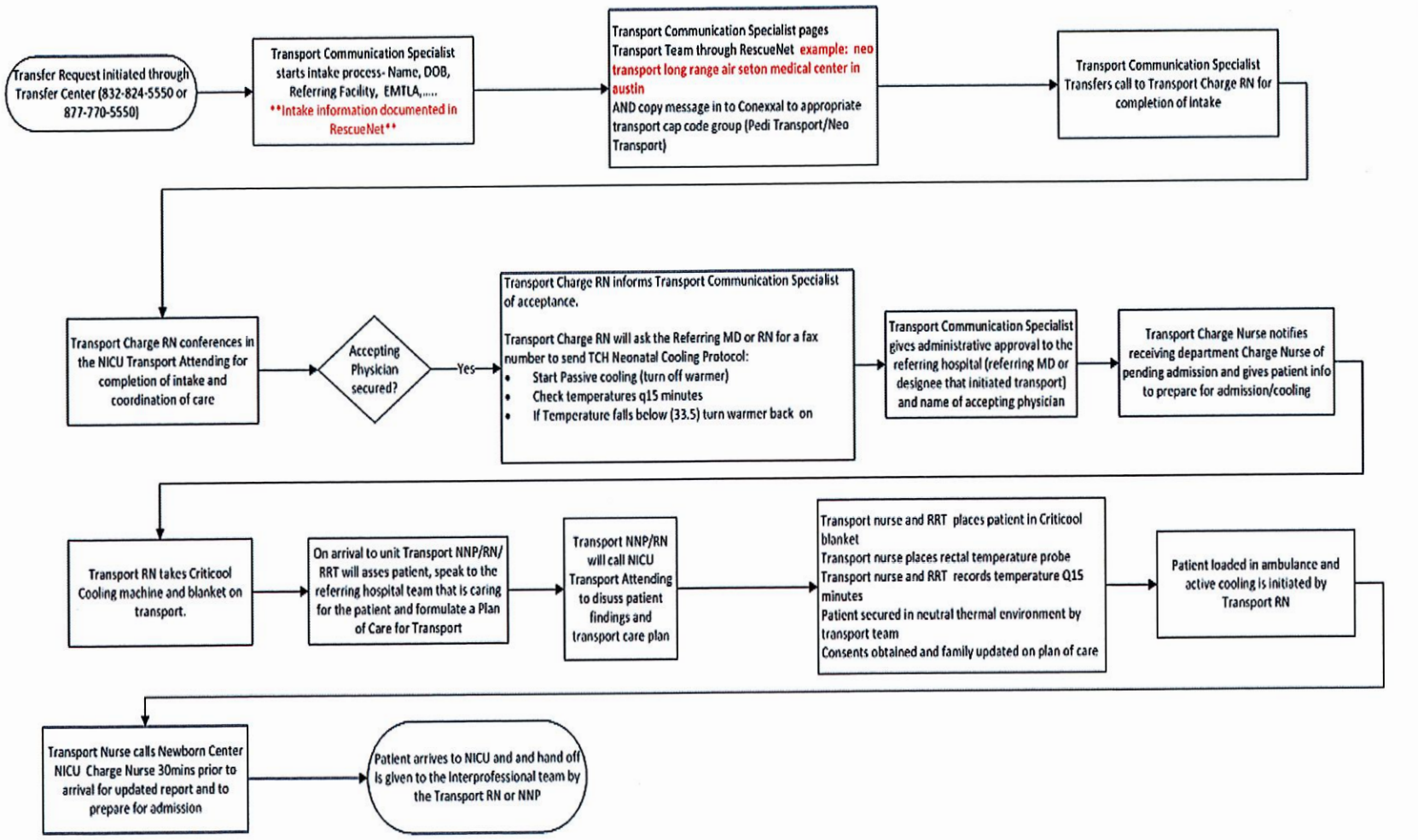
Nerve Center/Transfer Center- Cooling Patient

July 2017



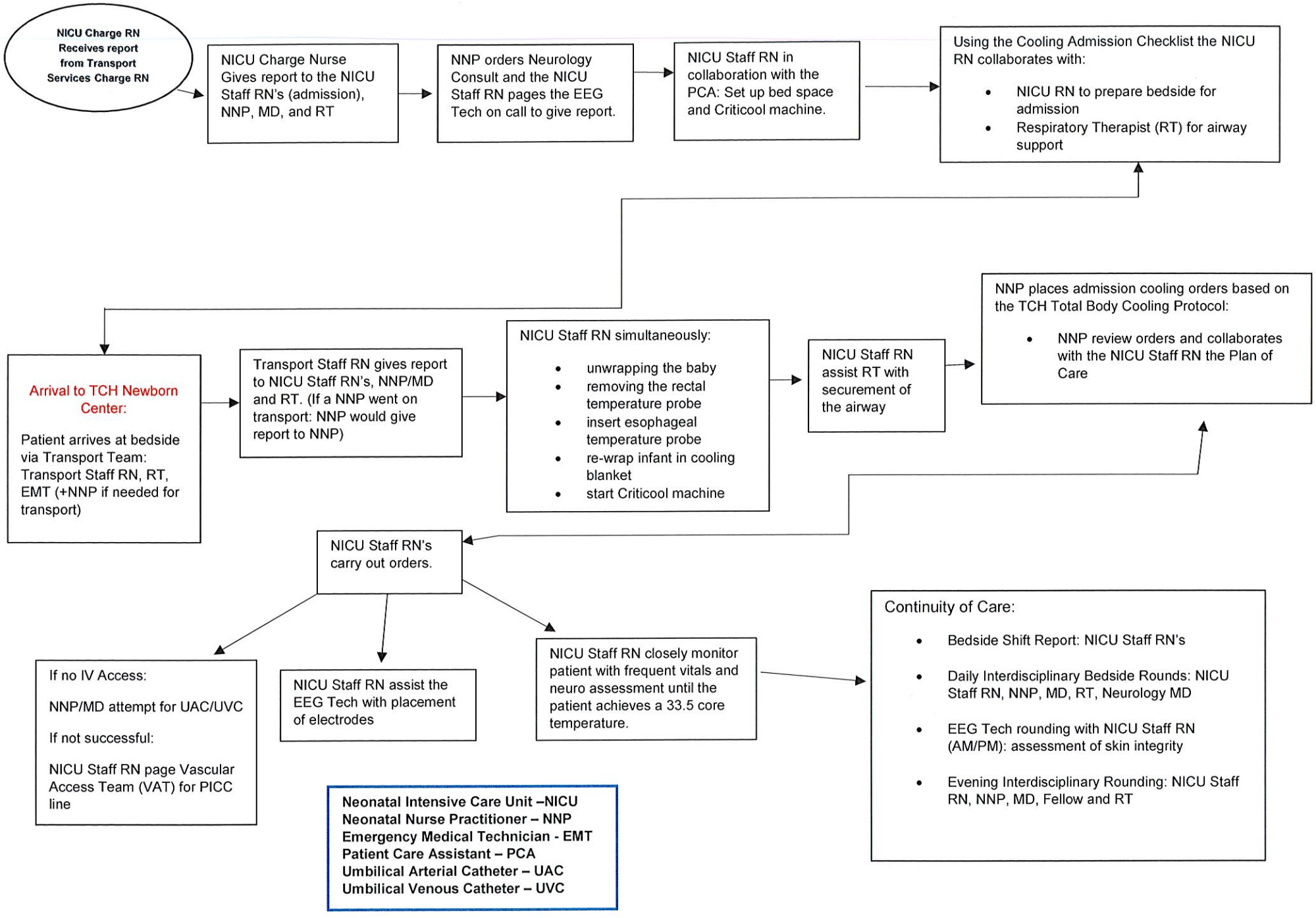
TEXAS CHILDREN'S HOSPITAL
NEONATAL COOLING PROTOCOL

- In an effort to better regulate temperatures within the approved ranges for neonatal cooling protocol, please implement following protocol:
- Initiate passive cooling:
  - Q 15 minute axillary temperature checks
  - If the patient should fall below 33.5C° degrees: stop the cooling process and turn the warmer back on
  - If patient warms above 34.5C° please turn off warmer
  - Maintain temperature range of 33.5-34.5C°
- Temperature regulation is critically important
- Questions: please call 832-824-5550 option 1
  - Transport Charge Nurse or Online Medical control can assist with further recommendations

Texas Children's

Newborn Center - NICU – Total Body Cooling

July 2017



Patient:_____ GA @ Birth:_____ **Date:**_____
DOL:___ Today's Weight:_____ **Shift: AM / PM**

Main/Active Problems:	
Reason in NICU:	
Past 24 Hours Concerns	
Plan of Care for the Day: **All Lines needed** / **Y** / **N** PICC UVC UAC PAL CT Foley **Airway Position Confirmed:** **y ☐ n ☐**	Goal for the Day_____ Resp:_____ CV:_____ FEN/GI:_____ ID:_____ Neuro/Sedation:_____ Heme:_____ Renal/GU:_____ Family Goals:_____
Things to acutely worry about/Escalate in the next 24 hours (assessment)	☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____

Patient:_____ GA @ Birth:_____
DOL:___ Today's Weight:_____

Main/Active Problems:	
Reason in NICU:	
Past 24 Hours Concerns	
Plan of Care for the Day: **All Lines needed** / **Y** / **N** PICC UVC UAC PAL CT Foley	Goal for the Day_____ Resp:_____ CV:_____ FEN/GI:_____ ID:_____ Neuro/Sedation:_____ Heme:_____ Renal/GU:_____ Family Goals:_____
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PROCEDURE

Texas Children's

Communicating with Patients and Families with Language Barriers Procedure

Procedure # 753	***Categories*** Clinical →Language/Guest Services, Patient & Family Services	***This Procedure Applies To:*** Texas Children's Hospital, Texas Children's Pediatrics, Texas Children's Physician Services Organization, Texas Children's Urgent Care, Texas Children's Women's Specialists, The Center for Children and Women ***Document Owner*** Alma Sanchez

PROCEDURE

1. Definitions

1.1. Dual role staff:

Dual role providers conduct their direct patient care job function in a language other than English (i.e. a nurse who provides nursing care in Spanish for a Spanish speaking patient)

1.2. Bilingual healthcare provider:

Bilingual health care provider is a staff member that has demonstrated proficiency in both fluency and medical terminology in a second language, and has received training in the ethics and standards of interpreting. A bilingual health care provider can be utilized in a 3rd party medical encounter to interpret, in their area of specialty/practice.

2. General Guidelines

2.1. Texas Children's will use staff interpreters, and/or qualified vendors (i.e. on-site interpreters, telephonic and video interpreting) for language assistance requests.

2.2. Language Service Department will be the primary provider of interpreter services for patients seen at the main campus (West Tower, Clinical Care Center, and Abercrombie) and Pavilion for Women. If the Language Services department cannot meet the patient/family's needs, then Language Services will assist the provider in obtaining the needed services.

2.3. For patients seen at West Campus, language services will be provided through telephone interpreting, video interpreting, in-person staff interpreters and contract interpreters.

2.4. Health Centers will utilize approved contract interpreters for interpreting services in accordance with the Accessing Language Assistance Work Sequence and Process Map (Health Centers).

2.5. Telephonic interpretation can be accessed 24 hours per day, 7 days per week when a face-to-face interpreter is not available. Dial *9123 to access telephone interpreting services at Main Campus, West Campus, and Pavilion for Women. Callers should select option 1 for the

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Pavilion for Women, option 2 for Main Campus, or option 3 for West Campus. Callers should provide language needed, department name, location (building/floor) and if another call will have to be made. For patients seen at other sites (i.e. Health Centers), refer to Section 2.40.

3. Obtaining an Interpreter – Main Campus

   3.1. Interpretation services are available by calling Language Services at ext. 4-5200 during regular business hours. The interpreter on-call may be reached through the page operator for after hours and Holidays.

   3.2. Outpatient clinic requests should be made through the central scheduling system and follow the Accessing Language Assistance Work Sequence and Process Map (Hospital) for requesting an interpreter, or call Language Services at ext.4-5200. Video interpreting can be used in locations where available.

   3.3. Inpatient areas should contact Language Services at ext. 4-5200 for interpreter assistance or the on-call interpreter after hours. Telephonic and video interpretation is also available.

   3.4. Emergency Center (EC) requests for interpreter services should first contact assigned EC interpreters. For all other language needs, and/or when an in-person interpreter is not available, EC staff should access an interpreter using video interpreting or telephonic services.

4. Obtaining a Sign Language Interpreter

   4.1. Contact the Language Services department if a patient or family requires the assistance of a sign language interpreter at ext. 4-5200 or the on-call interpreter through the page operator.

   4.2. If patient is in the EC, video interpreting can be used for on-demand sign language interpreting. If a face-to-face sign language interpreter is needed, contact the EC interpreter and/or the Language Services staff member on-call through the page operator.

   4.3. For information on telephone devices for the deaf, refer to Section 6.00.

5. Written Translations

   5.1. The Language Services department maintains a list of vendors that provide written translation services. Language Services will assist with obtaining written translation of patient documents upon request.

   5.2. Translated patient documents are available on the Language Services Connect site or by contacting Language Services at ext. 4-5200.

6. Telephone Devices for the Deaf (TDD)

   6.1. In accordance with the American with Disabilities Act (ADA), Telephone Devices for the Deaf (TDD) are provided as needed for patients, families or employees. Public-use TDD machines are available throughout the Main Campus and the Pavilion for Women.

   6.2. The main number to reach Texas Children's Hospital via TDD is 832-824-2800. This number is answered by Texas Children's Hospital operators 24 hours a day.

   6.3. TDD equipment for temporary use in patient rooms is available at Team Comm C of West Tower floors 7-15.

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6.4. Permanent TDD equipment for a hearing impaired employee or a customer service application can be obtained by sending an approved Telecommunications Service Request form to IS Telecommunications.

7. Documentation

7.1. For consent process for LEP patients and their families, refer to General and Informed Consent for Treatment Policy.

8. Language proficiency assessment process

8.1. Language Services will maintain a database of staff that are validated as dual role providers or bilingual health care providers. Documentation of proficiency should be maintained in Language Services files and/ or in the employee file.

8.2. Staff utilizing bilingual skill in a medical encounter, in either their own role or providing interpretation during a medical encounter, should be assessed for proficiency.

8.3. Clinical staff and providers who received clinical training in a language other than English are exempt from this requirement for the language in which they were trained, in the country of the original language.

8.4. Bilingual health care provider staff assessment

8.4.1. Staff providing interpretation as a third party during a medical encounter should be tested for fluency and medical terminology. Bilingual staff must pass the Bilingual Health Care Provider assessment and complete the required online training to qualify as a validated Bilingual Health Care Provider.

8.4.2. Staff that meet the requirements as bilingual healthcare providers are also qualified to perform his/her own role in a second language (dual role).

8.4.3. Requests to validate proficiency through observation for a particular employee as opposed to using the assessment may be approved by the leadership of Language Services or designee on a case-by-case basis.

8.4.4. Upon completion of all requirements, staff and leadership will receive confirmation of validation from Language Services. Validation documentation is maintained in Language Services and/or should be maintained by the employee's leadership in the employee file.

8.4.5. Clinical staff and providers who received clinical training in a language other than English are exempt from this requirement for the language in which they were trained.

8.5. Dual role provider staff assessment

8.5.1. Staff acting in dual roles should be assessed/validated by direct observation.

8.5.2. Upon completion of requirements, staff and leadership will receive confirmation of validation from Language Services. Validation documentation should be maintained in Language Services and/or should be maintained by the employee's leadership in the employee file.

8.5.3. Clinical staff and providers who received clinical training in a country where English is not the first language are exempt.

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8.5.4. Requests to validate proficiency using other means of language assessment, training and/or experience may be approved by the leadership of Language Services or designee on a case-by-case basis.

9. Downtime

9.1. For downtime procedures consult Accessing an Interpreter Procedure or call red phone 713-797-5682.

RELATED DOCUMENTS:

Accessing Language Assistance Work Sequence and Process Map (Health Centers)

Communicating with Patients and Families with a Language Barrier Policy

General and Informed Consent for Treatment Policy

Creation Date: 04/28/2016	Last Review Date: 05/09/2016	Effective Date: 05/09/2016

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