



LOUISE H. BATZ  
PATIENT SAFETY FOUNDATION  
Protecting the Patient First



# THE BATZ GUIDE *for kids!*

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FOR BEDSIDE ADVOCACY



THIS BOOK BELONGS TO:

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FAMILY MEMBERS:

CONTACT INFO:

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**DISCLAIMER:** *This guide was written to educate and inform readers about the specific information and skills they need to be active participants in their medical care. It is intended to be a catalyst for patients and their advocates to cultivate mutually respectful relationships with healthcare providers, to learn to ask the right questions, and to communicate effectively about treatment options. It is informational in nature and is not intended as a substitute for the professional advice of a physician, attorney or other advisor.*





# WEEZIE ANGEL HERO AWARD



Last year The Louise H. Batz Patient Safety Foundation implemented the Weezie's Angel Hero Award in honor of Louise "Weezie" Batz's commitment to helping others and to recognize those individuals in a hospital setting who go above and beyond in caring for patients, creating mission awareness, and advocating for patient safety.



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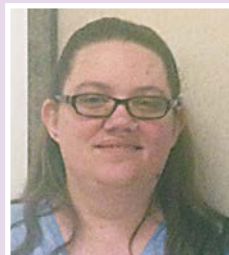
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# THE BATZ GUIDE

## FOR BEDSIDE ADVOCACY

### “Teaming up for the Patient”

#### EDITORS

*Laura Batz Townsend & Rachel Armbruster*

The Batz Guide for Bedside Advocacy is truly a collaborative work: these individuals have knowledge and great ideas, but alone they are just ideas. We have worked together as a team over the past eighteen months to bring these outstanding individuals together to create a tool that bridges the communication gap between doctors, nurses, hospital administrators, patients and family members in a hospital setting in hopes of promoting a safe hospital experience for our loved ones.

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# THANK YOU TO OUR SPONSORS:

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**LOUISE H. BATZ**  
PATIENT SAFETY FOUNDATION  
PROTECTING THE PATIENT FIRST

It takes a **TEAM** to manage a patient's care safely. Many people will interact with a patient before their healthcare journey is complete. Using The Batz Guide can help patients and healthcare providers feel that they are an important part of the **TEAM**.

**T**

**AKE** a copy of The Batz Guide and tell your healthcare **TEAM** and family about it. Use The Batz Guide all along the course of your illness or procedure to write down important questions or medical information. Examples: Physician's Office, Pre-Op, Hospital Stay, Discharge, Home care and Follow-Up visits.

**E**

**NGAGE** in conversation about The Batz Guide with your community healthcare **TEAM**, at any time during your healthcare journey. Encourage those who haven't used The Batz Guide to get a copy from their healthcare **TEAM**, for themselves or other family members.

**A**

**SK** your healthcare **TEAM** for a copy of The Batz Guide. After reviewing it, ask your healthcare **TEAM** any questions you may have about your care and treatments.

**M**

**ENTION** The Batz Guide often and ask your healthcare **TEAM** to help you complete and fax a survey for continued improvement, before being discharged or at any other time you are using The Batz Guide during your healthcare journey.

## AS A TEAM, WE CAN SAVE LIVES!

Teamwork Tool Developed in collaboration with the Batz Foundation and Baptist Health System



**BAPTIST  
HEALTH SYSTEM**  
*Passionate people. Compassionate care.*



INFORM

EMPOWER

SUPPORT

## ABOUT THE FOUNDATION

### THE MISSION

The mission of the Louise H. Batz Patient Safety Foundation is to ensure that patients and families have the KNOWLEDGE they need to promote a safe hospital experience for their loved ones and to support innovative advancements in patient safety. Our greatest hope is that families, patients, and caregivers will work together as a TEAM to improve safety in our hospitals.

### OUR PURPOSE

The goal of the Louise H. Batz Patient Safety Foundation is to open the pathways of communication among patients, doctors, nurses, and hospitals in an effort to enhance hospital safety and to prevent adverse events.

It is important to empower the patient - and his or her family - with knowledge about what type of care will be given. Only then can they make informed decisions. We believe:

- 1: A hospital stay can be a frightening experience, and it is easy to become overwhelmed by everything that is happening.
- 2: Patients and families trust that the hospitals, nurses, doctors, and administrators are properly prepared to deal with all situations. Unfortunately, this is not always the case.
- 3: It is vital to deepen parent and caregiver awareness and to provide literature that is easy for the patient and loved ones to understand.
- 4: It requires everyone working together as a TEAM to ensure that patients, families, doctors, nurses, and hospitals are safe, informed, and protected.



*Follow these tabs in order as you progress through your child's hospitalization.*

BEFORE YOUR STAY

DURING YOUR STAY

GOING HOME



*Look for the Angel for helpful tips, facts, recommendations and resources.*

## USING THE BATZ GUIDE

Organize your questions and concerns as soon as you learn about an upcoming surgery or procedure. This packet will be useful during pre-surgery appointments, during your time in the hospital, at home post-surgery and for follow-up visits and appointments. We encourage you to include personal questions based on feelings or concerns and utilize the questions provided in the Patient Care Packet.

We recommend you keep all of these documents together in a binder and bring it with you to your appointments. Include important phone numbers, information about medications, and test results. If you do not understand an answer you receive, ask that the answer be given in a different, more understandable way.

Be confident about asking questions and taking notes. Ask your healthcare team to slow down if the appointment is moving too quickly. If you do not understand an answer you receive, ask them the question again and ask the provider to explain the answer in a different way. Be sure you understand and agree with the treatment plan. Feel free to ask for more time to consider different options and a second or even third opinion, as long as it will not compromise treatment.





## INTRODUCTION

*This book is a tool to organize your child's healthcare information, and can be further utilized to make procedures or hospital stays as safe as possible. See Table of Contents for more details.*



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*Happiness is a state of mind.  
It's just according to the way  
you look at things."*

*-Walt Disney*





*Important notes and papers  
before your stay.*



**LOUISE H. BATZ**  
PATIENT SAFETY FOUNDATION  
PROTECTING THE PATIENT FIRST

# ABOUT YOUR CHILD

## PERSONAL PROFILE

BEFORE YOUR CHILD'S STAY

1. NAME: \_\_\_\_\_

2. AGE: \_\_\_\_\_

3. GENDER: \_\_\_\_\_

4. HEIGHT: \_\_\_\_\_

5. WEIGHT: \_\_\_\_\_

4. BLOOD TYPE: \_\_\_\_\_

6. ETHNICITY: \_\_\_\_\_

7. ALLERGIES TO MEDICATIONS: \_\_\_\_\_

8. FAITH TRADITION, IF RELEVANT: \_\_\_\_\_

9. CURRENT OVER-THE-COUNTER MEDICATIONS (including prescriptions and vitamins): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 10. CURRENT BREATHING PROBLEMS

☐ Asthma   ☐ Emphysema   ☐ Pneumonia   ☐ Lung Disease   ☐ Sleep Apnea   ☐ OTHER \_\_\_\_\_

\_\_\_\_\_

*If you have any of these you will need increased monitoring while in the hospital.*

11. SERIOUS HEALTH PROBLEMS: \_\_\_\_\_

☐ Cancer   ☐ Heart Disease   ☐ Diabetes   ☐ OTHER \_\_\_\_\_

\_\_\_\_\_

12. How many times has your child been in the hospital this year?

☐ 1   ☐ 2   ☐ 3   ☐ 4   ☐ 5   ☐ OTHER \_\_\_\_\_

\_\_\_\_\_







# ABOUT ME

FOR KIDS ONLY!

Here is a drawing of me today:

BEFORE YOUR CHILD'S STAY

I go to school at \_\_\_\_\_.

My teacher's name is \_\_\_\_\_.

I really like to \_\_\_\_\_.

My favorite food is \_\_\_\_\_.

My favorite color is \_\_\_\_\_.

My favorite movie is \_\_\_\_\_.

My favorite book is \_\_\_\_\_.

My favorite TV show is \_\_\_\_\_.

When I go home, the first thing I want to do is

\_\_\_\_\_.





# MY FAMILY

FOR KIDS ONLY!

Here is a drawing of my family:



## ABOUT ME

FOR KIDS ONLY!

I have \_\_\_\_\_siblings.

If I have some, here are their names:

I have \_\_\_\_\_pets.

If I have some, here are their names:



# MEDICATION LOG

## AT HOME

Name and birth date: \_\_\_\_\_

Allergies: \_\_\_\_\_

MEDICATION <i>vitamin or herbal supplement</i>	DOSE	DATE <i>started/ stopped</i>	HOW <i>is it given?</i>	NUMBER <i>of dosages per day?</i>	TIME(S) OF DAY <i>medication is normally taken</i>	SPECIAL <i>instructions</i>	REASON <i>for medication</i>



# MEDICATION LOG

AT HOME

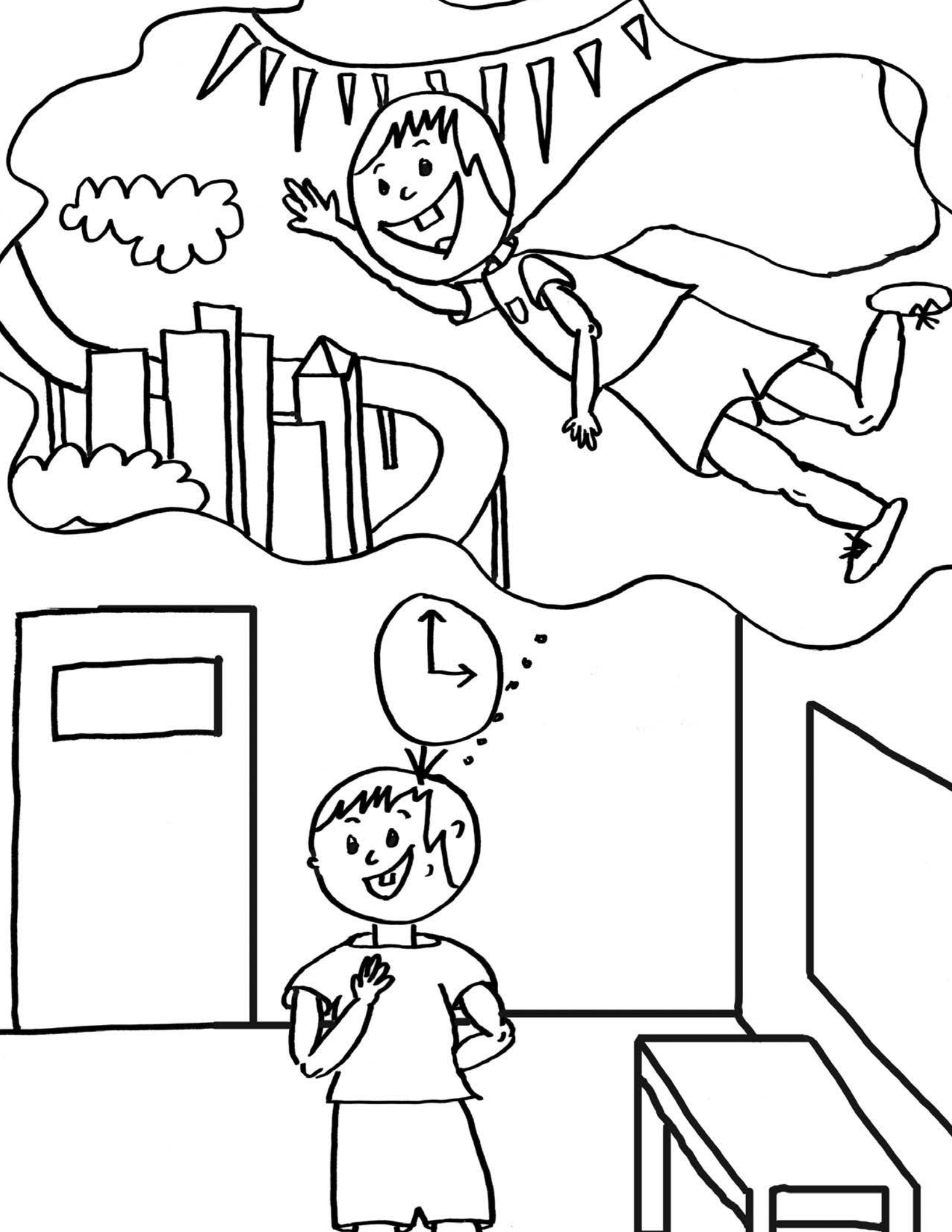
Name and birth date: \_\_\_\_\_

Allergies: \_\_\_\_\_

MEDICATION & vitamin or herbal supplement	DOSE	DATE started/ stopped	HOW is it given?	NUMBER of dosages per day?	TIME(S) OF DAY medication is normally taken	SPECIAL instructions	REASON for medication

BEFORE YOUR CHILD'S STAY







# MEDICATION LOG

## AT HOME

Name and birth date: \_\_\_\_\_

Allergies: \_\_\_\_\_

MEDICATION & vitamin or herbal supplement	DOSE	DATE started/ stopped	HOW is it given?	NUMBER of dosages per day?	TIME(S) OF DAY medication is normally taken	SPECIAL instructions	REASON for medication

BEFORE YOUR CHILD'S STAY



*Where there is great love,  
there are always miracles.*

*-Willa Cather 1873*



# MEDICAL TEAM

## PRE-SURGERY DOCTORS

VISIT <i>date &amp; time</i>	MY CHILD'S DOCTOR & <i>contact number</i>	EVALUATION <i>of condition</i>

BEFORE YOUR CHILD'S STAY





## PRE-SURGERY DOCTORS

**BEFORE YOUR CHILD'S STAY**



# SURGERY SUMMARY

BEFORE YOUR CHILD'S STAY

Date of surgery: \_\_\_\_\_

Type of surgery: \_\_\_\_\_

Name and address of surgery location: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone number of surgery location: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special instructions before surgery: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SURGEON/DOCTOR/NURSE NAME	CONTACT INFORMATION

Any major complications: \_\_\_\_\_

☐ BLOOD CLOTS   ☐ ANESTHETIC COMPLICATIONS   ☐ MAJOR INFECTIONS   ☐ OTHER \_\_\_\_\_







*If your child has more than one surgery, print out this page again and have your surgeon or nurse fill in a separate page for each.*





# SURGERY SUMMARY

**YOU HAVE A LEGAL RIGHT TO ACCESS ALL YOUR CHILD'S RECORDS.**

*It is important to keep copies of your child's medical records for future reference.*

HERE ARE RECORDS WE SUGGEST YOU KEEP IN YOUR BINDER:

- Copy of medication records (prescriptions and non-prescriptions) **MUST** be in your hands at all times!
- Copy of discharge summary after surgery
- Copies of all pathology reports
- Copies of any second opinions
- Copies of all imaging (MRI, CT) reports from before and after surgery
- Copies of pertinent films (x-rays, MRI, CT)
- Legal documents including, but not limited to: Power of Attorney, Do Not Resuscitate Orders, Living Will, etc.

BEFORE YOUR CHILD'S STAY





*If your child has more than one surgery, print out this page again and have your surgeon or nurse fill in a separate page for each.*

*These questions should be completed once prior to surgery and again in the pre-op room the day of your surgery.*

## **BENCHMARK VITAL LEVELS**

*Record patient's normal benchmark vital signs. Post-surgery, see page 63 to record and compare.*

**PATIENT NAME:** \_\_\_\_\_

**NORMAL OXYGEN LEVELS:** \_\_\_\_\_

**NORMAL TEMPERATURE:** \_\_\_\_\_

**NORMAL HEART RATE:** \_\_\_\_\_


**NORMAL RESPIRATORY RATE:** \_\_\_\_\_

**BLOOD TYPE:** \_\_\_\_\_



# ASK BEFORE YOUR STAY

## AND CONFIRM UPON ARRIVAL

QUESTIONS TO ASK	ANSWER	COMPLETED before surgery?	COMPLETED upon arrival?
<i>patient advocacy</i>			
<b>DOCTOR/NURSE(S):</b> What level of care do you think my child will need following surgery?	<input type="radio"/> Intensive Care (ICU) <input type="radio"/> Intermediate Care (Monitored or Telemetry-IMCU) <input type="radio"/> General Care Floor <input type="radio"/> OTHER _____		 <p><i>The lower the level of care, the less monitoring you will receive and this is where mistakes happen most.</i></p>
<b>NURSE(S):</b> How do you decide what level of care my child will need after surgery?			
<i>surgical procedure</i>			
Exactly what is being done and how long will it take?	<input type="radio"/> 1 hour <input type="radio"/> 1-3 hours <input type="radio"/> 3-6 hours <input type="radio"/> 6+ hours <input type="radio"/> OTHER _____		
How will you mark the parts of my child's body to show where you are operating?			
How will you mark the parts of my body you are operating on?	<input type="radio"/> Tape <input type="radio"/> Marking Pen <input type="radio"/> OTHER _____		
What is the hospital or surgery center's infection rate?			
What type of anesthesia will be used for my surgery/procedure?			

BEFORE YOUR CHILD'S STAY





*It may be helpful to take another adult with you to your child's appointment right before surgery or special tests. This adult can take notes for you and help you recall the discussion with your healthcare provider.*



**BEFORE YOUR CHILD'S STAY**

*Great works are  
performed not by  
strength, but by  
perseverance.*

*-Samuel Johnson 1709*



# ASK BEFORE YOUR SURGERY

## AND CONFIRM UPON ARRIVAL

QUESTIONS TO ASK	ANSWER	COMPLETED <i>before surgery?</i>	COMPLETED <i>upon arrival?</i>
<i>staffing</i>			
<b>DOCTOR:</b> What level of care do you think my child will need?			
<b>DOCTOR:</b> How often do you make rounds on your patients?	<input type="radio"/> 1-2 times/day <input type="radio"/> 3-4 times/day <input type="radio"/> 5+ times/day <input type="radio"/> OTHER _____		
<b>CNA:</b> What time of day do you usually make rounds?	<input type="radio"/> 6a.m. to 9 a.m. <input type="radio"/> 9 a.m. to noon <input type="radio"/> Noon to 3 p.m. <input type="radio"/> 3 p.m. to 6 p.m. <input type="radio"/> 6 p.m. to 9 p.m. <input type="radio"/> 9 p.m. to midnight <input type="radio"/> Midnight to 6 a.m.		
<b>CNA:</b> How often will my child's vital signs be checked by a registered nurse/CNA in their room for the first 2 days after my surgery?	<input type="radio"/> Every 15 minutes <input type="radio"/> Every 30 minutes <input type="radio"/> Every 90 minutes <input type="radio"/> OTHER _____		
<i>after my surgery, before going home</i>			
When will I be able to see my child after surgery?			
Will my child be going home with drainage tubes?	<input type="radio"/> Yes <input type="radio"/> No		
Will I need to arrange for any special equipment or services for my child before they go home, (i.e. oxygen, wheelchair, walker, home health assistance, etc)?	<input type="radio"/> Yes <input type="radio"/> No		
<i>pain management</i>			
What type of pain medication options are there for my child?	1. PCA (Patient controlled anesthesia) 2. Oral (by mouth) 3. IV 4. OTHER _____		
If I have concerns about my child's pain levels, what should I do?	1. 2. 3.		

BEFORE YOUR CHILD'S STAY









***“You are braver than you believe,  
stronger than you seem,  
and smarter than you think.”***

***-Winnie the Pooh***








*Important notes and papers  
during your stay.*



**LOUISE H. BATZ**  
**PATIENT SAFETY FOUNDATION**  
PROTECTING THE PATIENT FIRST

# QUESTIONS

## TO ASK DURING YOUR CHILD'S STAY

QUESTIONS <i>with comments</i>	ANSWER	COMPLETED
<i>patient advocacy</i>		
Can I stay with my child? How many adults are permitted to stay in the room? What are visiting hours? Will siblings be allowed to visit?		
Does the hospital have anyone who can stay with my child for a short time if I need to leave the room?	<input type="radio"/> YES <input type="radio"/> NO	
If I have a problem or concern that is not being addressed, or cannot be resolved with nurse on duty, who should I contact to resolve the issue?		
<i>staffing questions</i>		
How often is the nurse able to check on my child after surgery?	<input type="radio"/> Every 15 minutes <input type="radio"/> Every 30 minutes <input type="radio"/> Every hour	 <p><i>We recommend having a loved one or advocate with your child at ALL times.</i></p>
Who else is on the team that will take care of my child besides my RN?	<input type="radio"/> LVN/LPN <input type="radio"/> Nursing assistant?CNA <input type="radio"/> Respiratory therapist <input type="radio"/> OTHER_____	
Besides my child, how many patients will my RN be responsible for?	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> OTHER_____	 <p><i>This is <b>very important</b> for you to know. Research shows that the higher the number of patients RNs have to take care of, the more likely a mistake could happen.</i></p>
When and how often do nurses change shifts?	a.m. p.m. a.m. p.m.	 <p><i>Usually, there will be a one to two hour overlap. Ask to stay present at all times during shift changes.</i></p>


DURING YOUR CHILD'S STAY





# QUESTIONS

## TO ASK DURING YOUR CHILD'S STAY

QUESTIONS <i>with comments</i>	ANSWER	RECOMMENDATIONS <i>completed?</i>
<i>staffing questions, cont'd.</i>		
Can I stay in the room during shift change?   <i>Loved ones should enter all vitals and medications (dosage and time) during each shift into the Medication Log.</i>	<input type="radio"/> YES  <input type="radio"/> NO	If not, request a report prior to shift change to confirm information being communicated is correct and then discuss it with incoming nurse.
Can I hear or read the nurse's report during shift change?	<input type="radio"/> YES  <input type="radio"/> NO- If no, why?	
<i>monitoring</i>		
What machines are monitoring my child's condition right now, and what are they for?	1. Heart monitor 2. Oxygen monitor 3. Compression devices 4. OTHER _____	
Does my child have a heart monitor and/or oxygen monitor on?	<input type="radio"/> Heart monitor  <input type="radio"/> Oxygen monitor	
If you don't have a heart monitor or oxygen monitor on my child, how often do you come by to check my vitals?	<input type="radio"/> Every 15 minutes <input type="radio"/> Every 30 minutes <input type="radio"/> Every 60 minutes <input type="radio"/> Every 90 minutes	After surgery or sedation, patient's vital signs should be checked every 15 minutes until they are awake. If they are not stable, (i.e. blood pressure is low) they need to be checked more often than that.
Did my child have any problems in the recovery room that would suggest a need to watch them closer?	<input type="radio"/> YES: if yes, describe the problems.  <input type="radio"/> NO	What precautions are you taking? What do you normally do in this situation?
Is there something that I should help with or watch for?		
Are all the machines that my child will be hooked up to plugged in?	If not, call the nurse and have them plugged in.	
Watch IV bags; are they clamped? Is the liquid flowing? Is there a kink in the line?	If not, call the nurse	












***This is the time*** to really be an advocate for your loved one. No one knows your loved one better than you, and you will be the best person to identify concerns that should be addressed by the medical team.  
***Never be afraid to ask a question.***





# WHAT TO WATCH OUT FOR!

## IN CARING FOR YOUR CHILD

OBSERVATIONS	YES/NO	WHAT DO YOU DO?	COMMENTS
<i>breathing</i>			
Watch how your child breathes. Are his/her breaths regular and at least 10 per minute?	<input type="radio"/> YES (normal) <input type="radio"/> NO (not normal)	If not, get the nurse (not the nurse assistant) to check the patient's status	DATE  TIME
<i>responsiveness</i>			
When I talk to my child, does he/she respond normally or is he/she too sleepy to answer?	<input type="radio"/> YES <input type="radio"/> NO	If sleepy, get the nurse immediately	
Does my child go to sleep mid-sentence?	<input type="radio"/> YES <input type="radio"/> NO	 If yes, you may need to discourage more pain medication. Have the dosage of pain medication checked and ask what is being given in combination with other medications.	
<i>risk of falling</i>			
Is it safe for the patient to get out of bed alone?	<input type="radio"/> YES <input type="radio"/> NO		 If your child is in a crib make sure the crib rails are up and locked at all times.
If the patient is at risk of falling, are there obstacles in the room that increase the risk of falling?	<input type="radio"/> YES <input type="radio"/> NO	 If so, make sure the floor is clear of electric cords, long IV tubing, extra furniture, water, paper or any other item that could cause a fall	 <b>WARNING:</b> Falls tend to happen when the patient is getting up to go to the bathroom.
<i>infection</i>			
Have you washed your hands? Are you watching to make sure the medical staff is washing their hands?	<input type="radio"/> YES <input type="radio"/> NO  <b>KEEP ASKING THIS QUESTION!!!</b>	Make sure you or a loved one reminds the medical staff to wash their hands before they come to evaluate you. Don't be afraid to ask this question.	 Don't be afraid to stop them if you don't see this – it's your/your loved one's best chance to avoid infection. <b>90% of all infections come from medical staff not washing their hands.</b>






*Know who the supervising charge nurse is and how to contact them. If you can't find your nurse and have concerns, utilize the in-room phone to contact your floor's operator.*

*-Debra Simmons, RN, MJN, CCRN, CCNS, Executive Operations Director, National Center for Cognitive Informatics and Decision Making In Healthcare School of Biomedical Informatics, University of Texas Health Science Center at Houston*



# WHAT TO WATCH OUT FOR!

## IN CARING FOR YOUR CHILD

OBSERVATIONS	YES/NO	WHAT DO YOU DO?	COMMENTS
<i>infection</i>			
Does the skin around the IV sites or incision look red or puffy and swollen?	<input type="radio"/> YES <i>call the nurse</i> <input type="radio"/> NO	If yes, call the nurse.	
Does my child have a urinary catheter?	<input type="radio"/> YES <input type="radio"/> NO	If yes, ask when it will come out. Make sure to ask about catheter care to help prevent infection.	Try to only have it in for 24 hours to reduce the risk of infection.
Does the nurse clean the tubing connector (hub) on the IV before inserting a syringe/new line/medication tubing?	<input type="radio"/> YES <input type="radio"/> NO	He/she should clean it with antiseptic for at least 15 seconds EACH time it is checked (Sing Happy Birthday twice to estimate time).	
<i>blood &amp; blood clots</i>			
Is my child at risk of blood clots?	<input type="radio"/> YES <input type="radio"/> NO	Getting out of bed as soon as possible will help.	
Does my child need any medication or devices to reduce the risk of blood clots?	<input type="radio"/> YES <input type="radio"/> NO	If yes, it will be necessary to take a blood thinner or wear compression devices for your legs.	
My child's blood type is:	A + -    B + - AB + -    O + -		 <i>Make sure you know this, and who has the same in case needed!</i>
<i>bed sores</i>			
Is my child at risk of bedsores?	<input type="radio"/> YES <input type="radio"/> NO	1.Ensure the patient is not spending too much time in the same position. 2. Make sure extra care is taken with the skin, keeping it dry and perhaps using moisture barrier cream.	
Are there signs of bed sores?	<input type="radio"/> YES <input type="radio"/> NO	First sign is redness	
Can I help the nurses/doctors to help prevent bedsores?	<input type="radio"/> YES <input type="radio"/> NO	Encourage the patient to welcome repositioning. Sustained pressure on some areas of skin is what reduces circulation and causes bedsores.	





*Always double check and write down all medications the patient is receiving. This could be the most important thing you can do to keep your loved one safe. Never be afraid to ask the nurse and doctor each time the medication is being given. It helps them, too!*

*"If the patient has a new or increased shortness of breath, demand that the Attending Doctor be notified. Do not be reassured by normal monitor readings at that point."*

*-Dr. Lawrence Lynn*



# WHAT TO WATCH OUT FOR!

## IN CARING FOR YOUR CHILD

OBSERVATIONS	YES/NO	WHAT DO YOU DO?	COMMENTS
<i>medication safety</i>			
Did the nurse check my child's armband before giving medication, drawing blood, or sending them for a test or an examination?	<input type="radio"/> YES <input type="radio"/> NO	Make sure, each time medication is given, that the nurse checks the armband and doesn't just ask for the patient's name. Many nurses decide "I know this person; I don't need to check the armband again". This is where many accidents happen.	
Is my child getting the right medication?	<input type="radio"/> YES <input type="radio"/> NO		
Does the medication offered by the nurse look like what my child has been taking? Is it about the same general time that my child has been taking it?	<input type="radio"/> YES <input type="radio"/> NO	If not, don't be afraid to question it. Also, don't be afraid to question any "new" medication or one given more than the usual number of times. (Medication errors can be prevented by the patient or loved ones simply asking "What is that? That doesn't look like anything I've/he's/she's taken before. Or, "I/he/she just had that an hour ago – did the doctor order it again?"")	

DURING YOUR CHILD'S STAY

*Watch for medication reactions. Does your child look differently or are they acting differently? If they are very young look for signs of twitching, itching, etc.*







# MEDICATION LOG

## IN THE HOSPITAL



Ask the pharmacy how these medicine combinations react with each other and double check to make sure they are safe for the patient.

HOSPITAL PHARMACY: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

Allergies: \_\_\_\_\_

BRAND name AND generic name of medication	REASON for medication	DATE started/ stopped	DOSE	NUMBER of dosages per day?	SIDE EFFECTS you are concerned about	SPECIAL instructions

MEDICATION LOG



# MEDICATION LOG

## IN THE HOSPITAL

BRAND <i>name AND generic name of medication</i>	REASON <i>for medication</i>	DATE <i>started/ stopped</i>	DOSE	NUMBER <i>of dosages per day?</i>	SIDE EFFECTS <i>you are concerned about</i>	SPECIAL <i>instructions</i>



# MEDICATION LOG

## IN THE HOSPITAL

OFFICIAL <i>name AND generic name of medication</i>	REASON <i>for medication</i>	DATE <i>started/ stopped</i>	DOSE	NUMBER <i>of dosages per day?</i>	SIDE EFFECTS <i>you are concerned about</i>	SPECIAL <i>instructions</i>

MEDICATION LOG





# VITAL SIGNS

## IN THE HOSPITAL

DATE	TIME	BLOOD PRESSURE	OXYGEN	TEMPERATURE	HEART RATE

VITAL SIGNS

**WHAT TO EXPECT** *See Before Your Surgery section for patient's normal vital signs.*

**PATIENT NAME:** \_\_\_\_\_

**NORMAL OXYGEN LEVELS:** \_\_\_\_\_

**NORMAL TEMPERATURE:** \_\_\_\_\_

**NORMAL HEART RATE:** \_\_\_\_\_

**NORMAL RESPIRATORY RATE:** \_\_\_\_\_





# VITAL SIGNS

## IN THE HOSPITAL

[illegible]





# VITAL SIGNS

## IN THE HOSPITAL

## VITAL SIGNS

# ACTIVITY JOURNAL

## TRACKING IN-HOSPITAL ACTIVITY

*These pages provide extra space to help you track the progress of your child's in-hospital stay.*

VISIT <i>time &amp; date</i>	NAME, TITLE & contact info	NOTES: <i>Reason for visit, evaluation of condition</i>



# ACTIVITY JOURNAL

## TRACKING IN-HOSPITAL ACTIVITY

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# ACTIVITY JOURNAL

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## TRACKING IN-HOSPITAL ACTIVITY

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VISIT <i>time &amp; date</i>	NAME, TITLE & contact info	NOTES: <i>Reason for visit, evaluation of condition</i>







# MEDICAL TEAM

## DOCTORS

VISIT <i>time &amp; date</i>	MY CHILD'S DOCTOR <i>&amp; contact info</i>	EVALUATION <i>of condition</i>

MEDICAL TEAM



*"When my daughter was hospitalized for cancer treatments, I quickly realized that I needed an understanding of the hospital hierarchy in order to facilitate communication with the appropriate team members."*

*-Julia A. Hallisy, D.D.S., San Francisco, CA.  
President, The Empowered Patient Coalition*

## DOCTORS

### THE MEDICAL HIERARCHY

MEDICAL DIRECTOR  
▼  
HEAD OF DEPARTMENT  
▼  
ATTENDING PHYSICIAN  
▼  
FELLOW  
▼  
CHIEF RESIDENT  
▼  
SENIOR RESIDENT  
(usually third year resident)  
▼  
JUNIOR RESIDENT  
(usually second year resident)  
▼  
INTERN  
(first year resident)  
▼  
MEDICAL STUDENT

(color worn)

## NURSES

### THE MEDICAL HIERARCHY

CHIEF NURSING EXECUTIVE  
▼  
DIRECTOR OF NURSING  
▼  
NURSE MANAGER or NURSE SUPERVISOR  
▼  
CHARGE NURSE  
▼  
STAFF or BEDSIDE NURSE (RN)  
▼  
LICENSED VOCATIONAL NURSE (LVN)  
▼  
CERTIFIED NURSE'S ASSISTANT (CNA)  
▼  
UNLICENSED ASSISTIVE PERSONNEL

(color worn)

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# MEDICAL TEAM

## DOCTORS

VISIT <i>time &amp; date</i>	MY DOCTOR & contact info	EVALUATION <i>of condition</i>

MEDICAL TEAM



# WHO'S WHO

## IN THE HOSPITAL

### **ADMINISTRATOR ON CALL**

*A hospital executive who responds to emergencies after hours.*

### **ATTENDING PHYSICIAN**

*The most senior doctor directly responsible for patient care.*

### **FELLOW**

*A physician who has completed a residency and is training in a specialized field.*

### **CHIEF RESIDENT**

*The most senior resident (physician in training) who directs the activities of the other residents.*

### **THIRD YEAR RESIDENT**

*(PGY 3 or Senior Resident) Physician trainee who helps coordinate care of multiple patients and supervises less experienced residents.*

### **SECOND YEAR RESIDENT**

*(PGY 2 or Junior Resident): Physician trainee who helps manage patients and supervises/teaches first-year residents and medical students.*

### **FIRST YEAR RESIDENT**

*(PGY 1 or Intern) A physician trainee who has finished medical school and is beginning patient care duties.*

### **NURSING SUPERVISOR**

*The most senior nursing administrator available after hours*

### **NURSE MANAGER**

*The most senior nursing staff member for a particular hospital unit.*

### **CHARGE NURSE**

*The direct supervisor of the nurses on one shift in a ward or unit.*

### **STAFF NURSE OR BEDSIDE NURSE**

*A registered nurse (RN) who is responsible for direct patient care.*

### **CNA**

*Nursing assistants who may be called nurses' aides, patient care assistants or technicians.*

### **HOSPITALIST**

*A doctor employed by a hospital to take care of patients in the hospital.*

### **RAPID RESPONSE TEAM**

*A team of critical care specialists who can be called to assess a patient in an emergency. In some hospitals, patients and families can call the rapid response team.*

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# MEDICAL TEAM

## NURSES

NURSE'S NAME	DATE <i>shift time</i>	TITLE <i>experience level</i>	CONTACT <i>phone number</i>	EVALUATION <i>of condition</i>
		<input type="radio"/> RN <input type="radio"/> LVN <input type="radio"/> Nurse Assistant <input type="radio"/> Charge Nurse		
		<input type="radio"/> RN <input type="radio"/> LVN <input type="radio"/> Nurse Assistant <input type="radio"/> Charge Nurse		
		<input type="radio"/> RN <input type="radio"/> LVN <input type="radio"/> Nurse Assistant <input type="radio"/> Charge Nurse		
		<input type="radio"/> RN <input type="radio"/> LVN <input type="radio"/> Nurse Assistant <input type="radio"/> Charge Nurse		
		<input type="radio"/> RN <input type="radio"/> LVN <input type="radio"/> Nurse Assistant <input type="radio"/> Charge Nurse		
		<input type="radio"/> RN <input type="radio"/> LVN <input type="radio"/> Nurse Assistant <input type="radio"/> Charge Nurse		
		<input type="radio"/> RN <input type="radio"/> LVN <input type="radio"/> Nurse Assistant <input type="radio"/> Charge Nurse		
		<input type="radio"/> RN <input type="radio"/> LVN <input type="radio"/> Nurse Assistant <input type="radio"/> Charge Nurse		
		<input type="radio"/> RN <input type="radio"/> LVN <input type="radio"/> Nurse Assistant <input type="radio"/> Charge Nurse		

MEDICAL TEAM



# WHO DO YOU CALL?

## GETTING HELP IN THE HOSPITAL

### BEDSIDE NURSE

*for most concerns*

### CHARGE NURSE

*if the bedside nurse does not respond appropriately*

### PATIENT RELATIONS DEPARTMENT

*for help with hospital rules and policies*

### SOCIAL SERVICES DEPARTMENT

*for assistance in communicating with staff and scheduling family meetings*

### RAPID RESPONSE TEAM

*if you have a medical emergency*

### NURSE MANAGER OR NURSE SUPERVISOR

*if the hospital does not have a rapid response team. Ask them to call a physician to assess the patient.*

### ATTENDING PHYSICIAN OR HOSPITALIST

*if you need immediate medical advice but the situation is not life-threatening*

### ADMINISTRATOR ON CALL

*if you have an emergency but have not been able to get help through the usual channels. (The administrator on call can be reached through the hospital operator).*

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### OTHER EMERGENCY NUMBERS

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____







*“Good teams become great ones when the members trust each other enough to surrender the ‘me’ for the ‘we.’”*

*-Phil Jackson*



# CARE TEAM

## OTHER MEDICAL PROFESSIONALS

*Care Team includes Physical Therapists, Respiratory Specialists, Occupational Therapists, Speech Pathologists, Pastoral Care, Child Life Specialists, and Dieticians.*

VISIT <i>time &amp; date</i>	NAME, TITLE & contact info	REASON <i>for visit</i>	EVALUATION <i>of condition</i>



# CARE TEAM

## OTHER MEDICAL PROFESSIONALS

*Care Team includes Physical Therapists, Respiratory Specialists, Occupational Therapists, Speech Pathologists, Pastoral Care, Child Life Specialists, and Dieticians.*

VISIT time & date	NAME, TITLE & contact info	REASON for visit	EVALUATION of condition

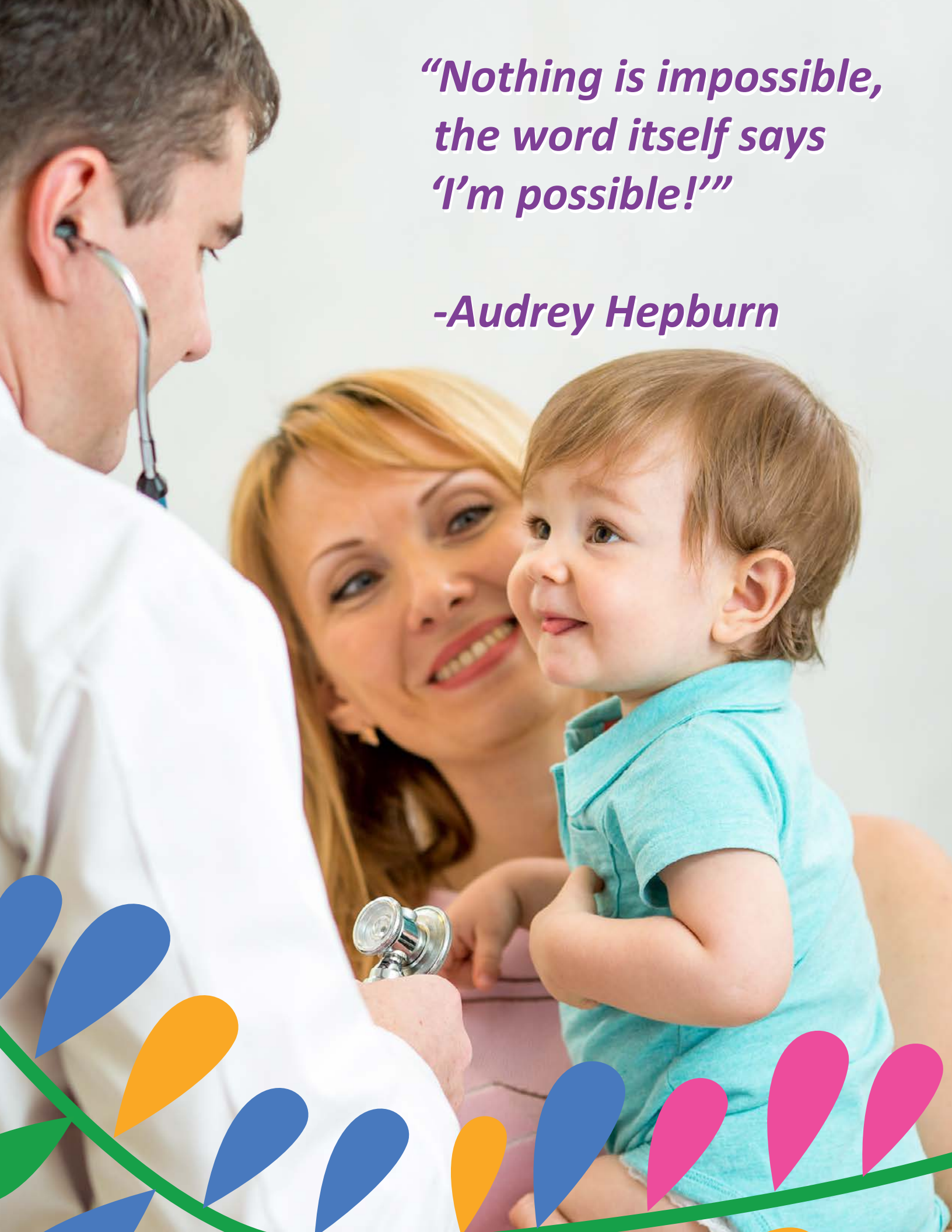
CARE TEAM





*“Nothing is impossible,  
the word itself says  
‘I’m possible!’”*

*-Audrey Hepburn*





*Important notes and papers  
going home.*




**LOUISE H. BATZ**  
PATIENT SAFETY FOUNDATION  
PROTECTING THE PATIENT FIRST



# GOING HOME

## IMPORTANT QUESTIONS

QUESTIONS TO ASK	ANSWER	completed?
<i>medications</i>		
Am I sure I know what to do with all the medications my child was taking before I came into the hospital?	YES NO	
Are there any changes to the medications?	YES NO	
Are there new medications my child should take and what is the dosage?	YES NO	
<p>May I please have a printout of the medications my child is supposed to take when we go home?</p> <p><i>*Patient is entitled to copies of all medications during hospital stay. Have the nurse help you fill in your medication log on the following pages to make sure you understand how to take them.</i></p>		 <p><b>DO NOT LEAVE WITHOUT THIS!</b> GO OVER THE PRINTOUT WITH YOUR DOCTOR AND FILL IT IN ON THE MEDICATION LOG INCLUDED IN THE PACKET.</p>
<i>physician follow-up</i>		
When should my child see the doctor again?	DATE/TIME	
What symptoms should make me call the doctors immediately?	1. 2. 3.	
What symptoms would make me need to come back to the hospital?	1. 2. 3.	





# GOING HOME

## IMPORTANT QUESTIONS

QUESTIONS TO ASK	ANSWER
<i>activity and diet</i>	
When can my child return to normal activity?	DATE
What kind of activities can my child perform?	
When can my child exercise and are there things they should not do?	
What can my child eat or drink?	
What can't my child eat or drink?	
When can my child return to school? Can they return for a full day?	DATE
Will I need to make an appointment for any type of physical or occupational therapy?	





# MEDICATION LOG

POST-OPERATIVE, AT HOME

MEDICATION & vitamin or herbal supplement	DOSE	DATE started/ stopped	HOW is it given?	NUMBER of dosages per day?	TIME(S) OF DAY medication is normally taken	SPECIAL instructions	REASON for medication

MEDICATION LOG



# MEDICATION LOG

POST-OPERATIVE, AT HOME

MEDICATION & vitamin or herbal supplement	DOSE	DATE started/ stopped	HOW is it given?	NUMBER of dosages per day?	TIME(S) OF DAY medication is normally taken	SPECIAL instructions	REASON for medication

# MEDICATION LOG

POST-OPERATIVE, AT HOME

MEDICATION & vitamin or herbal supplement	DOSE	DATE started/ stopped	HOW is it given?	NUMBER of dosages per day?	TIME(S) OF DAY medication is normally taken	SPECIAL instructions	REASON for medication

MEDICATION LOG







# ACTIVITY JOURNAL

TIME & DATE	NOTES <i>How am I feeling? Am I reaching my goals? Do I have any concerns?</i>

ACTIVITY JOURNAL



# WEEK

## AT-A-GLANCE

DAY	APPOINTMENTS	INSTRUCTIONS & NOTES



MONTH  
AT-A-GLANCE




# OTHER FOLLOW-UP

## NOTES





*If outpatient blood tests, physical therapy, other therapy, home health supplies or anything else is needed, the patient and family need to write this down and understand it thoroughly.*

NOTES



# Rosie's

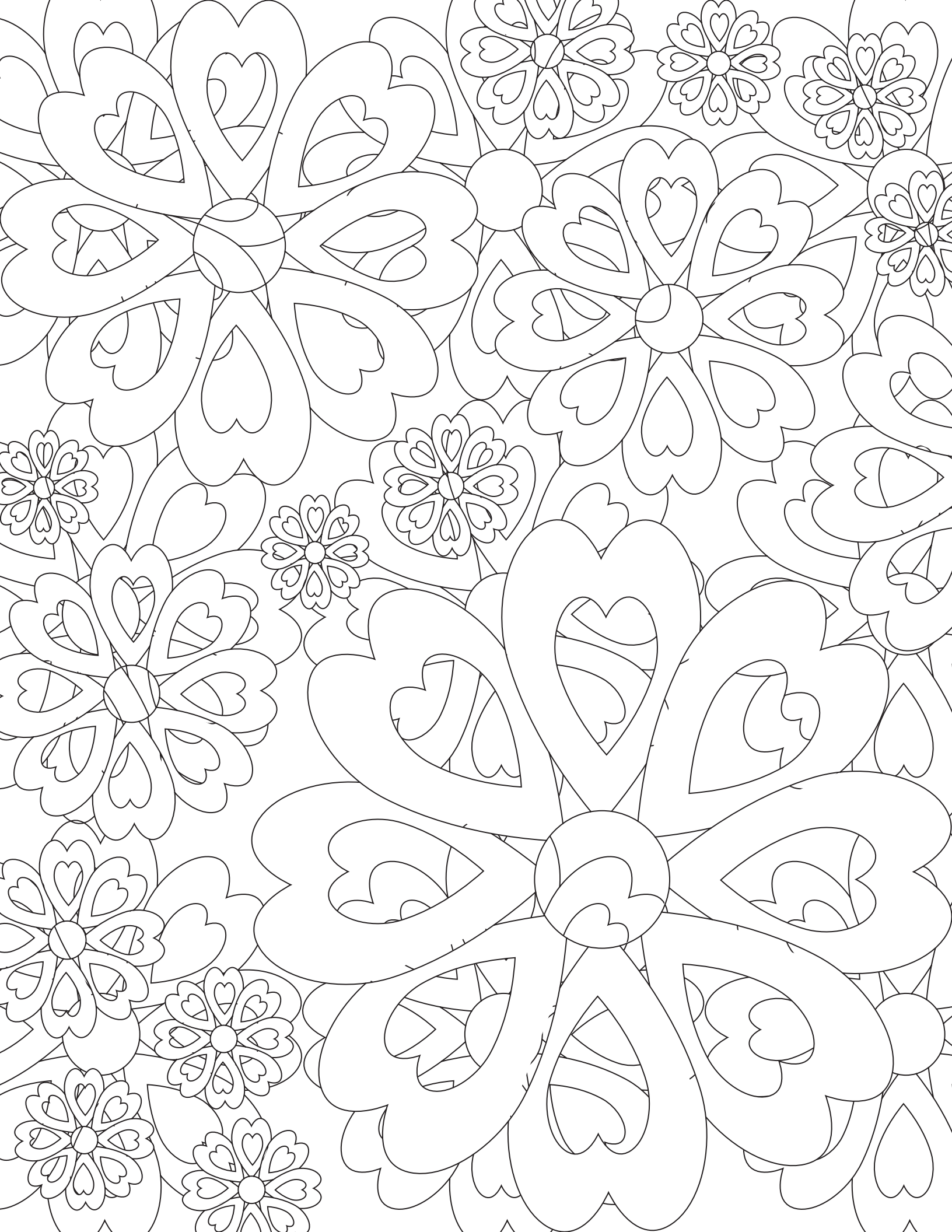
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## Art and Coloring Pages

On January 16, 2017, our dear friend Rosalyn "**Rosie**" Dugger Bowers passed away due to a preventable medical error while recovering from heart surgery. Rosalyn was only 42 years old. She was an amazing friend, sister, aunt, daughter, and wife. She had the biggest heart and a love for life that knew no bounds. When Laura founded the Louise H. Batz Patient Safety Foundation after her mom, Louise Batz, who also died from a preventable medical error, Rosie was one of her biggest champions and advocates. We will never be able to repay the kindness, compassion, and support that Rosalyn gave to all of us and her community over these past eight years. We will miss her so very much. We know that she and Mrs. Batz will be warriors for patient safety in Heaven and their legacies will live on.



*"The practice of art on a daily basis is the key to healing our hearts and minds."* - Kim Blair

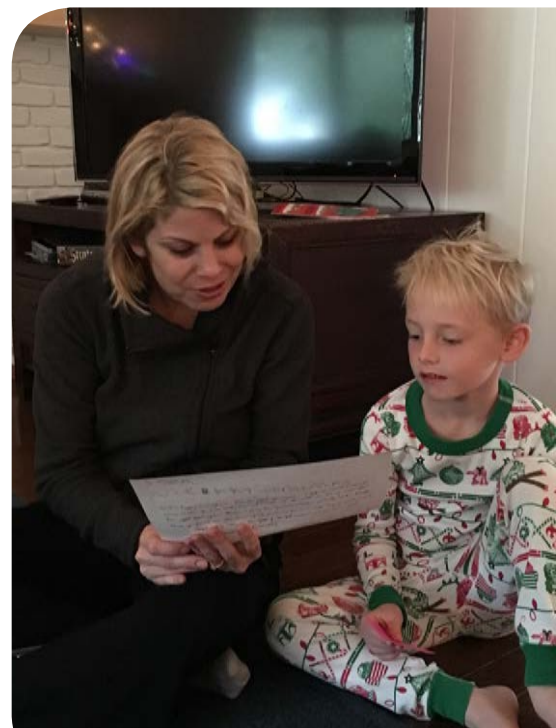


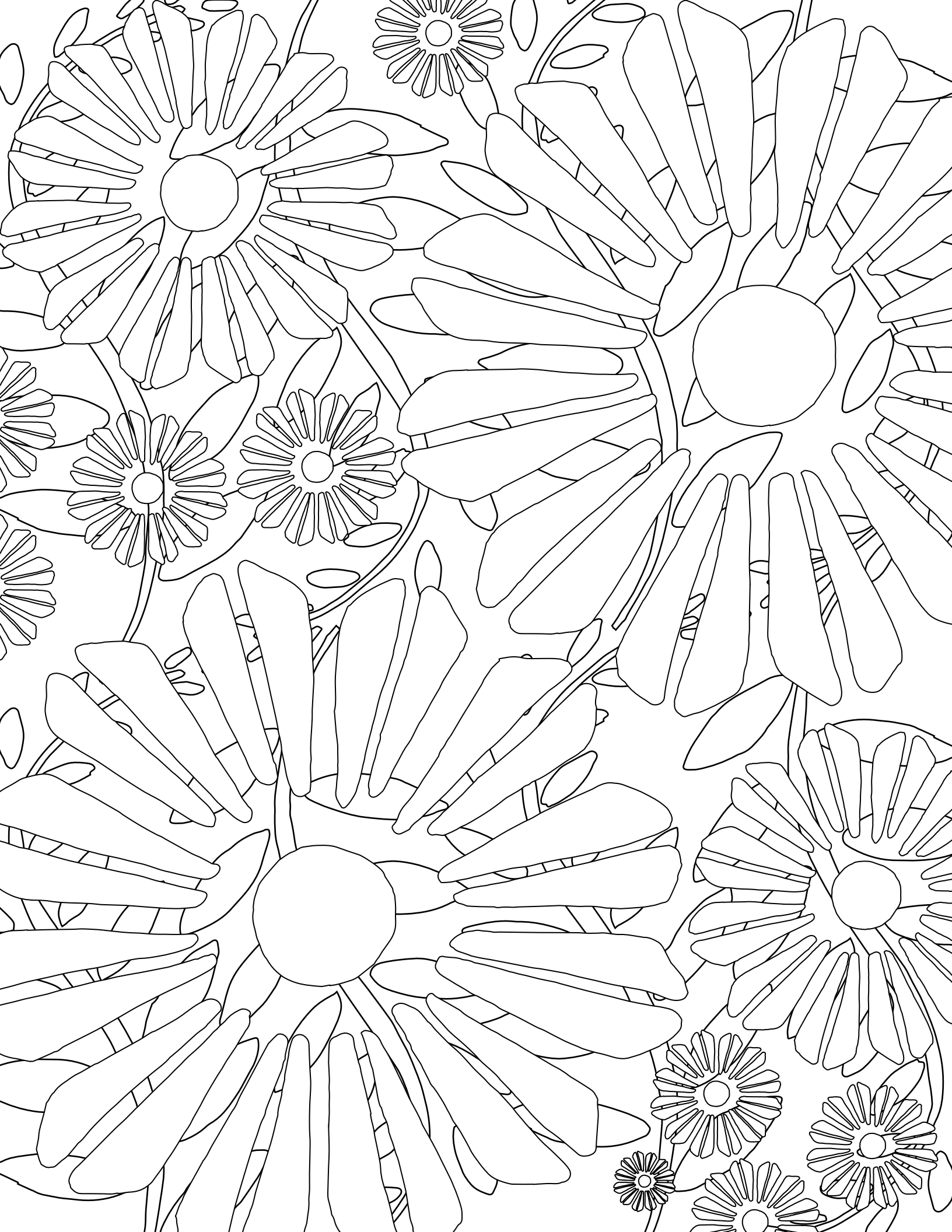


# *Inspiration Page*

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*"I am seeking. I am striving. I am in it with all my heart."* - Vincent Van Gogh



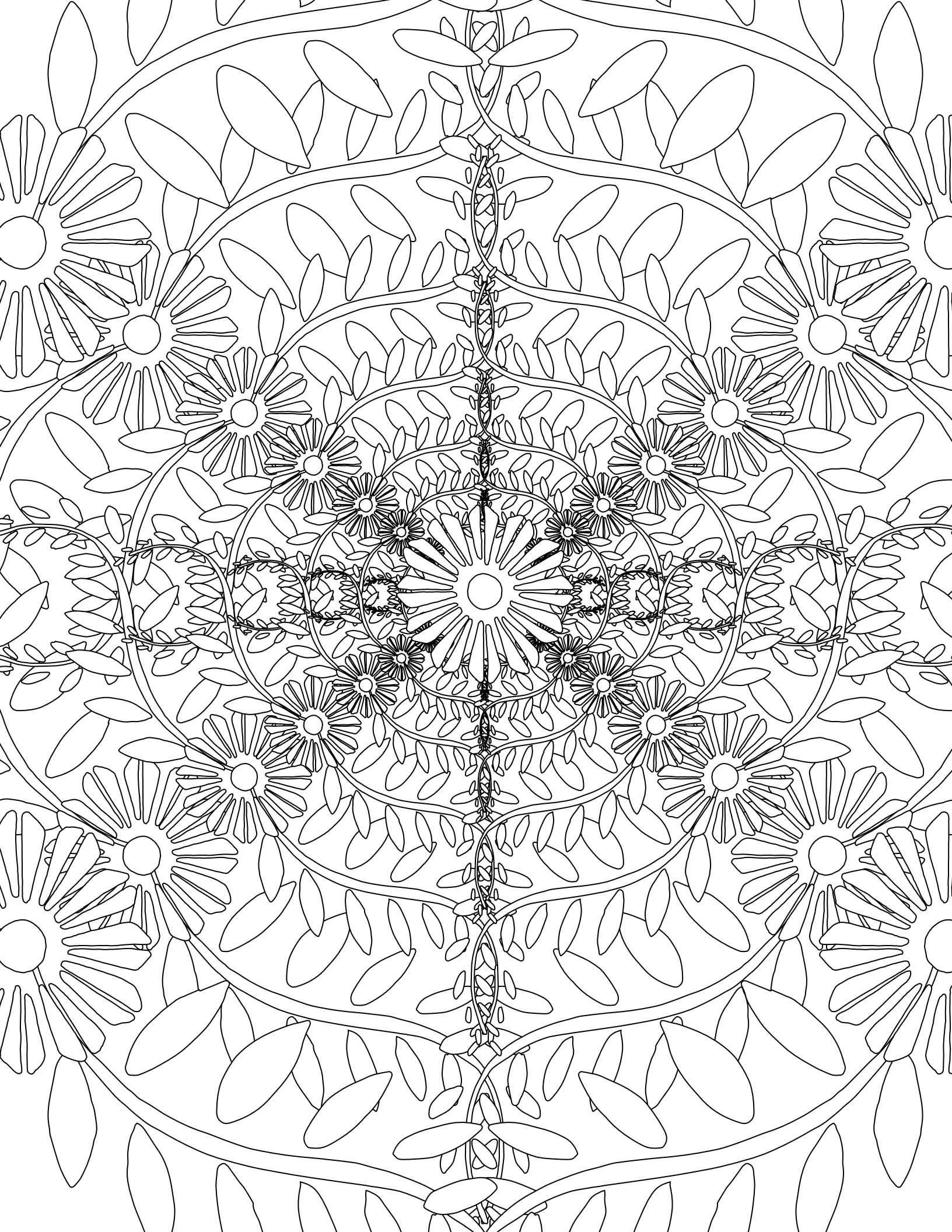


# *Inspiration Page*

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*"Art must be an expression of love  
or it is nothing."* - Marc Chagall



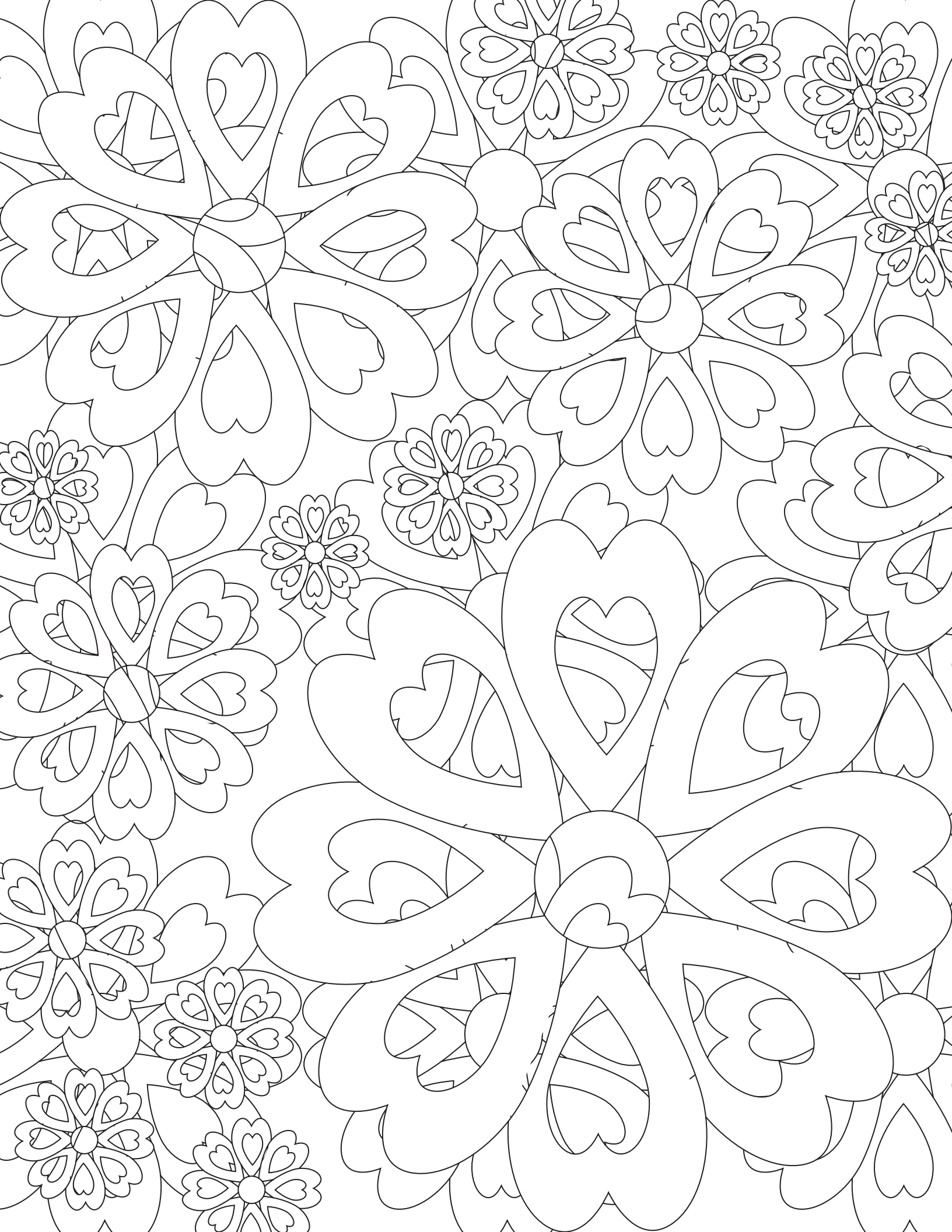


# Inspiration Page

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*"I found I could say things with color and shapes that I couldn't say any other way--things I had no words for."* - Georgia O'Keeffe





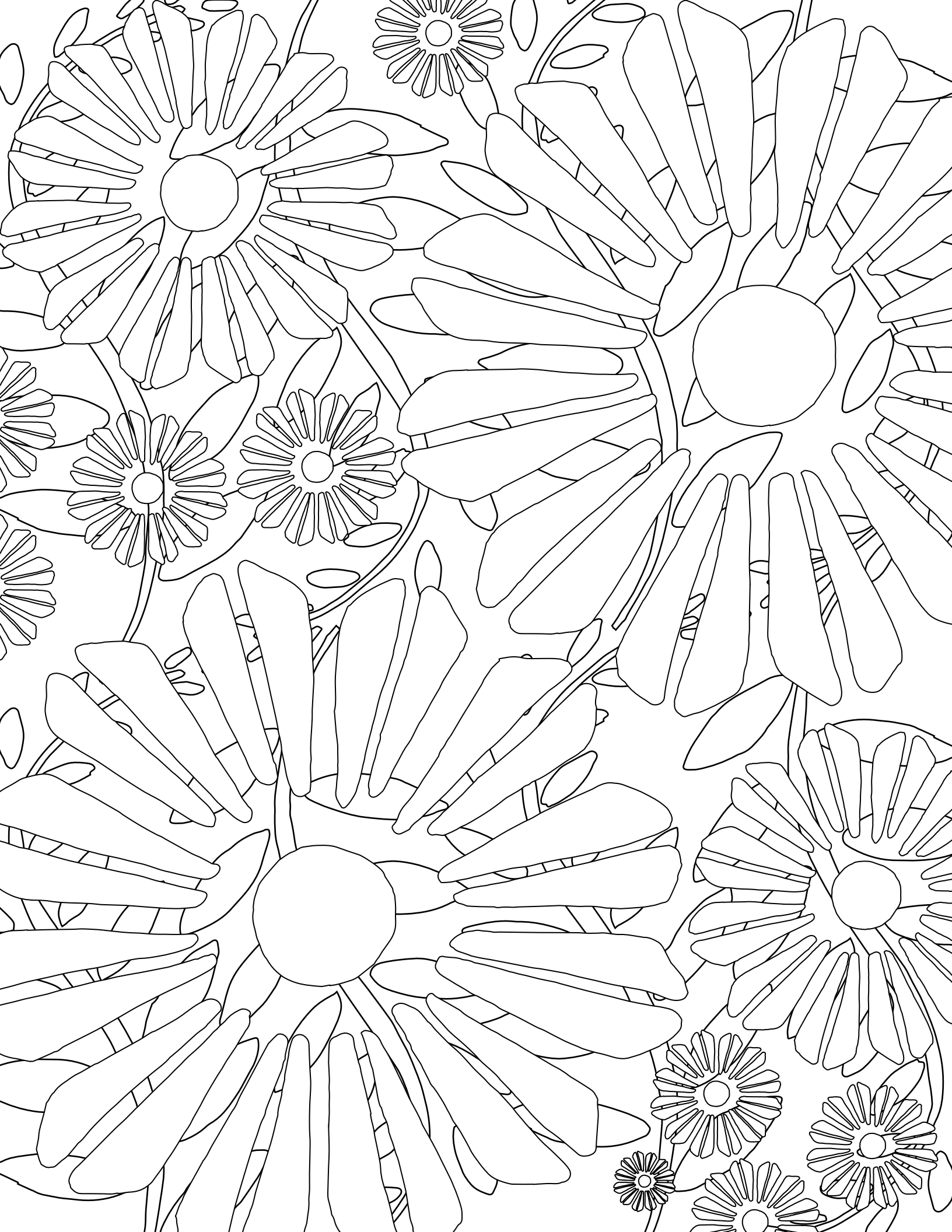


# *Inspiration Page*

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*"Every child is an artist."* - Pablo Picasso





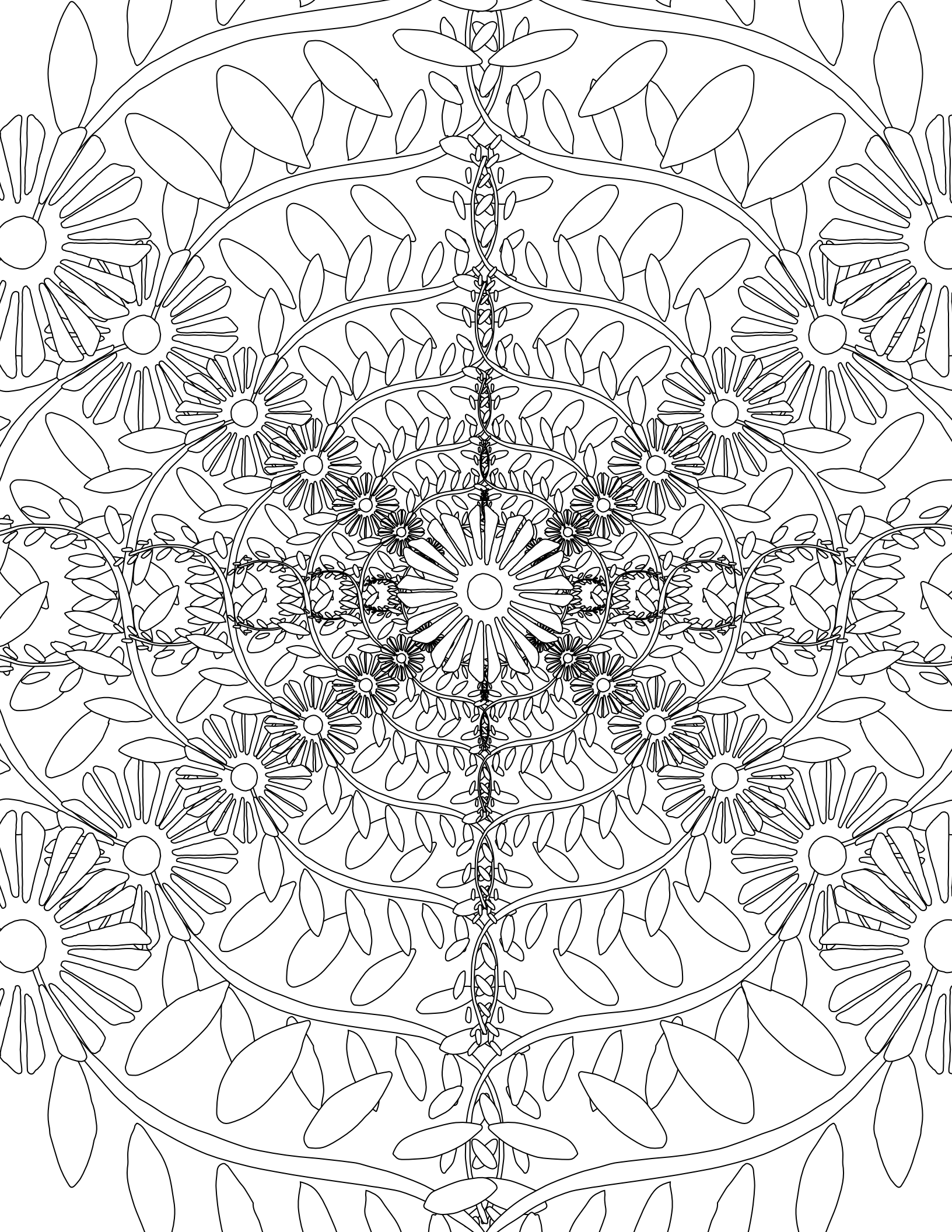


# *Inspiration Page*

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*" Art is a constant agent of transformation and is indeed the soul 's drive to health."* - Kathy Malchiodi







# LOUISE H. BATZ

## PATIENT SAFETY FOUNDATION

Protecting the Patient First

To learn more about the Louise H. Batz Patient Safety Foundation, or to order more booklets, please contact Laura Townsend, President and Co-Founder, at [laurabtownsend@gmail.com](mailto:laurabtownsend@gmail.com).

The Louise Batz story has been made available on DVD due to a generous donation from the Baylor Foundation. To request a copy, please contact Laura Townsend, President and Co-Founder, at [laurabtownsend@gmail.com](mailto:laurabtownsend@gmail.com).

*The Foundation is happy to provide resources, helpful links, and an online community where you can share your story and learn from other's experiences.*

- **Share** your story on our website to help us raise awareness of patient safety and preventable medical errors.
- **Use** the Batz Guide to be an effective advocate for loved ones receiving medical treatment.
- **Provide** feedback on the Batz Guide so that we can make it as helpful as possible.
- **Tell** your friends and family about our website ([www.louisebatz.org](http://www.louisebatz.org)).
- **Help** distribute Patient Care Packets and Foundation materials in your community.
- **Make** a tax deductible donation at [www.louisebatz.org](http://www.louisebatz.org).

*In partnership with Ringful Health we have developed the Batz Patient Guide App which you can download on your iPad at the Apple iTunes Store.*





**LOUISE H. BATZ**  
PATIENT SAFETY FOUNDATION  
Protecting the Patient First

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# LOUISE H. BATZ

## PATIENT SAFETY FOUNDATION

Protecting the Patient First

Learn more about the foundation at [www.louisebatz.org](http://www.louisebatz.org)

### ABOUT THE FOUNDATION

#### THE MISSION

The mission of the Louise H. Batz Patient Safety Foundation is to **help prevent medical errors** by ensuring that patients and families have the **KNOWLEDGE** they need to promote a safe hospital experience for their loved ones and to support innovative advancements in patient safety. Our greatest hope is that families, patients, and caregivers will work together as a **TEAM** to improve safety in our hospitals.

#### OUR PURPOSE

The goal of the Louise H. Batz Patient Safety Foundation is to open the pathways of communication among patients, doctors, nurses, and hospitals in an effort to enhance hospital safety and to prevent adverse events.

It is important to empower the patient - and his or her family - with knowledge about what type of care will be given. Only then can they make informed decisions. We believe:

1. A hospital stay can be a frightening experience, and it is easy to become overwhelmed by everything that is happening.
2. Patients and families trust that the hospitals, nurses, doctors, and administrators are properly prepared to deal with all situations. Unfortunately, this is not always the case.
3. It is vital to deepen patient awareness and to provide literature that is easy for the patient and loved ones to understand.
4. It requires everyone working together as a **TEAM** to ensure that patients, families, doctors, nurses, and hospitals are safe, informed, and protected.

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**LOUISE H. BATZ**  
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PROTECTING THE PATIENT FIRST

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