

## Planning for your arrival

You can do some planning to make your child's stay at Doernbecher easier.

### Plan to bring:

- Personal items (toothbrush, toothpaste, lotion)
- Robe and slippers
- Glasses, if your child wears them
- Payment for any insurance co-pay or deductible that your plan requires
- Insurance billing information

### Leave at home:

- Valuables (if your child wears jewelry or a watch, please leave them at home)
- Electrically operated appliances
- Medicines (unless your child's doctor tells you to bring them)

### Where to check in

The doctor's office will give you instructions and information about where to check in to Doernbecher. If you do not receive this information, please call the doctor's office. If it is the night before or the same day your child is admitted to the hospital, call the operator at 503-494-8311, or DCH Admitting at 503-418-5313. Admitting will need to know why your child is coming to the hospital and your doctor's name.

### Parking for families and visitors

Patients and visitors to Doernbecher may park for free in the lot directly in front of the main entrance, in marked spaces in the

lower lot and on the lower floors of the parking garage to the west of Doernbecher.

If you cannot find parking, please see the attendant at the main entrance for a permit and directions.

### Staying with your child in the hospital

If you are a parent or primary caregiver, we encourage you to spend the night at Doernbecher with your child. This can make your child feel more comfortable. Each patient room is private and has space for one or two parents to sleep.

If you are a mother who is also nursing a baby, the baby may stay with you in your child's room. Other siblings may not spend the night, so please make plans for your other children.

Your child will be provided a bed according to their age and developmental level. For safety reasons, please do not share a sleeping surface with your child.

### Lodging

There are many lodging options for patients who come to OHSU from out of town. Some of them offer OHSU patients a discounted rate, so please ask for the most up-to-date rate when checking on availability or making your reservation. Visit [www.ohsuhealth.com/lodging](http://www.ohsuhealth.com/lodging) for a complete list that includes hotels, motels, bed and breakfasts, and RV and Trailer Parks.

For information about the Ronald McDonald House, visit [www.ohsurondomcdonald.com/ronaldmcdonald](http://www.ohsurondomcdonald.com/ronaldmcdonald).

OHSU Doernbecher is one of only 19 clinical research groups nationwide selected to participate in the NIH's Rare Diseases Clinical Research Network (RDCRN), offering access to two major clinical trials and six pilot research studies.

We are national leaders in the diagnosis and treatment of children with neurological disorders. Each year we are more than 4,000 patients in our neurosciences program, more than anywhere else in Oregon.

## Services

We provide a variety of resources to make you and your child comfortable during your stay at OHSU Doernbecher, including services that may be helpful to your visiting family and friends.

### Concierge services

503-418-1818

OHSU's concierge staff are here to make your stay more comfortable and to provide information to your visitors. The concierge can assist with hospital information, directions and locations for dining and lodging.

### Oregon Fresh room service

503-494-1111

Once your child settles into a room, a room service associate from OHSU's Food and Nutrition Department will meet with you to talk about meals. Our nutritional program allows your child to choose what he or she wants to eat (based on diet orders) from a restaurant-style menu and to order when hungry. Place orders over the phone and delivery is within 45 minutes. This service is available 6:30 a.m. – 8:30 p.m.

### Play areas

An outdoor play structure is located outside of the Doernbecher lobby level, behind Starbucks. Use the doors just past Starbucks and look for the play structure on the right. Patients and their families can also enjoy the outdoor courtyard on the 9th floor.

### Pharmacy

888-279-9211

The OHSU Doernbecher Children's Hospital Pharmacy is on the 7th floor in the Outpatients Clinics area. The pharmacy is open Monday – Friday, 9 a.m. – 5:30 p.m. [www.ohsuhealth.com/pharmacy](http://www.ohsuhealth.com/pharmacy).

### Lactation

503-418-4500

Doernbecher's lactation consultants help mothers and babies who are having problems with breastfeeding. A team of nurses who are Board Certified Lactation Consultants work with patients during hospital stays or for follow-up.

### Spiritual care

A team of chaplains serve Doernbecher patients and families for spiritual guidance, prayer, emotional support and comfort. We provide counseling to anyone who asks. You do not need to be a member of any particular faith. Chaplains are available Monday – Friday, 9 a.m. – 5 p.m., and on an emergency basis on weekends and evenings.

### Meditation room

Doernbecher has a peaceful meditation room on the 10th floor for patients and families.



Don't use more than  
two typefaces unless you're  
**REALLY ADVANCED.\***

\* I mean it. That's what fonts are for!

# Working with **COLOR**

Color palettes should be  
**LIMITED AND INTENTIONAL.**



## VISUAL IDENTITY GUIDELINES – COLOR

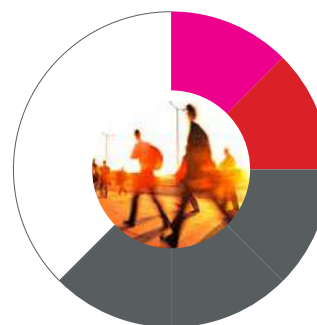
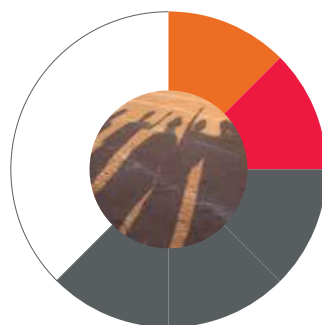
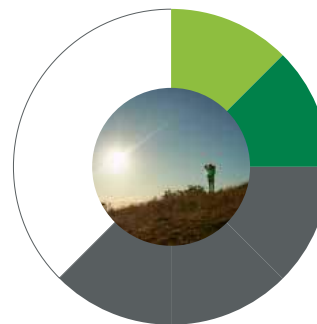
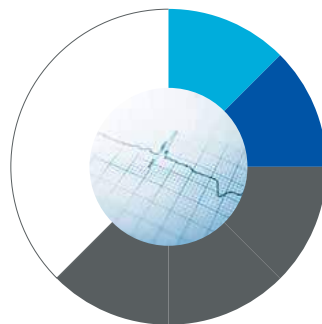
# Usage Ratios

The charts at right demonstrate the general ratios in which color, photography and white space should be used in designing for the OHSU brand.

The neutral color, OHSU Charcoal, provides a strong and sophisticated background against which accent colors — and carefully selected photography — can appear to their best advantage.

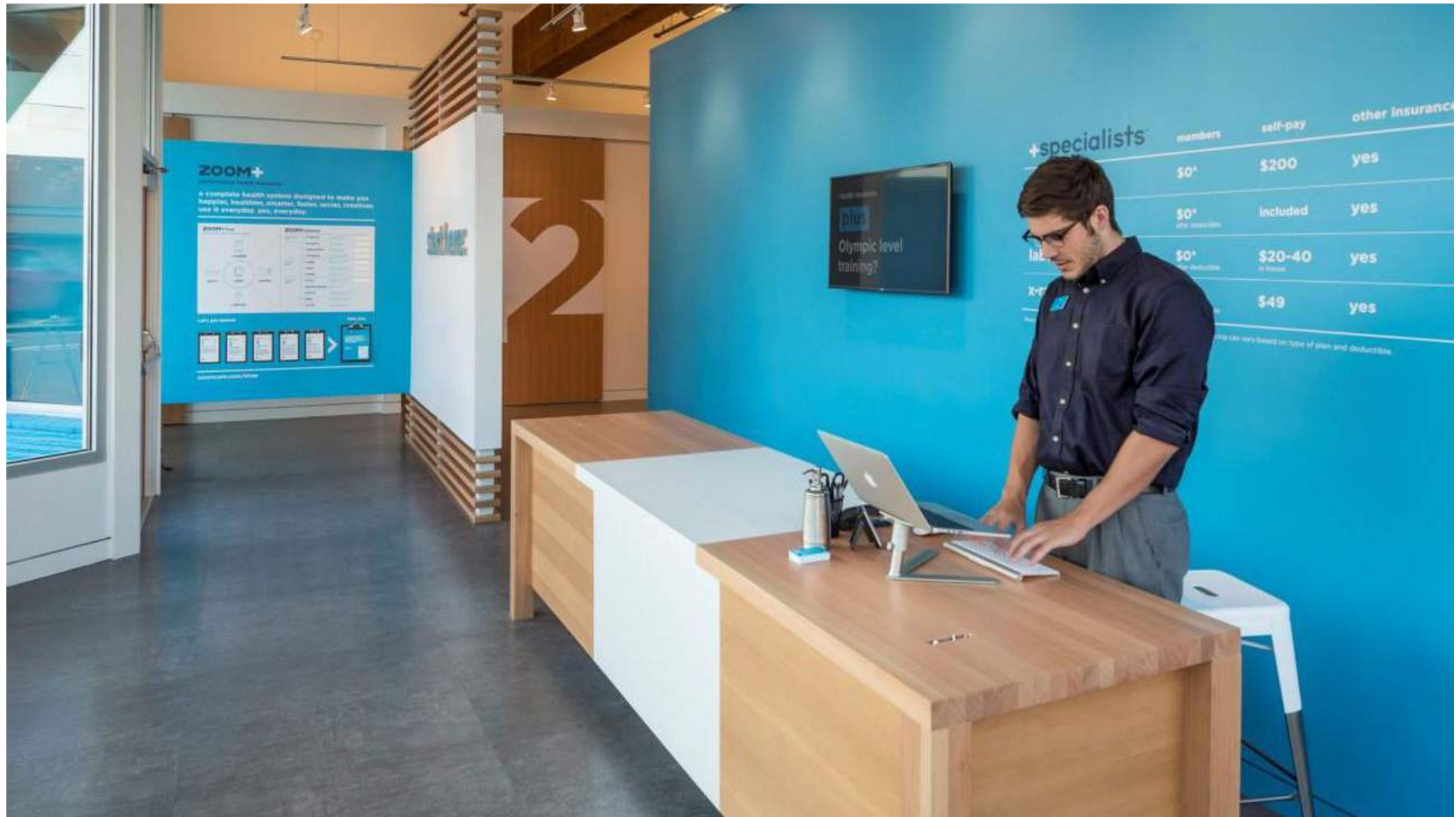
As much as possible, look for photography that works with the color palette in terms of tonality. Choose photos that complement and work aesthetically with the temperature of the design. Consider incorporating a duotone image into the design as well.

Additionally, think of white space as a “color” and incorporate ample amounts into the design as much as possible.









Your design should work well  
in black and white first.

That's a signal you've thought about  
hierarchy and contrast.



## Protect yourself from **shingles**...

### Get vaccinated!

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#### What is shingles?

Shingles is a painful disease caused by the same virus that causes chickenpox. It is also called zoster.

Shingles usually includes a painful rash with blisters that can occur anywhere on your body, even the face and eyes.

The main symptom of shingles is severe pain. Some people have compared it with the pain of childbirth or kidney stones.

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#### Is it serious?

Get  
vaccinated  
against shingles  
if you're 50  
or older!

Yes. For about 1 out of 5 people with shingles, severe pain can continue for months, or even years.

This long-lasting pain can be so bad that it interferes with eating and sleeping. Some people with severe pain from shingles have even committed suicide.

Although some medicines can help treat shingles, there is no cure.



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#### Am I at risk?

Anyone who has ever had chickenpox can get shingles. You are more likely to develop shingles as you get older.

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#### How can I protect myself from shingles?



The best way to prevent shingles and its serious complications is to get vaccinated. Two shingles vaccines are available in the U.S. – Shingrix and Zostavax.

You should get the shingles vaccine (Shingrix) if you are age 50 years or older, even if you've already had shingles or already received the older shingles vaccine (Zostavax). It is possible to get shingles more than once.

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► For more information, visit [www.vaccineinformation.org](http://www.vaccineinformation.org)

For other vaccine handouts in this series,  
visit [www.immunize.org/vaccine-summaries](http://www.immunize.org/vaccine-summaries)

immunization  
action coalition  
**IAC**  
immunize.org

Technical content reviewed by the Centers for Disease Control and Prevention  
Saint Paul, Minnesota • [www.immunize.org](http://www.immunize.org)  
[www.immunize.org/catg.d/p4414.pdf](http://www.immunize.org/catg.d/p4414.pdf) • Item #P4414 (5/18)

## Summary of Recommendations for Adult Immunization (Age 19 years and older)

PAGE 1 OF 5

Vaccine name and route	People for whom vaccination is recommended	Schedule for vaccination administration (any vaccine can be given with another unless otherwise noted)	Contraindications and precautions (mild illness is not a contraindication)
<b>Influenza</b> Inactivated Influenza vaccine (IIV*) Give IM * includes recombinant influenza vaccine (RIV)  Live attenuated influenza vaccine (LAIV) Give NAS (intranasally)	For people through age 18yrs, consult "Summary of Recommendations for Child/Teen Immunization" at <a href="http://www.immunize.org/catg.d/p2010.pdf">www.immunize.org/catg.d/p2010.pdf</a> . • Vaccination is recommended for all adults. • Adults age 18 through 64yrs may be given any intramuscular IIV product (Fluzone, Fluvirin, Afluria, Flucelvax, Fluorix, FluLaval), or RIV3/RIV4 (FluBlok). • Adults age 18 through 64yrs may be given intramuscular IIV (Afluria) with a needle and syringe or using a jet injector (Stratis). • Adults age 65yrs and older may be given any standard-dose IIV referenced in the second bullet above, Flud, or high-dose IIV (Fluzone High-Dose), or RIV3/RIV4. <b>Note:</b> Healthcare personnel who care for severely immunocompromised persons (i.e., those who require care in a protective environment) should receive IIV rather than LAIV. For information on other contraindications and precautions to LAIV, see far right column.	• Give 1 dose every year in the fall or winter. • Begin vaccination services as soon as vaccine is available and continue until the supply is depleted. • Continue to give vaccine to unvaccinated adults throughout the influenza season (including when influenza activity is present in the community) and at other times when the risk of influenza exists. • If 2 or more of the following live virus vaccines are to be given – LAIV, MMR, Var, ZVL, and/or yellow fever – they should be given on the same day. If they are not given on the same day, space them by at least 28d. May use as post-exposure prophylaxis if given within 3d of exposure.	<b>Contraindications</b> • History of severe allergic reaction (e.g., anaphylaxis) to any component of the vaccine (except egg) or after a previous dose of any influenza vaccine. • For LAIV only: pregnancy; immunosuppression; receipt of specific antivirals (i.e., amantadine, rimantadine, zanamivir, oseltamivir, or peramivir) within the previous 48hrs. Avoid use of these antiviral drugs for 14d after vaccination. <b>NOTE:</b> People with egg allergy of any severity can receive any recommended and age-appropriate influenza vaccine (i.e., any IIV, RIV, or LAIV) that is otherwise appropriate for their health status. People having had a previous severe reaction to eggs involving symptoms other than hives should be administered vaccine in a medical setting (e.g., a health department or physician office) and should be supervised by a healthcare provider who is able to recognize and manage severe allergic conditions. <b>Precautions</b> • Moderate or severe acute illness with or without fever. • History of Guillain-Barré syndrome (GBS) within 6wks following previous influenza vaccination. • For LAIV only: Chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, neurologic, hematologic or metabolic (including diabetes) disorders; immunosuppression (including that caused by medications or HIV).
<b>Td, Tdap</b> (Tetanus, diphtheria, pertussis) Give IM	For people through age 18yrs, consult "Summary of Recommendations for Child/Teen Immunization" at <a href="http://www.immunize.org/catg.d/p2010.pdf">www.immunize.org/catg.d/p2010.pdf</a> . • All people who lack written documentation of a primary series consisting of at least 3 doses of tetanus- and diphtheria-toxoid-containing vaccine. • A booster dose of Td or Tdap may be needed for wound management, so consult ACIP recommendations. <sup>1</sup> <b>For Tdap only</b> • Adults who have not already received Tdap or whose Tdap history is not known. • Healthcare personnel of all ages. • Give Tdap to pregnant women during each pregnancy (preferred during the early part of gestational weeks 27 through 36), regardless of the interval since prior Td or Tdap.	• For people who are unvaccinated or behind, complete the primary Td series (3 doses with an interval of 1–2m between dose #1 and #2, and an interval of 6–12m between dose #2 and #3); substitute a one-time dose of Tdap for one of the doses in the series, preferably the first. • Give Td booster every 10yrs after the primary series has been completed. • Tdap should be given regardless of interval since previous Td.	<b>Contraindications</b> • Previous severe allergic reaction (e.g., anaphylaxis) to this vaccine or to any of its components. • For Tdap only, history of encephalopathy not attributable to an identifiable cause, within 7d following DTP/DTaP, or Tdap. <b>Precautions</b> • Moderate or severe acute illness with or without fever. • History of Guillain-Barré syndrome within 6wks following previous dose of tetanus-toxoid-containing vaccine. • History of Arthus-type reaction following a prior dose of tetanus- or diphtheria-toxoid-containing vaccine (including MenACWY); defer vaccination until at least 10yrs have elapsed since the last tetanus toxoid-containing vaccine. • For pertussis-containing vaccines only, progressive or unstable neurologic disorder, uncontrolled seizures, or progressive encephalopathy until a treatment regimen has been established and the condition has stabilized.

This document was adapted from the vaccine recommendations of the Advisory Committee on Immunization Practices (ACIP) and also *Best Practices Guidance of the ACIP*. To view the full vaccine recommendations, visit CDC's website at [www.cdc.gov/vaccines/hcp/ACIP-recs/index.html](http://www.cdc.gov/vaccines/hcp/ACIP-recs/index.html) or, for the complete guidance document, visit [www.cdc.gov/vaccines/hcp/aciip-recs/general-recs/index.html](http://www.cdc.gov/vaccines/hcp/aciip-recs/general-recs/index.html).

**This table is revised periodically.** Visit IAC's website at [www.immunize.org/adultrules](http://www.immunize.org/adultrules) to make sure you have the most current version.

For the purposes of calculating intervals between doses, 4 weeks = 28 days. Intervals of 4 months or greater are determined by calendar months.

A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses.

Use color to

**DRAW ATTENTION**



# Cover your cough and clean your hands to stop the spread of germs

THE ILLNESS THAT IS MAKING YOU COUGH MAY  
BE SPREAD TO OTHERS. THANK YOU FOR HELPING  
PREVENT THE SPREAD OF GERMS.



**WEAR A MASK IF YOU HAVE A COUGH.  
PATIENT VISITORS: PLEASE DO NOT  
VISIT UNTIL YOU ARE WELL**



**IF YOU ARE UNABLE TO WEAR A MASK,  
USE TISSUES TO COVER YOUR NOSE  
AND MOUTH WHEN SNEEZING OR  
COUGHING.**



**USE ALCOHOL-BASED HAND GEL OR  
WASH YOUR HANDS AFTER SNEEZING  
OR COUGHING.**

Use color to  
**DIFFERENTIATE.**





### Bedside Reporting Tips

#### Decide which family members or visitors should be present

with you during the meeting. We want to protect your privacy and will only talk about your health with others when you say it is okay.

#### Think about any concerns and questions

you have and write them down. This is the perfect time to speak up.

#### Let us know if something is confusing.

If the nurses use any words or share information that you don't understand, ask them to explain it.

## Communicating with your team

Good communication is critical to ensure we provide the best care possible. Please ask questions and tell us about any special needs you may have so that we can help you recover as quickly as possible.

### Family spokesperson

We recommend that you designate a trusted relative or friend as your family spokesperson — a person who can help with communications and keep other family and friends informed while you're in the hospital.

### Healthcare agent or proxy

Tell us who you would want to speak for you in the event you are unable to speak for yourself. This may include loved ones not legally related to you, such as a non-registered domestic partner, significant other or foster parent.

### Bedside reporting

When your nurse is about to go off duty and transition your care to a new nurse, they will meet at your bedside to talk about your care before a shift change. This gives you a chance to meet the nurse taking over your care, ask questions and share important information. During a bedside report, the nurses will:

Introduce your new nurse to you and anyone with you.

Talk with you about your health.

Check the medicines you are taking.

Ask what could have gone better during the last shift.

Answer any questions you may have.

Bedside reporting gives you and your family the chance to be more involved in your care.

## Patient and family rounding

In addition to bedside reporting, on some units in the hospital, the care team performs rounds. Rounds are a structured time for doctors, nurses and representatives from other departments to discuss your health, results from labs and procedures, goals for the day and recommendations for next steps. The care team generally gathers in front of your room with a computer to discuss your health and care plan. You and your family spokesperson are encouraged to participate in rounds. Your questions and input help the team make the best decisions for you.



### Medication Safety Tip

When you are brought medicines or IV fluids in the hospital, **make sure your care provider checks your ID bracelet** and asks for your name and other identifiers such as your date of birth. This ensures that you are receiving the right medicines.

## Medications in the hospital

The proper use of medications is important for your health and safety. The key is communication.

### ALLERGIES AND REACTIONS



Make sure your healthcare team knows any allergies or side-effects you have had to any medications in the past, including reactions to anesthesia, foods, latex products or other environmental allergens.

### MEDICATIONS BEFORE YOUR HOSPITAL STAY



Tell your healthcare providers about all prescription and over-the-counter medicines, herbal vitamin supplements, natural remedies and recreational drugs that you were taking before you came to the hospital. It may be helpful to keep a list of these with you at all times.

### MEDICINE FROM HOME



While you are in the hospital, **DO NOT** take any of your medications from home unless those medications **AND** the correct dose have been approved by your doctor. Make sure to tell your nurse if you do take your own medication.

### HOSPITAL MEDICATION



Don't be afraid to ask questions regarding your medications, especially during your hospital stay. It is important that you and your caregiver know details regarding your medication plan. You should always ask:

- What is the name of the medication?
- Why do I need to take it?
- How much should I take and at what times?
- What are the possible side effects?

...there is **no reliable evidence** to suggest a direct relationship between a given colour and a given emotion.

— EVIDENCE-BASED DESIGN JOURNAL

“Mythbusting: Colour Theory”

# Working with **IMAGERY**

Imagery doesn't have to be  
**LITERAL.\***

\* I mean it. There doesn't have to be a doctor, nurse or patient in every picture.

#### What are the benefits of a regional anesthesia?

- Faster awakening;
- Up to 3 days of pain relief with a peripheral nerve catheter placement
- 8-24 hours of pain relief after a single injection;
- Better pain control than narcotics alone;
- Less need for narcotics and therefore less side effects from these medicines like nausea and constipation;
- You may go home earlier after surgery;
- Easier breathing resulting from better pain control;
- Easier or earlier participation in physical therapy post surgery.

#### What are the risks of Regional Anesthesia?

Significant injuries can occur but are extremely rare. Such injuries include infection, injury to blood vessels, reaction to medications, temporary or permanent loss of sensation and/or weakness. If you have any concerns you should talk to your anesthesiologist prior to your surgery.



Anesthesiology and Perioperative Medicine  
3181 SW Sam Jackson Park Road  
Portland OR 97239  
Mail Code KP5A  
Tel: 503 494-7641 Fax: 503 418-0884



### **Regional Anesthesia** & **Pain Medicine** **Patient** **Information**

Providing our patients with state of the art anesthesia and pain management care. Utilizing the latest techniques in anesthesia to ensure a successful and as pain free a procedure as possible.

#### The Anesthesia Care Team

The role of the anesthesia care team in your surgery is to maintain and regulate your critical life functions, such as your heart rate, blood pressure and breathing. Your anesthesia care team will meet with you prior to your surgery to discuss the type of anesthesia that will be used and to discuss your past medical and surgical history.

The anesthesia team here at OHSU is comprised of Faculty physicians, Resident physicians and Certified Nurse Anesthetists (CRNAs). The anesthesia team will work together to develop the best anesthesia care plan to meet your specific needs.



#### What is Regional Anesthesia?

With regional anesthesia, your anesthesiologist injects medication near a nerve or cluster of nerves to numb the region of your body that requires surgery. During the surgery you may remain awake, be sedated, or be given general anesthesia.

#### How is Regional Anesthesia different from General Anesthesia?

In general anesthesia, you are unconscious and have no awareness or other sensations.

In regional anesthesia, your anesthesiologist makes an injection near nerves to numb the area of your body that requires surgery and you often have a choice to receive general anesthesia or be sedated.

You, your anesthesiologist and surgeon will determine if regional anesthesia is right for you.

#### What types of surgical procedures would be appropriate for Regional Anesthesia?

If there are no medical contraindications, anesthesiologists are able to perform regional anesthesia techniques for a wide variety of surgical procedures. Some examples include:

- Gastrointestinal (stomach);
- hepatic (liver);
- Gynecology (female reproductive organ);
- Orthopedics (bone and joint);
- Thoracic surgery (chest);
- Urology (kidney, prostate, and bladder);
- Vascular surgery (blood vessels)





OHSU KNIGHT CANCER INSTITUTE

# Preparing for cancer treatment





## Cancer nutrition services

We help manage potential side effects of treatment such as:

- » Weight loss
- » Lack of appetite
- » Nausea
- » Vomiting
- » Constipation
- » Diarrhea
- » Taste changes
- » Dry mouth
- » Fatigue

At the OHSU Knight Cancer Institute, our dedicated cancer dietitians are here to support your changing nutrition needs from cancer diagnosis through post-treatment. Cancer treatment can cause nutrition and appetite-related side effects.

Knowing how to manage your diet will help minimize weight loss, fatigue and discomfort. Our dietitians offer personalized care and work closely with you and your family to help address any nutrition-related concerns.

### OUR SERVICES:

Provide individualized diet instruction and counseling to prevent excessive weight loss or malnutrition.

Evaluate current research or information about the role of specific diet or lifestyle modifications in cancer treatment.

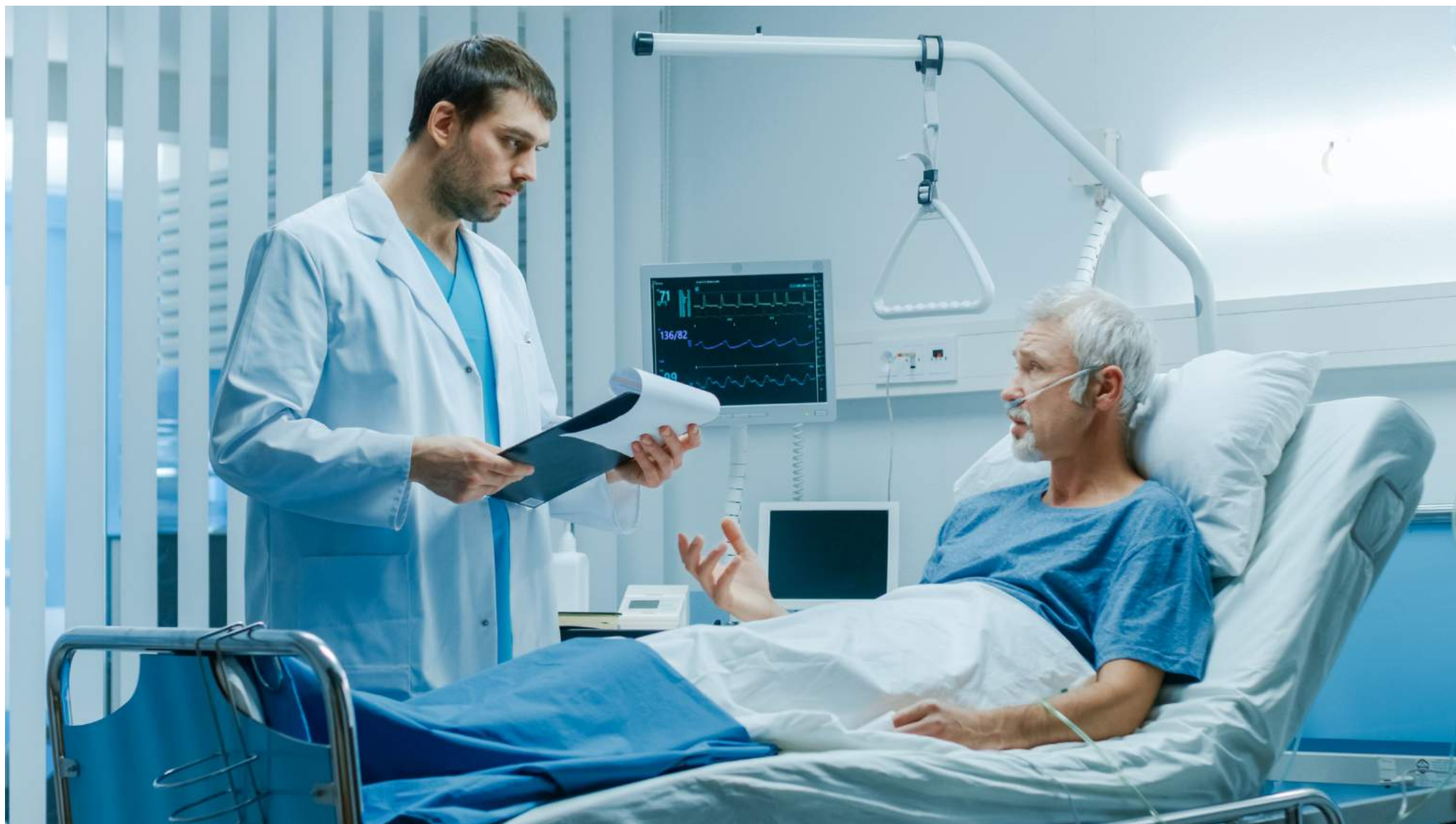
Provide recipes and tips to meet your specific nutritional needs.

Evaluate the need for, and effectiveness of, complementary medicines — such as herbal/vitamin/mineral supplements — by specific diagnosis.

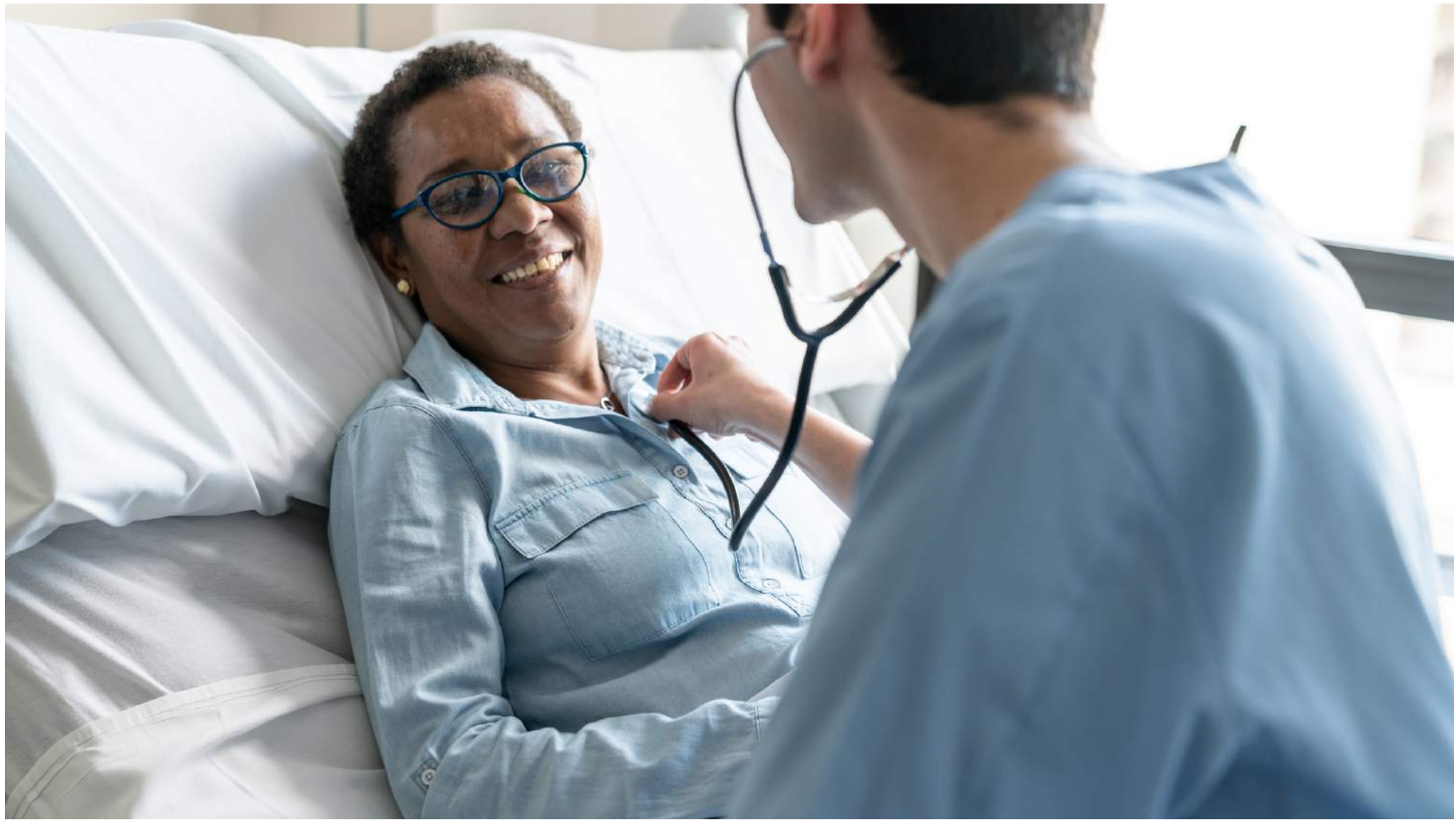
Transition diet and lifestyle habits from prior to treatment through to post-treatment changes.

Ask your doctor or nurse to refer you to one of our cancer dietitians. They are available by appointment at the Center for Health & Healing, Marquam Hill or by phone if you live outside the Portland area.

Imagery should be  
**PATIENT-CENTERED.**



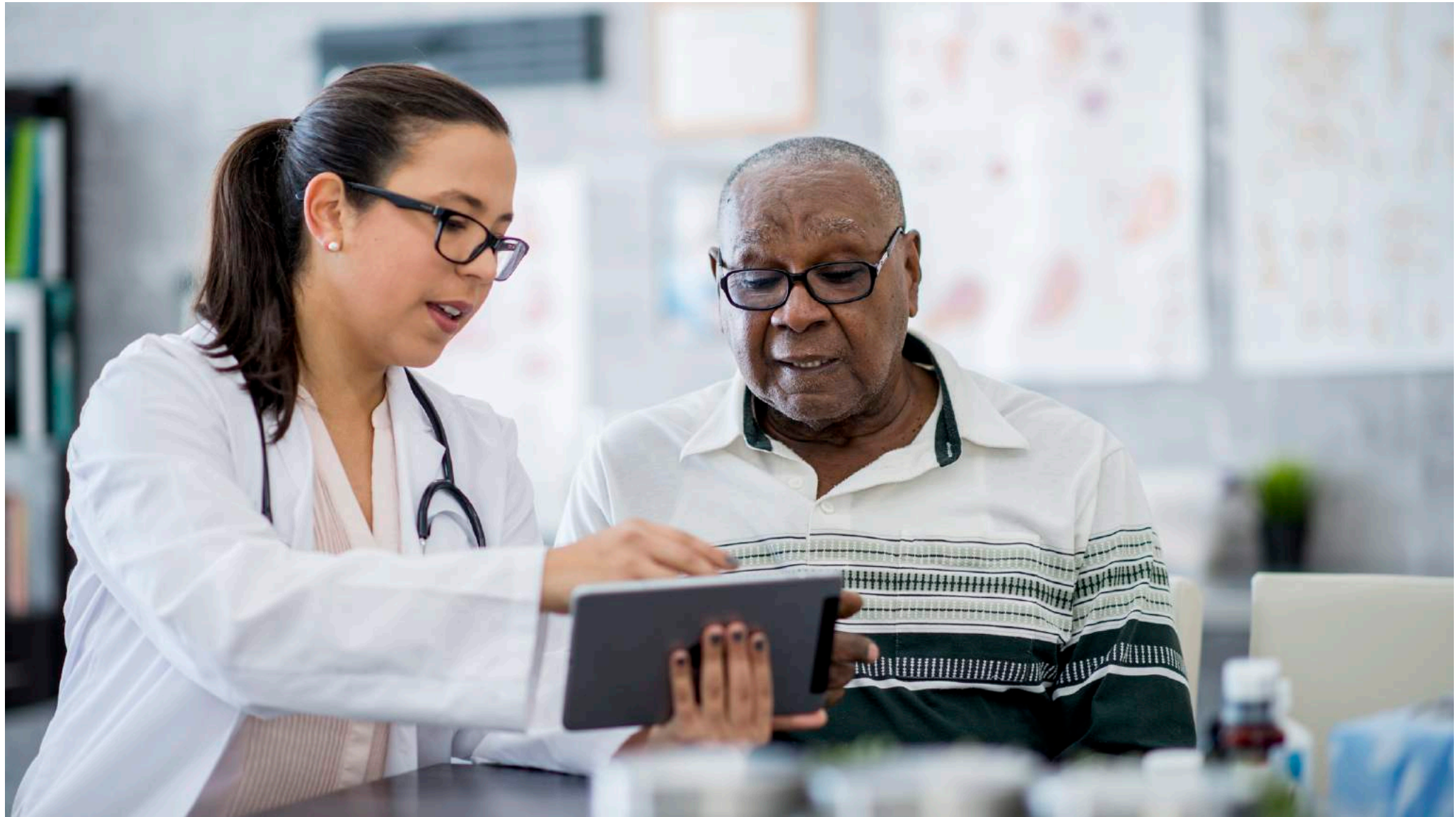






Imagery should be  
**INCLUSIVE.**

















Consider an interesting  
**ANGLE OR VIEWPOINT.**















Avoid shots that looks too  
**POSED OR STAGED.**



