

A word about visitors: The playroom is usually available for visiting with friends and family. If you share a room, please be sensitive to the different sleep schedules roommates might have!

**8:00 pm – 7:00 am**

Vital signs, medications and nursing care are done as needed. If you are staying overnight the nurse can tell you what times these will be done. Talk to him/her about how you will be involved.

Urgent procedures and tests may need to be done: sleep times are often interrupted. We will do our best to avoid waking you/your child up. Please know that we will only do this if it is important for your child's care.

Parents can sleep on a fold up cot or chairbed in the child's room or in the 3B playroom. You may want to make other plans for sleeping outside the hospital – Please let us know how to contact you.

The Quiet Room is for family members who need a space for quiet privacy or prayer. It is not intended as a room for sleep.

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"Routines on 3B" - In collaboration with the following:  
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**A FEW WORDS ON FAMILY AND FRIENDS...**

**Parents are very important to their child's care.**

**Family**

For each child, "who" makes up the family, is different. Decide who you will include as your close family, those who will be with your child and can be most helpful to you and your child. This is the kind of family member who may stay overnight and/or be involved with your child's care during the day. Playrooms, schoolrooms, laundry rooms etc. are available for patients and family who are staying: more information regarding hours of operation are available.

**Visitors**

Limiting the number of friends and family who want to visit is important for several reasons:

- ~ Sick children need rest and a calm space
- ~ The hospital can be a more stressful place when a large number of visitors are present in a small room
- ~ Young children often get bored when visiting
- ~ Children on 3B/2B are more likely to get infections

Visitors who have been with someone who is sick or is not feeling well can spread infections to children who are already sick or needing more protection because of their illness.

We know it isn't easy to take care of a child in the hospital. We want to make your stay on 3B/2B as comfortable as possible – we hope this pamphlet helps. If you have any questions about this or anything else, please ask your nurse.

# ROUTINES ON 3B/2B



An agency of the Provincial  
Health Services Authority

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3B: 604-875-2345 ext 7614  
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**A day on 3B/2B looks something like this:**

**4:00 am – 6:00 am**

Bloodwork is done in the early morning and at other times as necessary. Obtaining your child's blood allows the medical team to assess your child's blood results early on in the day. Blood samples are either done by the lab technologist as needle "pokes" or by a certified nurse from a central venous line. If your child requires a technologist, your nurse will apply a topical anesthetic known as EMLA, on your child.

**7:00 am – 8:00 am**

Nurses change shift. This means that the nurses on day shift get a report on your child from the nurses on night shift. The day nurse then begins to plan your child's care for the day. Report usually ends by 7:30am.

The beginning of the shift may be a busy time for your child's nurse. S/he will check on your child when report is over. This is a good time to talk to her about questions or concerns, the plans for the day and how you will be involved in your child's care. If your child requires medical attention right away, please let someone know as soon as possible.

If you have stayed overnight in your child's room, please fold up cots and linen by 8:00 am. There is a shower located in the parent lounge for your use. If your child is sharing a room with another child, please do not use the shower/toilet in your room. This helps prevent the spread of infection and protects you from chemotherapy that may be passed in the urine.

Breakfasts will arrive and be delivered by a catering service. Your child will be offered choices from the food cart brought to the unit at mealtime. Snacks or juice are also available for your child from the kitchen nook, next to the playroom. Families may use the kitchen nook to prepare food they have brought with them.

Vital signs are checked every 4 hours or more frequently if your child needs to be watched closely. The nurse will check the following vital signs on your child: temperature, pulse, heart rate, respiratory rate or bpm (breaths per minute) and blood pressure.

**8:00 am – 12:00 pm**

Procedures, tests and treatments are sometimes booked throughout the day. When we have an appointment time, your nurse will let you know. Most parents find it helpful to write down these times since sometimes the appointment may be scheduled a day or two ahead.

Morning Rounds take place sometime between these hours. Doctors, nurses and professional staff update and review your child's condition and make plans for the day. Each child on 3B/2B is reviewed at this time. Your nurse or doctor will discuss anything unusual that comes up in rounds.

**12:00 pm – 5:00 pm**

Lunch is delivered around noon.

Rest and playtime are important; visits from friends and relatives can occur throughout the day and as your family wishes. Try to limit the number of visitors and ask visitors to wash their hands. Many of the children on 3B are at high risk for infection. In

addition, they need their rest. Please tell them not to bring flowers (they carry germs that can be a problem for children on 3B/2B.)

Nursing care and other care for your child continues. We will work with you to schedule our care to meet your child's needs.

Feel free to talk to the nurse about your child's care for the rest of the day (Try to include time for yourself to take a break, rest or coffee.) Child life Specialists and volunteers are also available to assist you. Please ask your nurse to arrange this for you.

**5:00 pm – 7:00 pm**

Dinner is served around 5:00 pm.

We will try to do any tests or treatments, including vital signs, to match your child's sleep schedule. This may not always be possible – please tell the nurse how we can work together on this.

**7:00 pm – 8:00 pm**

Nurses change shift at 7:00 pm. This means that a different nurse will care for your child after this time so it is important that s/he gets a full report from the day nurse. After report, around 7:30 pm, you can talk to your nurse to plan your child's care for the night. Tell him/her about the things you will be doing for your child and what you would like the nurse to do.