

FREQUENTLY ASKED QUESTIONS ABOUT OUR PROGRAM

Who are the patients that come to your unit? We are usually referred children and adolescents whose problems with feelings, behavior, or thinking become too dangerous or too complicated to be handled on an outpatient basis.

What kind of evaluation will be done? A multidisciplinary team will try to get the best understanding of the problem by talking with the child and the parent or caregiver and learning about the components of a child's life, as well as what might be helping or hindering him or her. Diagnosis and recommendations for change will be made based on our understanding of the problem situation.

Will my child be tested for a "chemical imbalance"? There is no specific blood test to determine psychiatric disorders. However, your child will get a complete physical exam, routine blood work, and urinalysis to rule out medical problems. Additional tests may be ordered as needed.

What tests are NOT routinely obtained? Psychological testing is not done, and CT or MRI scans and EEG's are rarely obtained unless they are felt necessary. If indicated, these tests may also be done on an outpatient basis.

What about medicines? If the doctors believe that a new medicine or a medicine change would be helpful, they will contact the parent or caregiver to discuss this recommendation. Only in rare or emergency situations would any medicine be given without parent or caregiver permission.

How long will my child be in the hospital? Although our average stay is about 5 days, each situation is unique, and your child's treatment team will let you know the exact day of discharge for your child.

Can parents stay overnight in the hospital with their child? We are not set up for parents to stay overnight on our unit, but we welcome family during visiting hours.

Will my child need an excuse for school? If a school consent form was signed allowing us to talk to the child's school, our teachers will take care of notifying the school to get the excused absence or credit for days while an inpatient.

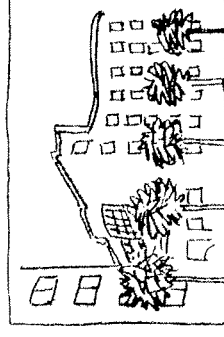
My child was driven to the hospital by the sheriff, can the sheriff also bring my child back home? When a child is committed here by a judge, the sheriff might drive the child here. However, in order to discharge a patient, we ask the judge to end the commitment. Then it is the parent or caregiver's responsibility to arrange transportation back home.

Do you arrange placements for children whose parents don't want them to return home? No, we are an acute care hospital - any discussion of going somewhere else instead of home would be with your local community agencies. We do share the community agencies' philosophy that all efforts should first be made to support a child remaining with his or her family whenever possible.

Institute of Psychiatry Medical University of South Carolina Child & Adolescent Inpatient Unit (2 North)



Parent & Caregiver Information



67 President Street
P.O. Box 861
Charleston, South Carolina 29425
(843) 792-0120
Fax (843) 792-0069



For Referrals to the 2 North Unit: (843) 792-9888

(April 2011)

Welcome to our Child and Adolescent Inpatient Unit (2 North).

Our program is a brief crisis-stabilization program for youth ages 5 to 17 with separate areas on our unit for children and for adolescents. Our patients come from all parts of South Carolina, and our goal is to help patients return to their communities and families as soon as is possible. In order to do so we work closely with families and caregivers along with our patients. We also coordinate our services with those of the outpatient treatment provider(s) to work towards a smooth transition back home. .

Who will be taking care of your child or adolescent?

Each child is treated and evaluated by a team that consists of an attending child psychiatrist, a resident psychiatrist, a clinical social worker, nursing staff members, a special education teacher, and other medical and therapeutic people. We are a teaching hospital, and one of our missions is to provide training, so your child will also be talking with supervised student physicians, nurses, and others.

The phone number to reach all team members is 843-792-0120.

Your child's Treatment Team includes:

Attending Child Psychiatrist: Rabiya K. Hasan, MD Matthew S. Koval, MD
Social Worker/Family Therapist: Julia Schrecker, MSW Mary Lou Shoemaker, MSW
Sherell Lucas, BSW - Macia Patnoy, MSW - Sarah Ross, MSW - Alicia Vanhoy, MSW
Resident Psychiatrist or Child Psychiatry Fellow: _____
Director of Special Education: Terri Beale, MEd
Recreational Therapist: Amber Beasley, BS, CTRS
Nurse Manager: Karen McHugh, MS, RN
Clinical Unit Leaders: Dawn Vocolina, RN - Mack Scheider, RN
Nurses & Clinical Counselors

What is included in the Evaluation and Treatment process?

This process includes all disciplines and will usually involve:
Initial evaluation by team members who will interview the patient and the parent(s)/caregiver. It is ideal to have a parent/caregiver at the initial interview, but if one cannot be present, they will be contacted by phone.

Daily evaluation and treatment planning by the Treatment Team which may include individual time with the patient; review of progress, goal-work, and participation throughout each day; assessment and treatment of any medical needs (including any medication recommendations to be made to parents), discussion of any other specific treatment needs including arrangements for follow-up treatment; and planning for involvement of the family/caregiver.

Daily activities on and off the unit which involve daily goal-setting; individual discussion time with staff members; group therapies focused on teaching personal awareness and learning coping skills; recreational and activity therapies; school time; and quiet time to work on personal tasks and goals.

Family or caregiver involvement which may occur through phone calls, brief discussions on the unit, or planned family therapy times with Treatment Team members.

PARENT GROUP to provide support and information to parents will be held during Saturday, Sunday & Holiday visiting hours from Noon to 1:00 pm (while kids are at lunch). Please make every effort to attend these parent groups!!

PHONE CALLS

843-792-0120 to reach your child.

Patients are able to make or receive phone calls when they are not in an activity or a group. We welcome daily phone contact with a child's main family members, but because we are treatment-focused we do not include friends/peers on the call list.

- Child Team best times to call:
- Around 8:30 am
 - During visiting hours
 - Between 7:30 - 8:30 pm (bedtime)
- Adolescent Team best times to call:
- Around 8:30 am
 - During visiting hours
 - Between 8:00 - 9:00 pm (bedtime)

VISITING HOURS

Monday - Friday 12:30 to 1:30 pm / 4:00 to 6:30 pm
Sat, Sun, & Holidays 11:00 to 3:00 pm

Visiting Guidelines: We do encourage visitors. However, because of the short time our patients are here and due to confidentiality, we ask that only immediate family members, (but no one younger than 6), other caregivers, outpatient counselors, or pastors be on the visitor list. We ask that there be no more than two adult visitors and two child visitors on the unit at a time and that each child visitor be closely supervised by one adult visitor. (If other arrangements are needed as far as time to visit or number of children with the adult, let the charge nurse or social worker know so other plans can be made.)

We protect Patient Privacy with a Confidentiality Number.

Your child's number is _____.

When anyone phones or visits they must have this number in order to be put through. The parent or guardian is given this number and can choose whomever else they want to have it, although we ask that the list be kept to family members and those professionals involved in the child's life. Communication with any agency staff outside of our hospital will be done only with parent permission unless required otherwise by law.

We protect Patient Safety by checking any items brought on the unit, keeping a close watch on our patients at the level that matches their condition - and intervening calmly and quickly if needed in order to ensure the safety of all people on the unit.

What to bring: Your child will only need several changes of clothing, personal grooming items, and any comfort items they would like to have (special blanket, pillow, stuffed animal, unframed family pictures).

What not to bring: For safety reasons, all personal items must be examined first by our unit staff, and we will do an initial check-in that screens for non-allowed items. We do not allow any clothing with strings/ties, potentially sharp items, electronic items, or expensive personal items on the unit, and we ask that patients wear clothing that is modest and does not have any inappropriate themes. We also ask that no food, candy/gum, or nicotine be brought to the patient, as we will supply meals and snacks.