

# Patient and Family Education

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## Outpatient

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## Content Patient and Family Education for :

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1. Fever
2. Vomiting and Diarrhea
3. Head Injury
4. Epilepsy/ Seizure
5. Daycare

The following information serves as a guide on how best to safeguard your health. In specific cases, your doctor may advise you differently and you should follow such instructions.

In an emergency, Kindly contact the  
Accident & Emergency Department at :

**03-3370 1235 / 03-3370 1204**

# Patient and Family Education for

## Fever

### **General care**

- Check temperature every 4-6 hourly.
- Tepid sponge your child if fever exceeds 38 degrees Celsius.
- Do not wrap your child up in heavy clothing e.g. blankets or cardigan.
- Give medication such as Panadol or other fever medications as prescribed by the doctor every 4- 6 hours or if fever rises above 38 degrees Celsius.
- Ensure your child is not allergic to any of these drugs prior to administering the medication.

### **When to consult the doctor**

- If fever last more than 2 days.
- Child is sleepy, looks pale and is having severe headache.
- Child is having neck stiffness, persistent vomiting or body rash.

# Patient and Family Education for

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# Vomiting and Diarrhea

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## **Drink clear fluids**

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- Drink clear fluids e.g. flat lemonade, water, apple juice, glucose water, tea without milk, chicken broth, and clear soup.
- Take small but frequent sips of water if nauseous to prevent dehydration.

## **Avoid dairy products, oily or spicy foods**

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- Avoid food such as cream based soups/sauces, milk cheese, butter.

## **If vomiting stops, increase bland diet in small amounts**

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- Encourage food such as toast, rice, crackers, and rice porridge.

## **When to consult the doctor**

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- There is worsening of abdominal pain.
- If pain localizes to one area of the abdomen e.g. right lower side.
- Vomiting persistently and unable to tolerate oral fluids.
- There are signs of dehydration e.g. dizziness lethargy, dry mouth, sunken eyes or cheeks.
- Present of blood in diarrhea or if stools are black.
- Fever does not settle in 1-2 days.

## Patient and Family Education for

# Head Injury

1. At present, we find no evidence of serious injury.  
However, any person who has received a blow or injury to the head may develop symptoms due to this injury hours or days later.
2. The first 24 hours following head injury are the most important hours that the injured person needs to be watched
3. If any of the following develops, contact us or bring the person back to hospital for reassessment :
  - Drowsiness with difficulty in awakening.  
(Wake the patient up every one to two hours during periods of sleep).
  - Dizziness, nausea or vomiting.
  - Severe headaches.
  - Confusion, inability to concentrate or change in personality.
  - Unusual restlessness.
  - Convulsions (Fits).
  - One pupil much larger than the other, peculiar eye movements, difficulty in focusing or other visual disturbance.
  - Inability to move arms or legs, numbness of arms and legs, stumbling or peculiar walking.
  - Very slow or rapid pulse or unusual change in patient's breathing.
  - An increase in swelling at site of injury despite ice pack application.
4. The patient should not have alcohol beverages for a few days after the injury.
5. Do not let the injured person take any pain medication stronger than aspirin or Panadol unless prescribed by a doctor.

## Patient and Family Education for

# Epilepsy/Seizure

### **Medication**

- Take medication as prescribed.
- Do not stop taking medication. Consult physician first.
- If you experience adverse reaction e.g. body rash, consult your doctor immediately.

### **Follow-up care**

- Report to the doctor on the appointment date and time.

### **Keep record**

- Stress the importance of wearing a Medic Alert band or carrying a medical alert card.
- Notify the physician if seizure activity is not being controlled.
- Keep the record of the occurrences of seizures (frequency, duration and description of seizure).

### **When to consult the doctor**

- Inform others if sense of aura occurs e.g. flashes of light, smells etc.
- Avoid driving or operating heavy machines.
- Avoid smoking - a fire hazard.
- Avoid alcohol consumption - may interact with anticonvulsant medication.
- Avoid becoming excessively tired/ stress - can precipitate seizures.
- Do not swim alone.
- Shower rather than tub bath as tub bath may become a drowning threat during a generalized seizure. Install grab bars in the shower and tub area.
- Do not lock doors of the bedroom or bathroom. Family members may enter if a seizure occurs.
- Maintain the bed in low position.

# Patient and Family Education for

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# Daycare

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## **Admission to Day Care ward**

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You may be admitted for day surgery or for non-surgical reason. Prior to admission to Day Care Ward, kindly proceed to the Emergency Department Registration Counter (before 8am) or the Admission /Discharge Counter at the Main Lobby after (8am).

## **General Information on Day Surgery**

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- Patient will be admitted to the Day Care Ward on a particular day and will be discharged on the same day. However some patients may be required to stay overnight as admission if the Consultant needs to evaluate further.
- The suitability for a patient to undergo day surgery of endoscopy procedure will be evaluate by a doctor before the date of a day surgery is given.

## **Precautionary steps**

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- ✓ Jewellery should be left at home.
- ✓ Children shall stay at home, where possible.
- ✓ Have a responsible adult to accompany you home after your procedure.
- ✓ Please bring along the following:
  - List of all medications you are taking.
  - List of any allergies you have.
  - Your identity card & appointment card.
  - Your insurance card/Guarantee letter.

## **Medication**

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Upon discharge, you may be given take home medications. These can be collected at the Ground Floor Pharmacy after payment is made.

## **Refreshment**

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Upon approval from your doctor, you may take light refreshment after your procedure.

## **Post –Endoscopy/Surgery**

### **You will only be DISCHARGED if:**

- You are awake, alert, rational and general condition stable
- You do not have breathing problems.
- You are able to pass urine.
- You do not have severe pain or bleeding.
- You are able to move independently.
- You have been reviewed by your doctor before discharge.
- You are accompanied home by a responsible adult.

### **Upon discharge, you will be given specific instruction about resuming your activity, medication and diet**

1) Ensure help is available at home for the first 24 hours.

2) At least 12 hours after your procedure, You must:

- NOT operate machine,
- NOT consume alcohol,
- NOT drive,
- NOT make any legal or financial decisions,

You may return to work or school the day after your procedure.

3) In case of emergency, you may direct to hospital emergency department.



# Patient and Family Education for

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# Breastfeeding

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## **The importance of exclusive breastfeeding for the first six months giving no other liquid or foods**

Exclusive breastfeeding provides all the nutrients and water that a baby needs to grow and develop in the first six months. This means to the end of six completed months – 26 weeks or 180 days, not the start of the sixth month.

**Exclusive breastfeeding** means that no drinks or foods other than breastmilk are given to a baby. Vitamins, mineral supplements or medicines can be given, if needed.

Most exclusively breastfed young infants feed at least eight to twelve times in 24 hours, including night feeds.

Any of the following will interfere with exclusive breastfeeding:

- A baby is given any drink or food other than breastmilk.
- A baby is given a pacifier/dummy/soother.
- Limits are placed on the number of breastfeeds.
- Limits are placed on suckling time or the length of a breastfeed.

There are a few points why exclusive breastfeeding is important:

- Reduce infant deaths by reducing diarrhoea and infectious diseases.
- Reduce the risk of respiratory infection for baby.
- Get the right antibodies to protect the baby from illness.
- To develop jaw, teeth and speech development.

## **Before birth**

### Getting started with breastfeeding

- Prepare yourself and family especially your husband with information on breastfeeding. You may need to read books and magazines on breastfeeding or attend antenatal classes together with your husband.
- Get the information from the nearest government hospitals or health clinics, or any breastfeeding support group available, in case you may need help or for any enquiry on breastfeeding.
- It is important for you as a mother to know about breastfeeding as early as possible and to identify any risk of breastfeeding difficulties.
- Get things in order. Arrange for someone else to take over other household chores for the first few weeks after birth. This will help you get enough rest and concentrate on nursing the baby.

## The importance of breastfeeding to the baby

### Breastmilk

- Provides ideal nutrition to meet your baby's needs for growth and development.
- Protects against many infections, and may prevent some infant deaths.
- Reduces risk of allergies and conditions such as juvenile-onset diabetes, in families with a history of these conditions.
- Programmes body systems that may assist in blood pressure regulation and reduction of obesity risk in later life.
- Is readily available, needing no preparation.

A mother's own milk is suited to the individual child, changing to meet the baby's changing needs.

Children who **DO NOT BREASTFEED** or receive breastmilk may be at increased risk of:

- Infections such as diarrhoea and gastrointestinal infections, respiratory infections and urinary tract infections.
- Eczema and other atopic conditions.
- Necrotising enterocolitis, in preterm infants.
- Lower developmental performance and educational achievement, thus reducing earning potential.
- Ear Infections.
- Developing juvenile onset insulin dependent diabetes mellitus, higher blood pressure and obesity in childhood, all markers of later heart disease.
- Dying in infancy and early childhood.

## At birth

### The importance of skin-to-skin contact immediately after birth

Bonding between you and your baby is strongest in the first one to 2 hours after delivery. Therefore, if you deliver in hospital, usually the health staff will help to place your baby on your chest or abdomen, to get the skin to skin contact as after 2 to 3 hours, as it is common for a baby to sleep for long periods of time.

You should be prepared for this. Skin to skin contact is very important because it :

- Keeps your baby warm and calm.
- Promotes bonding between you and your baby, and helps breastfeeding get started.
- Help your baby learn that your breast is a safe place for him.
- Enables colonisation of your baby's gut with your normal body bacteria gut.
- Assists with metabolic adaptation and blood glucose stabilisation in your baby.

### The importance of early initiation of breastfeeding

When you and baby are quietly kept in skin to skin contact, your baby typically will work through pre-feeding behaviours, for example bringing his hands to his mouth and making sucking motions. Your baby is most alert and ready to attach to your breast this time. Studies showed that if the baby is attached early, the duration of breastfeeding will increase. Early initiation will also help:

- To fasten your milk production.
- To ensure the success of exclusive breastfeeding.
- To ensure that your baby receive colostrum.

## After Giving birth

### The importance of rooming in 24 hours a day

Rooming-in means you and your baby are not separated for more than one hour, at any time while you are in hospital. This will permit your baby to breastfeed whenever he is hungry, and reinforce bonding and closeness which should be continued at home. While in the hospital, remind nursing staff to let your baby be with you all the time. Rooming-in has been shown to contribute to breastfeeding success:

- Babies will sleep better and cry less.
- Before birth, the mothers and infant have developed a sleep/awake rhythm that would be disrupted if separated.
- Breastfeeding is well established and continues longer and the baby gains weight quickly.
- Feeding in response to a baby's cues is easier when the baby is near, thus helping to develop a good milk supply.
- Mothers become confident in caring for their babies.
- Mothers can see that their babies are well and they do not worried that a crying baby in a nursery is theirs.
- Baby is exposed to fewer infections when put next to his or her mother rather than in a nursery.
- It promotes bonding between mother and baby even if the mother is not breast feeding.

### Position for the mother

#### Cradle position



This is easiest for many mothers and babies. Hold your baby cradled in your arms. Their head should be supported by your forearm and body should be turned to face yours.

#### Cross-Cradle position



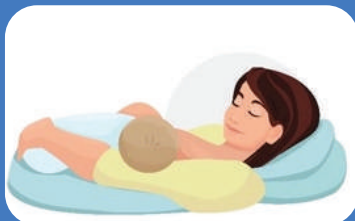
Place your baby along your body opposite from the breast you're using. Use your hand to support the breast and place the nipple in the proper place for a good latch. Your other arm supports baby behind the neck and shoulders.

#### Football Hold position



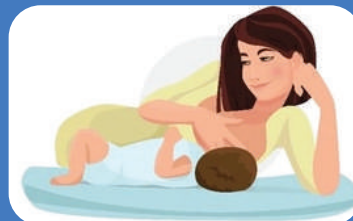
Hold your baby by your side with baby laying on their back and head at breast level. Support the back of baby's head with your hand while they nurse. This particular position is a favorite for those who have very large breasts or inverted nipples & for moms who have had a C-section.

#### Laid Back position



The side lying position is difficult for some moms to get at first, but as you and baby both grow in your nursing relationship, this is going to be one of those positions that you use constantly. It's a very simple position – you just lie on your side with your baby facing you. Baby snuggles up to the breast and nurses lying next to you.

#### Side lying position



This final position works particularly well for the baby-led nursing approach. Mom essentially lies back slightly while propped on a pillow. The baby lays on top of the mom, with head just above breast level in the center of the chest. Baby will begin to search for the breast to begin nursing, and mom gently supports baby's head and shoulders while baby latches himself on.

## Patient and Family Education for

# Antenatal Exercise

### **1. Purposes of antenatal exercise**

Antenatal exercise aims at preventing low back pain and enhancing physical and psychological preparation for delivery by means of joint stretching and muscle strengthening.

### **2. Guidelines for antenatal exercise**

- Breathe smoothly, work gradually according to your capability
- Work twice or thrice a day and repeat each set of movements ten times in every session
- Antenatal exercise may begin when pregnancy reaches 16 to 20 weeks
- Physiotherapist may make modifications to the exercise according to your physical conditions.

### **3. Types of antenatal exercise**

#### (i) Pelvic floor exercise

- Sit on a chair with your back against the seatback
- Tighten the vaginal, urethral and anal muscles as if trying to withhold urination or defecation. You can also do this exercise in a standing position.

Pelvic floor exercise enhances the control and support of pelvic floor muscles. It helps you prepare for childbirth and prevents uterine prolapse, urinary incontinence and haemorrhoid.

#### (ii) Back and abdominal exercise

- Sit on a chair with your back against the seatback
- Breathe naturally
- Tighten the abdomen and then press the pelvis downwards to flatten your low back against the seatback. Hold for 5 seconds, and relax

This exercise helps you by correcting the low back and pelvic posture. It strengthens your abdominal muscles and prevents back pain.



#### **Note: Practise good posture in daily activities**

#### (iii) Ankle exercise

- Sit on a chair with your back against the seatback
- Start with one ankle and turn the foot upwards and downwards. Each up-and-down movement is counted as one time. Repeat ten times
- Rotate the ankle to draw an inward or outward circle. Each circular movement is counted as one time. Repeat ten times
- Repeat the same steps at the other ankle
- Ankle exercise helps reduce leg swelling and varicose vein, thus alleviating the problem of leg cramps



(iv) Lower limbs relaxation exercise

- This exercise enhances the flexibility and strength of inner thighs and pelvic muscles. It helps you get accustomed to the delivery position and prevent thigh spasm during delivery
- Sit on a stable low chair against a wall and spread your thighs sideways. Hold for 5 seconds and relax

Note:

1. It is suitable for pregnant women with tight thighs
2. Do not pull apart the thighs
3. Please note that this exercise is not suitable for those with pain over the pubic bones

(v) Breathing exercise

- Breathing techniques for pain relief during labour. Exhale before inhale is suggested

a. Abdominal breathing

- Suitable for mild pain
- Breathe in through the nose and feel the abdomen expand. Then breathe out through the mouth

b. Lower costal breathing

- Suitable for medium pain
- Put your hands on the lower rib cage. Breathe in through the nose and feel your chest expand. Then breathe out lightly through the mouth

c. Apical breathing

- Suitable for severe pain
- Cross your hands below the clavicles with your mouth slightly open. Breathe in through the nose and the mouth. Breathe out lightly as if trying to flicker the flame of a candle without blowing it out, and feel the upper lungs moving slightly up and down

\* During contractions, try to relax and control your breathing

\* In between contractions, rest and relax as much as you can in the most comfortable position



**Points to Note in Daily Life**

- When you lift an object, bend your knees with the strength of your thigh muscles and keep your low back straight by tightening the abdominal muscle, and then straighten your knee joints to lift the object
- To get up in bed, lie down sideways with both legs hanging over the edge of the bed, and then push up your body by straightening both arms
- Tighten your abdomen and keep your back straight when sitting or standing

## Patient and Family Education for

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# Cord Care For Newborn

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A newborn's umbilical cord stump typically falls off within about two weeks after birth. In the meantime, treat your baby's umbilical cord stump gently. The stump should dry and fall off by the time your baby is 5 to 15 days old.

### **How to take care of the cord of a newborn baby?**

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- Keep the cord dry.
- Gently pat the cord dry with a towel if it gets wet during a bath.
- Keep the diaper below the cord. This helps keep the cord dry and open to the air. it also prevents irritation from urine.
- If there's stool on the cord, drip some warm water on the cord and wipe it off.
- Let the stump fall off on its own. Resist the temptation to pull off the stump yourself.
- sanitary towels
- nursing brassieres (if you intend to breastfeed)
- socks
- set of baby clothes to dress your baby on discharge.

Nail polish and all jewellery should be removed before you go to the hospital. Leave all valuables at home. The hospital cannot be held responsible if anything is lost or damaged.

- Fast for 6 hours before surgery or as ordered.
- You need to sign a consent form after due explanation by your surgeon. Use this opportunity to ask questions and make sure that you understand the process.

- Do not eat or drink until instructed by the ward nurse.