

When Your Child is in Hospital

For Support Persons of
Children and Teens with Eating Disorders

Royal Columbian Hospital



Unit phone number: 604-520-4558

Maternal Infant Child and Youth Program



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About the hospital

- Our children's unit is located in this part of the hospital:

Pediatrics Unit
3C, Level 3
Health Care Centre (Green Zone)

- The children on the unit all need rest. Please speak in quiet voices. We might limit the number of visitors your child has so they can rest and recover.
- Before you come each day, please think about and check your own health.

Please do not come into the hospital if you feel unwell or have recently been exposed to someone with an illness that easily spreads to others such as a cold, the flu, or other communicable disease.

- There are food services both in the hospital and nearby. Our cafeteria is located in the basement (Level B) of the Health Care Centre. Tim Horton's shares the space with the cafeteria. Vending machines with snacks and drinks are throughout the hospital.
- Parking on the hospital site is limited. Imperial Parking monitors the parking. The surrounding neighborhood has strict parking restrictions. Buses stop outside the hospital. The Sapperton Sky Train Station is nearby.

Why is my child being kept in the hospital?

While we usually treat children with an eating disorder as an outpatient, there are times when they need to stay in the hospital to keep them safe.

Your child's doctor wants to keep your child in the hospital so we can treat some dangerous side effects of their eating disorder. If treated soon enough, we can reverse these side effects without any long lasting damage to your child's health. If these side effects are not treated, they could cause damage to body organs and even the death of your child.

Examples of dangerous side effects:

- a very slow heart beat
- body salts and minerals are seriously out of balance
- heart rhythm not normal
- heart beat too fast or too slow
- dizzy or passing out
- very low blood pressure or drops in blood pressure with changes from laying down to standing

Your child needs to stay in the hospital until the side effects are treated and your child is safe to go home. This can take a long time. Some children improve quicker than others do. Every child is different.

We let you know when we think it is safe for your child to leave the hospital and go home.

Supporting you and getting your child home is our goal!

What can my child bring to the hospital?

Please refer to your child's booklet about their stay for what to bring to the hospital. We might ask you, as the Support Person, to keep some of the belongings for your child.

Please make sure all of these items are left at home:

- valuables such as jewellery and money
- nutritional supplements or medicines from home
- razors and other sharp objects

Can I stay with my child in the hospital?

While we encourage you to stay with your child while they are in the hospital, we know that sometimes this can be stressful for you and your child. Each child, family, and hospital stay is different. We will work with you to decide on a plan that best helps your child get better during their stay.

If you plan to stay overnight, we suggest you bring a few comfort items.

While we might limit your child's use of electronic devices, you are welcome to bring your own. You can connect to Wi-Fi in some areas of the hospital.

Who are the people involved in my child's care?



A team of healthcare providers care for your child and their family. While our roles vary, our goals are the same. Our goals are to provide safe care and to help your child on their journey to recovery.

You and your child are important members of your child's care team. We work together to identify your child's health needs and make a plan of care that meets their needs.

Care team members can vary. Here we describe who they are and what they do.

- **Dietitian**

Registered Dietitians help each child, along with family, work towards nutrition goals that are based on science. Support can include meal planning for hospital and home, and teaching ways to give support during mealtime at home. They monitor each child's health to make sure they are getting the nutrition they need.

- **Mental Health Care Worker or Care Aide**

Mental Health Care Workers or Care Aides can support children during and after meals, and be with them for support as needed.

- **Nurse**

Registered Nurses work directly with children. They support children during and after meals. They check each child's overall health including blood pressure, pulse, and temperature each day. They give medicines and regularly check in with each child throughout the day.

- **Patient Care Coordinator**

Patient Care Coordinators (or PCCs) help organize each child's care while in the hospital. They make sure everyone involved, including the child and their Support Person, are informed of the plan for care. The PCC can help answer any questions you might have.

- **Pediatrician**

Pediatricians are medical doctors who are experts in the health and diseases of children and youth. They monitor and treat the dangerous side effects of eating disorders.

- **Pharmacist**

Pharmacists work closely with others on the care team to make sure your child is getting the right medicine for their health condition. They monitor how the medicines are working. They can explain the medicines and answer any questions.

- **Psychiatrist**

Psychiatrists are medical doctors who focus on a person's mental health. They might work with your child on their eating disorder as well as other mental health issues such as anxiety or depression.

- **Social Worker**

Social Workers can talk with you about ways to manage your child's stress and cope with worries and anxiety. They can also connect you with community supports for help after your child's hospital stay.

- **Support Person**

A Support Person can be a parent, guardian, or caregiver. This person can be with your child to help support and guide them.

How does the care team protect my child's privacy?




Your child has a right to privacy. The law requires us to keep each child's personal and healthcare information private and confidential. Most conversations about your child's care happen with both you and your child. There might be times when your child shares information with us in confidence. We can only share this information if your child agrees that we can.

If your child tells us something that could affect their safety or the safety of other people, we might need to contact other professionals. Should this happen, we always tell you who we are contacting and explain what we are sharing.

What can I expect while my child is in hospital?

Here are some things to expect.

Daily health checks

- We use the heart monitor to watch your child's heart rate and rhythm closely.
- 
- Two times a day:
 - We check your child's physical health from head to toe.
 - We check your child's blood pressure when lying down and again when standing.
 - We take a blood sample and urine sample every morning for the first few days and then at least one time each week.
 - We check your child's weight a few times a week. Your doctor decides how often we weigh and if your child gets to know how much they weigh.

Scheduled meal and snack times

- Each child has a meal plan that involves 3 meals and 3 snacks each day. The schedule helps your child's recovery. We let you and your child know the schedule.
- We encourage you to be your child's Support Person during meals and snacks. We will explain how to give meal support to your child.

Refeeding and meal support are key to your child's recovery.
See pages 9 to 12.

Limited activity

- At the beginning of your child's stay, we tell them they are to stay on "bedrest". This means your child must stay in bed all the time unless they need to go to the toilet. Encourage your child to limit moving about even when in bed.



"Bedrest" keeps your child safe. It is needed to treat the dangerous side effects of the eating disorder.

- If your child is very weak, they might need to use a special toilet at the side of the bed instead of getting up to the toilet. We call it a commode (say *come-ode*).
- We let you and your child know when it is safe for your child to start doing more activity such as allowing them to go for short walks with you or with their nurse.
- As your child's health improves, we might allow your child to go with you on longer wheelchair outings on or off the nursing unit.

Mental health and safety

- We might involve a psychiatrist in your child's care if their emotional state is affecting how they eat and behave. Anxiety and depression can make an eating disorder worse. This doctor's role is to support your child's mental health and well-being.
- Sometimes a doctor feels a child must remain in hospital even when they disagree with treatment and do not want to be here. If this needs to happen with your child, we talk with you about it before the doctor signs a medical certificate making your child an involuntary patient.

What is “refeeding”?

When a body is starving for nutrition, it breaks down fat and muscle. This helps the body give energy to vital organs like the heart and lungs to keep the body alive. The body’s chemistry and normal functions are thrown off when it does not get enough nutrients.

To return the body to normal function, we must give the nutrients the body needs to both rebuild the muscles and fat, and restore the body’s chemistry and function. The process of refeeding is essential in treating your child.

A risk of refeeding is something called “refeeding syndrome”. This can happen when a starved person adds nutrients back into their body too quickly. Specifically, it relates to the body’s electrolytes (say *ee-lek-trol-lite-z*).

Electrolytes are the minerals our bodies need to function, such as sodium, calcium, potassium, phosphorus, and magnesium. Every time we eat, our body releases insulin. Insulin is a hormone that moves electrolytes along with blood sugars and other nutrients from the blood into body cells. Because body cells are starved, the blood levels of the electrolytes and sugars drop quickly as the cells pull them in. The quick drop results in changes in a person’s heart rate, blood pressure, and level of energy. The person might feel really tired or light-headed.

We closely monitor your child and control how much nutrition they have to lessen the chances of refeeding syndrome. This is why we do the daily health checks, have a set meal plan, and limit their activity.

How will refeeding affect my child?

It is common for a person to feel uncomfortable as we slowly increase what and how much they eat. Your child might complain of having gas, having stomach cramps, feeling bloated, or being constipated. This is normal. It will take time for your child to feel comfortable eating again.

We can help manage these effects of refeeding. Talk to the Dietitian or Pharmacist if your child is feeling uncomfortable as we increase the meal plans.

What if my child is not getting enough nutrients?

Sometimes we need to give a child nutrition in another way. This can happen when a child often does not finish meals or meal replacement drinks.

If this happens with your child, we would put a tube through your child's nose and into their stomach so we give nutrients this way. We call this a nasogastric (say *naz-oh-gas-trick*) feeding tube, also called an NG tube. Before we put the tube in place, we talk with you and your child.

If you want to know more about this, please ask us.

How can I help support my child?

Refeeding can cause your child to have negative or stressful thoughts and feelings. This is very common, and can be distressing to both of you. There are things you can do with your child to help them cope with these feelings. Refer to your child's booklet about their stay for ways to cope. To get more ideas or tell us what works for your child, talk to your Social Worker.

You can help your child through this stressful time by supporting your child at meal and snack times. We call this "meal support". It means being with your child while they are eating. Talk to your child about what would help them through their meals and snacks.

Some children find it helps if their Support Person reads to them, does puzzles with them, listens to music with them, or watches a movie with them while they eat and after they eat. Sometimes, they need to hear some reassuring words.

Examples of reassuring words

- *"I imagine this may be very difficult for you. I am here to support you."*
- *"Let's not let the eating disorder win today."*
- *"It would make sense if this is hard for you. It's okay, you're okay."*
- *"I can understand that you might be scared to eat.
Take a deep breath in with me and a deep breath out."*

The dietitian and social worker can help you and your child find out what kind of meal supports work for them.

Check out these videos and resources for other ways to support your child. mentalhealthfoundations.ca/ed-parent-webinar
mentalhealthfoundations.ca/parent-coaching

Ways to give meal support

- Put the garbage can outside your child's room.
- Sit in the room with your child while they eat their meal or snack.
 - If you can, stay with your child in the room for up to 60 minutes following. This is the most difficult time for your child.
 - Do not allow your child to use the bathroom for 60 minutes after a meal or snack.
- Watch your child closely for eating disorder behaviours such as hiding food in sheets, spitting food or liquid into tissues, cutting food into very tiny bites, and spreading food around the plate.
- Firmly and calmly, encourage your child to eat.
 - Use prompting and reassuring statements like:
 - “Please take bigger bites.”*
 - “I imagine this may be very difficult for you. I am here to support you.”*
 - “Let's not let the eating disorder win today.”*
 - “I can understand that you might be scared to eat. Take a deep breath in with me and a deep breath out.”*
 - Acknowledge that it is hard, that you can see how they are trying, that you know they can do it with your support, and then change the topic to something soothing, entertaining, or distracting.
 - Talk about things other than food, weight, appearance, or amount of food others are eating.
 - Distract your child with an activity. Remember to ask them what would help. You might need to encourage and remind them to eat while they do the activity.
- After eating, your child might feel more scared and anxious because they feel “full” and “uncomfortable”, or because they feel guilt or shame for eating “too much”.
 - Use reassuring and encouraging statements like:
 - “The discomfort you are feeling is real and it will pass.”*
 - “Eating frequent meals and snacks helps these symptoms to get better.”*
 - “It is normal to have uncomfortable thoughts after eating. These thoughts will get better in time. Let's do something to take your mind off these thoughts.”*
 - Encourage a low energy activity your child finds enjoyable and distracting.
 - Try wrapping a warm blanket around your child. This can help with the full and uncomfortable feeling after a meal or snack.

Can my child use their electronic devices?



Some children might find it stressful to manage the demands of their social life online while adjusting to being in the hospital. For these reasons, we might limit the use of electronic devices and access to the internet for some children. Check with your child's nurse to see if we allow your child to use a cell phone, tablet, laptop, or other device.

We have DVD players and DVDs as well as some gaming systems that we allow children to use as they recover. Ask your nurse.

What about school?



Your child's physical and emotional health and well-being take priority over their schoolwork at this time. Right now, the focus is on your child's recovery and getting them home.

It is good to let your child's school know that your child will not be in class. You and your child can decide whether to tell the school why your child is in the hospital. If the school asks for a medical note, let us know. We can write the note.

As you recover, the Social Worker can talk with you and your school about next steps.

Who will know my child is in the hospital?

It is up to you and your child to choose who is told about the eating disorder and hospital stay. Talk with your child about what they want to share and whom they wish to share it with.

If you do decide to tell people, not knowing what to say can be stressful. We can help guide you both through the conversation. There is no one way to do this. We can help support you and your child to explore ways that work for you.

What happens when my child is well enough to go home?



Going on a “pass”

Once we have treated the dangerous side effects of the eating disorder, your child will soon be able to go home. Before this time, we might suggest they go home with you on a pass. Think of a pass as practice for when your child’s stay in the hospital ends. You go home with your child for a set amount of time then bring them back to the hospital.

Before you take your child on a pass, we teach you about meal planning and meal support for home. While on the pass, you and your child practice these skills. We then meet with you and your child after the pass to talk about the successes and challenges of the pass.

Going home

When your child is well enough to go home, we talk with both of you about the plan for going home. We give you and your child a copy of the plan to take home.

Your child's journey to recovery continues as an outpatient. Your child's outpatient care team could include your family doctor and pediatrician, a dietitian, and mental health professionals.

We also refer your child to an eating disorder service - which one depends on your child's health and where you live.

Eating Disorder Service	Serves These Communities	
North Fraser Eating Disorder Service	Burnaby New Westminster Pitt Meadows	Maple Ridge Tri-Cities
South Fraser Eating Disorder Service	Delta Surrey White Rock	Langley Aldergrove
Fraser East Eating Disorder Service	Abbotsford Mission Chilliwack	Agassiz Hope
BC Children's Hospital Eating Disorder Service	Metro Vancouver	

Examples of what an eating disorder service can offer:

- check and monitor nutrition
- check and monitor physical and mental health
- individual, family, and group therapy
- education
- caregiver support group

Is there any support for me?

As a Support Person, you are a key member of your child's care team. Your knowledge of your child and the support you give your child make a big difference to your child's health, well-being, and recovery. At the same time, we know it is a very hard job.

Make sure you take time to care for yourself. Get enough food, rest, and sleep during this stressful time. By taking care of yourself, you are also teaching your child important lessons in self-care.

There are a number of resources and supports available to you.

Anxiety Canada anxietycanada.com



BC Association of Clinical Counsellors directory
of registered clinical counsellors bcacc.ca



BC Children's Hospital Library Services:
Eating Disorder cw-bc.libguides.com/ED
Books, eBooks, and DVDs you can borrow



BC Dietitians director of dietitians in private
practice bcdietitians.ca



Emotion Focused Family Therapy and Mental
Health Foundation resources and videos
mentalhealthfoundations.ca and sister site
emotionfocusedfamilytherapy.org



Families Empowered and Supporting Treatment
of Eating Disorders or F.E.A.S.T. feast-ed.org



Family Smart peer support familysmart.ca



Jessie's Legacy from Family Services North Shore
jessieslegacy.com



Kelty Mental Health Resource Centre:
Eating Disorders keltyeatingdisorders.ca



National Eating Disorder Information Centre
nedic.ca



- Helpline 1-866-NEDIC-20 (1-866-633-4220)
- Instant chat (weekends)
- Email nedic@uhn.ca

Help us improve

How is your care experience today?

Let me share my thoughts

Please take our
Real Time Patient Experience Survey



Scan this QR code, or visit tinyurl.com/RCHpedsSurvey

- Step 1.** Using your smart device:
- Open the camera and hover over this Quick Response code, **or**
 - Download a QR Code Reader app to your device then scan this code.

- Step 2.** Look for this message.
Tap this webpage link to start the survey.

Webpage
Tap here to go to

- Step 3.** Take the survey. It takes about 5 minutes.
Please leave out any personal information.

If you prefer, you can ask us for a paper copy of the survey.

Any time you have an urgent question or concern about your current care, please speak with your care provider, the patient care coordinator, or the unit manager.



Your feedback is valuable and helps us improve the patient experience. Fraser Health is committed to Patient and Family Centred Care.
Thank you!

www.fraserhealth.ca

This information does not replace the advice given to you by your healthcare provider.