Your guide to Legacy Oregon Burn Center

Contents

Welcome ................................................................. 2
Your stay ................................................................. 3
  Visiting
  A leading center for burn care
  The care team
Information for patients and families ................................. 5
  What about my bill?
  Can I pay my bill online?
  Your health and safety
  Patient identification
  Handwashing for your protection
  Medication safety
  Bank machines
  Bus and taxi service
  Food and nutrition services
  Gift shops
  Mail and balloons
  No-tobacco policy
  Notary public
  Personal electronics
  Photography and videography
  Security, parking and lost and found
  Wireless Internet access
  After your visit, tell us what you think
Caring for patients .................................................. 8
  Tests and diagnosis
  Addressing pain
Tubes and lines ....................................................... 9
  Foley catheter
  Intravenous (IV)
  Central line
  Arterial line
  DigniCare
  Ventilator
  Volumetric diffusive respiration (VDR)
  Dobhoff tube (feeding tube)
  Tracheostomy
Glossary ........................................................................ 11
Welcome

Welcome to the Legacy Oregon Burn Center. We know that this can be a very scary place and that you are in a difficult situation. Just know that we are dedicated to helping you recover as quickly as possible.

Our team of experts — doctors, specially trained nurses, therapists and many others — are here to assist you. Our dedicated and experienced nurses will be here to care for your daily needs, including dressing changes and pain control. You will have one nurse assigned to care for you each day and each night. This nurse may change from day to day. They are a wealth of information and will be able to answer many questions for you.

You, the patient and family, are an important part of our team. Our staff will provide you with the best possible care, and we will do our best to answer your questions and provide information throughout your stay.
Your stay

Visiting

- **Hours** — Our visiting hours are from 10 a.m. to 8:30 p.m. Our visiting hours are in place to allow you to rest and for the doctors and nurses to complete their duties.

- **Family** — If you are here because a family member has been injured, we want to make sure you take care of yourself. Eat right, get a good night’s sleep and ask for help when you need it. Recovering from a burn injury is a long process. Take care of yourself so you can take care of your loved one.

- **Flowers** — Because you are at higher risk for infection, flowers are not allowed anywhere in the Oregon Burn Center. Flowers may contain mold and fungus, which can cause infections.

- **Children** — For many reasons, children under the age of 8 are not allowed. Please be understanding of the other patients in our facility. One parent may spend the night in the room with their injured child.

- **Discharge** — We help you plan for discharge and recovery and with referrals to specialists in your community. A burn surgeon will follow your care for up to 12 months or longer if necessary. Rehabilitation and reconstructive/plastic surgery is often done after discharge.

For more information on patients and families, visit www.legacyhealth.org > “Locations” > “Legacy Emanuel Medical Center” > “Patients & Visitors.”

A leading center for burn care

Legacy Oregon Burn Center is a leader in burn care, the only facility of this kind between Seattle and Sacramento. We are verified by the American Burn Association and the American College of Surgeons, meaning we have gone through additional training to provide state-of-the-art care. A center for excellence in burn care since 1975, we serve patients from Oregon, Washington, Alaska, Idaho, Montana and Northern California. In addition to burn injuries, we also treat complex wounds, complex skin disorders and inhalation injuries.

Our unit has 16 beds in 16 private rooms, treatment areas designed specifically for children and a host of other features that make us one of the finest burn centers in the country, including:

- Special beds with a zoned air surface adjust to the patient’s weight distribution, reduce body pressure and minimize skin and tissue damage.

- Hand-held devices to analyze blood samples at the patient’s bedside within minutes. This advanced technology allows medical team members to rapidly detect and correct potentially life-threatening conditions that burn patients can face.

- A critical care monitoring system in all patient rooms has portable monitors that travel with patients.

- An innovative lift, hoist and rail system allows a nurse to safely move a patient.

- A unique Healing Garden helps the physical and emotional support of the patient, family and staff — the first therapeutic garden in the country developed specifically for burn patients.

- Outpatient therapy services are available at the Legacy Emanuel Chronic Wound and Outpatient Burn Clinic.

- After an acute phase at the Legacy Oregon Burn Center, patients may spend time at the Legacy Rehabilitation Institute of Oregon at Legacy Good Samaritan Medical Center.

- The Rita burn telephotography system allows us to get pictures from referring hospitals all over the state (the system follows patient privacy laws). We are then able to guide other hospitals in early treatment and to determine which patients need to come to the Burn Center.

- SAGE is a computer diagram program that calculates the amount of skin on the body that is burned.

- PICS is a system that stores pictures. We use pictures to assist physicians in monitoring burn, wound and graft healing. It also follows patient privacy laws.
The care team

Patients with burn injuries receive care from a team consisting of the patient, family, nurses, physicians, surgeons, residents, therapy staff, pharmacists, nutritionists, social workers, psychologists, chaplains and volunteers.

Patient — At first, nurses, doctors and other staff do most of the care. As time goes on, the patient takes a bigger role. The patient’s willingness to take an active part greatly helps the recovery and can speed up the time to discharge.

Family — Family members are important to the patient’s care and will be asked to be part of the care team. Sometimes this may mean just being a visitor and comforting the patient. At other times family may be asked to assist the nurses with dressing changes or other care needs. In the beginning of your stay we may not let anyone spend the night in the room for the safety of the patient. We may ask family and visitors to leave the patient room to allow us to complete procedures with the patient.

Nursing staff — Burn care nurses care for burn and wound patients. Burn nurses are skilled in a variety of nursing areas. They use equipment to observe, monitor and, in some cases, help patients breathe.

Burn surgeons — Our specialized doctors are general surgeons who perform emergency burn surgery, skin grafting and other surgical procedures as needed. They are responsible for your care throughout your stay.

Physical therapy — Specially trained therapists use exercises and equipment to help patients regain or improve their movement.

Occupational therapy — Specially trained therapists use activity to help patients regain their ability to perform daily activities.

Dietitian — Registered professional who promotes nutrition as part of treating the burned patient.

Chaplain — Legacy Health demonstrates its commitment to spiritual care every day throughout our hospitals. Services for any faith can be provided and are available 24 hours a day. The Sparks Memorial Chapel is located in the lobby of the Burn Center.

Child life specialist — This member of the health care team works with the emotional and developmental needs of children coping with a medical situation.

Pharmacist — Monitors the patient’s medicines.

Social worker — Assists the patient and family with financial resources, mental health services, legal issues, discharge planning and other needs.

Psychologist — Helps patients and family cope with the stress and trauma related to their injuries.

Palliative care team — The palliative care team is available to help you with difficult medical decisions. This program consists of physicians and other health care team members who have training and expertise in guiding families through difficult medical decisions, making and identifying goals of care. Please ask your nurse or doctor if you would like to speak to a member of this team.

Interpreter/translation services — Interpreter services are available at no charge for non-English-speaking patients and families or those with specific communication needs, including the hearing-impaired. Contact your nurse for more information.
What about my bill?
If you have questions about insurance coverage or financial assistance during your hospital stay, our on-site financial counselors can assist you. They are available Monday through Friday, 8 a.m.–4:30 p.m. Call 503-413-4075.
If questions come up after discharge, call Legacy Patient Business Services, 8 a.m.–6:45 p.m., Monday through Friday:
Oregon — 503-413-4048
Washington — 360-487-4048
Toll-free — 800-495-7076
If you are insured and have provided us with your current insurance information, we will submit bills directly to your insurance company.
If you are not insured, Legacy provides eligible uninsured patients with a discount on Legacy charges. Please call Legacy Patient Business Services at 800-495-7076 if you have questions about your eligibility for this discount.
For more answers to your questions, we encourage you to check online at www.legacyhealth.org under “For patients and visitors” in the main menu bar at the top of the page.

Can I pay my bill online?
Yes. Payment for services received at Legacy Health can be made online using our secure payment system. You can pay your bill online using a major credit card or by authorizing an electronic withdrawal from your checking or savings account. Go to www.legacyhealth.org and choose “Pay your bill” above the main menu bar at the top of the page.

Your health and safety
It’s OK to ask
At Legacy Health, we believe when it comes to your care, “it’s OK to ask” about anything that may concern you. We have found that asking questions helps patients get better and stay safer.
We depend on you to provide accurate information, and we welcome you to ask when you have questions or concerns.
Remember, we are here to help you. Our health care team wants to partner with you to make your visit safe by understanding the importance of patient identification, handwashing, medication safety, fall prevention and safe sleeping arrangements. Please remember that “it’s OK to ask” about anything that may concern you at any time.

Patient identification
At admission, you will receive an identification (ID) bracelet. It is important to wear the ID bracelet at all times until discharged from the hospital. Many staff members will look at the ID bracelet to ensure safety for treatments, medications and procedures. Keeping the ID bracelet on helps to keep you safe.

Handwashing for your protection
The easiest way to prevent infection is to keep your hands clean. Please be sure to thoroughly wash both hands with soap and water for at least 15 seconds, and then dry them with a clean or disposable towel. This should be done frequently during the day. You can also use alcohol hand cleansers, which are available throughout the hospital.
It is very important to clean your hands after going to the bathroom and before and after you eat. For the protection of everyone, please encourage your family, friends and health care team to wash their hands, too. All staff, patients and family members should practice frequent handwashing.
We expect all caregivers who have physical contact with you to wash their hands before and after contact. If you do not see your doctor, nurse or other health care team member clean their hands — please remind them to do so.
You may notice that your caregiver wears gloves, a gown, mask or protective eyewear when performing certain tasks. These items are for your safety and that of the caregiver.

Medication safety
Medication errors are the most common health care mistakes made in U.S. hospitals. Medications are often an important part of the care at the hospital. Your active partnership can help prevent these mistakes.
It is important to bring to the hospital a complete list of the medications the patient is taking. Do not bring the medications themselves. Please keep this list with you at all times. The list should include over-the-counter and herbal medications. We will also
ask about any allergies to medication to reduce the chances of giving you something that will cause a bad reaction.

During your hospital stay, the hospital will provide all medications ordered by your doctor. Using these hospital-supplied medications allows us to follow safety checks. In the rare event your own medication is required, a pharmacist will identify the home medication to ensure it is what the doctor has ordered.

Before leaving the hospital, please be sure that you understand how you or your family member should take medications. If you have any questions about your medications (such as: What is the purpose of these medications? What are the side effects?), please ask.

Always ask your nurse or pharmacist:
- What are the medications?
- What are they used for?
- Could they interact with other medications? Are there any side effects?

**Bank machines**
Bank machines are located on the Legacy Emanuel Medical Center campus.

**Bus and taxi service**
Bus schedules may be available in the hospital lobby or by calling:
- TriMet at 503-238-RIDE (in Oregon)
- C-Tran at 360-695-8918 (in Washington)

You can call for a taxi from your room or from your personal phone.

**Food and nutrition services**
Nutrition is extremely important to you and your healing needs. Snacks, as well as nutritional supplements, are available by asking your nurse.

Room service is open from 6:30 a.m. to 8 p.m. A hostess will visit you to give you a menu and describe the program to you. You can order your tray any time during the day by calling 503-413-2EAT (2328). Menu items are prepared for each individual order, by scratch.

Guest trays are available to family members for $5. A special guest tray menu is available from your hostess or by calling 503-413-2EAT (2328). Payment is accepted by debit/credit card only.

**Places to eat on the Legacy Emanuel Medical Center campus**
- **Kite Café** — The Kite Café is located in the lobby of Randall Children’s Hospital and offers healthy and kid-friendly grab-and-go food as well as fresh fruit smoothies and coffee drinks. The Kite Café is open Monday–Friday, 8 a.m.–4 p.m.
- **Courtyard Cafeteria** — The Courtyard Cafeteria is located in the east wing on the Emanuel campus, and is open Monday–Friday, 6:30 a.m.–2:30 p.m.
- **Heartbeat Café** — The Heartbeat Café is located in the medical office building atrium on the Emanuel campus and is open 24 hours a day, seven days a week.

**Gift shops**
The Randall Children’s gift shop on the first floor carries gifts, flowers, greeting cards, toys, balloons, plush animals, personal care items, reading material and stationery. Days and hours vary.

The Emanuel Gift Shop is on the first floor by the hospital’s main entrance and is open seven days a week.

The Gallery in the Atrium is located in Emanuel’s medical office building atrium and is open Monday through Friday.

**Mail and balloons**
Mail will be delivered during hospitalization and forwarded home after discharge. Out of concern for latex-sensitive patients and staff, latex balloons are not permitted at Legacy Health. Mylar balloons are allowed. We appreciate your cooperation.

**No-tobacco policy**
For the health of all, Legacy Health and Randall Children’s Hospital are tobacco-free. That means no tobacco use of any kind, including cigarettes, chew tobacco and cigars, is permitted on any property owned or leased by Legacy Health. All employees, patients, visitors and guests who want to smoke or use tobacco products must leave the property.

**Notary public**
Notary services are available to you free of charge upon availability. Contact your nurse for more information.

**Personal electronics**
For the safety of all patients, government safety codes restrict the types of personal electrical
equipment that may be used in hospitals. Please do not plug in any personal electronics, such as hair dryers, shavers, etc. If this poses a problem, ask your nurse to contact Facilities for assistance.

**Photography and videography**

When taking photographs or video with any device (including phones), please respect the right to privacy of other patients and staff at Legacy.

**Security, parking and lost and found**

If you have any security or parking concerns, or would like an escort to your car, our Security Department is available 24 hours a day at 503-413-7911.

Free parking is available in all of our lighted parking structures and in other posted visitor parking areas.

We have limited designated parking for self-contained motor homes.

After hours, from 8:30 p.m. to 5:30 a.m., the front doors of the main hospital are locked. During this time, please park in the Emergency Department parking lot on the west side of the building and enter the hospital through the Emergency Department.

**Wireless Internet access**

For the convenience of our physicians, patients, their families and friends, wireless Internet is offered free at Legacy. Please use your normal methods for connecting to wireless networks and select LHS-PublicNet. For technical support, contact your Internet service provider.

**After your visit, tell us what you think**

We value your opinion and need your help to tell us what we did well and how we can do better.

Between five and 10 days after you leave the hospital or clinic, you may receive a phone call from HealthStream Research. Legacy Health has engaged HealthStream to help evaluate our service to you.

Please take a few minutes to provide your feedback on your experience with Legacy. Your comments will be completely confidential and will help us ensure that each and every patient receives excellent care.

For more information on patients and families, visit [www.legacyhealth.org > “Locations” > “Legacy Emanuel Medical Center” > “Patients & Visitors.”](http://www.legacyhealth.org)
Caring for patients

Tests and diagnosis
The first step in your care is assessing the injury and looking for any related conditions. The doctor will run tests and make assessments:

• Evaluating the lungs — Your doctor may run tests to see if hot air or gases have damaged your lungs (an inhalation injury). Among the tests:
  — Chest X-ray
  — Bronchoscopy is a procedure that uses a tiny camera on the end of a long flexible tube to view the trachea and upper airway.

• Total body surface — For larger or more serious burns, your doctor determines the total body surface area (TBSA) involved. Knowing how much of the body is burned helps your doctor determine treatment, burn care needs and the outlook for recovery. Doctors and nurses use a special formula and computer program to determine the patient’s overall TBSA.

• Labs — You may have blood drawn often during your stay. The blood draws can tell the physicians and nurses how you are healing, if you are getting an infection, and how your kidneys and other organs are functioning.

Addressing pain
Burns and wounds can be extremely painful. However, to heal properly you will need to participate with physical and occupational therapy, dressing changes and other rehabilitation needs. We want to help you with pain management. Please talk with your nurse about your pain levels to help make a plan to manage the pain.

Different people have different outlooks on pain. Some of us will not be satisfied until all our pain is relieved, while others are satisfied if they are able to function with the pain. While you may get to the level of complete pain relief, you should not expect to feel completely pain-free. Dressing changes (changing the bandages) are the most painful part of the burn experience. During these changes, we often provide more medication than you will regularly use.

Pain is managed through several options:

• Pain medicine — The pain medication acts on the brain to decrease the pain you feel. Many of these medications are given by mouth, but some are given by IV. We use IV medications for breakthrough pain, meaning pain that is not helped by oral medication.

The best way to address pain is with medications given over a 24-hour period. If your pain is less severe, Ibuprofen or Tylenol may be given every four to six hours. If there is still pain, oxycodone may be prescribed for every three to four hours. If this does not help, the doctor may order IV pain medications. While IV medications act quickly and begin to relieve pain almost immediately, they wear off much quicker.

• Conscious or deep sedation — Sometimes either conscious sedation or deep sedation is prescribed. Conscious sedation uses a higher dose of medications to allow us to perform the dressing or procedure while you are semi-awake. In deep sedation, you are put to sleep while being monitored by an anesthesiologist. You will not remember the procedure and will feel no pain. Both deep and conscious sedation are prescribed by the physician depending on your needs.

• Virtual reality — We are one of the few hospitals in the country to offer virtual reality pain management. Patients wear wrap-around goggles that create an almost three-dimensional experience called SnowWorld, a game in an animated landscape of ice and mountains. You use a mouse to throw snowballs at animated penguins, snowmen and other figures while listening to a soundtrack of Paul Simon music, courtesy of the artist. Patients focus on exploring the virtual world, which decreases the focus on pain. The snow environment helps bring a cooling effect on the “burning” sensations.

Patients may also watch television or movies, use the Internet or play video games. Wi-Fi is available in all rooms.

• Movement also decreases pain. Staying active, getting out of bed and moving on a regular basis is also very helpful in pain control.
Care at the Legacy Oregon Burn Center often involves a variety of tubes and lines. This section explains the major ones. Please ask your provider or nurse if you have any questions about the risks and benefits.

**Foley catheter**
A Foley catheter is a tube placed in a person’s bladder to remove urine from the body. It has several uses for burn patients. Burn patients lose fluid; we must replace the fluid through an IV. To make sure that we are replacing enough fluid, we measure a person’s amount of urine hourly.

If you have a Foley catheter, you may feel the need to urinate more frequently; this can sometimes be relieved by draining the bag containing the urine. A Foley catheter can raise the risk of urinary tract infections (UTI) if left in place for a long time or if you are unable to perform good hygiene. Nurses can help with hygiene and will work to remove a Foley as soon as possible.

**Intravenous (IV)**
Intravenous means “within a vein.” We use IV to deliver medications or fluids to the blood supply through a needle or tube inserted into a vein.

- **Peripheral IV** — A peripheral IV is inserted by a nurse into any vein, most commonly on your hand, wrist or forearm. The IV can remain in place for 96 hours and is used for giving medications and fluid.

- **Peripherally inserted central catheter** (PICC) — A PICC line is a type of IV that can remain in the body longer than other types of IVs and is placed through the arm into the heart by a specially trained IV nurse. These lines can stay in place for several months.

PICC lines are often used because you may not have a place for an IV because of the amount of burned skin. We also use them if we expect you to be at the burn center for several weeks and will need many blood draws or IV medications.

The PICC line is an alternate choice to frequent blood draws through needles. It also can help with giving certain medications. As with all lines, a PICC carries the risk of infection and blood clots.

**Central line**
A central line is similar to a PICC line because it leads directly to the heart. It is often placed in the neck, clavicle or groin. Doctors insert the central lines. These are often used for more urgent situations, or when a person has no other place to put a PICC or peripheral IV.

**Arterial line**
An arterial line is a special line used only in critical care situations. It is placed in the artery on the wrist or groin. The arterial line gives continuously updated blood pressure readings that assist the nurse in managing certain IV medications. We can also draw blood from the arterial line.

**DigniCare**
DigniCare is a fecal management device. It is inserted into the rectum with a flexible plastic tube and held in place by filling the end of the tube with water. Stool is then contained within the tube that ends up in a small bag. A DigniCare is placed when someone is having frequent diarrhea or to help heal a wound in that area.

**Ventilator**
A ventilator helps a person breathe. This machine supplies oxygen to the lungs and removes carbon dioxide, similar to what a healthy set of lungs provides.

We use a ventilator on patients who have breathing problems because of smoke inhalation or if they have swelling in the airway or throat. Medications can be provided to help with any anxiety experienced with breathing difficulties.

**Volumetric diffusive respiration (VDR)**
VDR is used for people with severe lung injuries due to smoke inhalation or pneumonia. This breathing device uses short bursts of air to break up thick secretions within the lung, helping the lungs absorb oxygen to assist with healing.

**Dobhoff tube (feeding tube)**
Consuming enough calories can be difficult while you are in the hospital. People generally do not enjoy eating while they are not feeling well, are in pain or because of injuries.

The nurse inserts the straw-like feeding tube through your nose into your stomach. A device called a bride is then placed in both nostrils; the string is pulled behind the nasal bone and tied back onto the feeding tube itself. A bridle helps keep the tube in place.
in place. When the nurse places the tube and bridle, there will be some discomfort or gagging, but this should subside. The tube can prevent you from having an appetite; however, it is more important that you get enough calories to heal.

**Tracheostomy**

If you need help from a breathing machine for a long time, we may perform a procedure called a tracheostomy. A tracheostomy tube is surgically placed on the outside of the neck into the trachea.

Once you no longer need the breathing machine, we will begin using smaller tubes to improve your ability to cough and swallow so that the tube can be eventually removed. During the time that a tracheostomy tube is in place, you may use a speaking valve, usually called a Passy-Muir Valve.

Not every person with a tracheostomy tube will use the speaking valve. Many patients are able to have the tube removed before discharge.
Glossary

Burn terms

Acticoat — Silver-impregnated gauze dressing. Requires sterile water irrigation to release silver ions. May be used as an antibacterial covering for burns, grafts and donor sites; also commonly seen on toxic epidermal necrolysis (TENS) patients at the Burn Center. May be left in place for three to seven days.

Acute period — The second phase of burn injury and care, beginning with successful fluid resuscitation. The acute period ends with the completion of autografting and/or spontaneous healing of the wounds.

Allograft — Tissue from a cadaver, used as temporary covering of wounds.

Aquacel — Hydrofiber wound dressing with silver, giving it sustained antimicrobial properties for up to seven days. It is soft and comfortable, making it an ideal dressing for children.

Autograft — Tissue taken from a non-burned area and applied elsewhere on the same patient. It is a permanent wound closure.

Biobrane — A semi-permeable synthetic material, used to cover donor sites.

Burn shock — A condition, brought about by major burn injury, in which the body can’t meet the needs for oxygen and nutrients.

Circumferential burn — A burn injury that goes around the neck, trunk or extremities.

Debridement — Removal of dead tissue from the wound surface, either in surgery or during wound care.

Donor site — The place on the patient from which unburned skin is taken for grafting.

Edema — Swelling. Because of the need for large amounts of fluid in the first few days and the effects of the burn process and inflammation on the blood vessels, the patient will experience swelling.

Escharotomy — A surgical incision of the burned skin and underlying superficial tissue to restore blood flow to the unburned tissue. When an arm, leg, torso or neck are burned deeply all the way around, the burned skin becomes a tourniquet.

Eschar — The dead tissue on the surface of the wound that must be removed for healing to occur and for prevention of infection.

Excision — Sharp surgical removal of tissue.

Full-thickness burn — A burn that cannot heal by itself because all layers of skin have been destroyed. These areas are usually grafted. Often referred to as third-degree burns.

Fluid resuscitation — High-volume fluid administration for the initial 24–48 hour period of hypovolemia (loss of blood in the body); the primary goal is to replace the fluid sequestered as a result of thermal injury.

Lactated Ringer’s — The most popular crystalloid used in fluid resuscitation of burn victims, with a sodium concentration of 130 Meq/L.

Hypermetabolic state — The condition of patients with major burn injuries. It is marked by an increased heart rate and blood pressure, as well as increased demands on other parts of the body. This state lasts for at least 9–12 months after a burn.

Integra — Bi-layered synthetic biological dressing. Silicone dressing is used with deep large burns after excision and before autografting. It helps the underlying tissue grow, making the success of the autograft more likely.

Oxandrolone — An anabolic steroid used to improve protein metabolism in severe burn injuries; expect to see this as a daily medication for most patients at the Burn Center.

Polysporin — Antibiotic ointment, most often used in combination with Xeroform on partially healed grafts and more superficial burns.

Silver sulfadiazine — An antibacterial medicated topical cream that is the standard treatment for new partial- and full-thickness burn injuries.
Vitamin C — Involved in collagen synthesis and immune function and may be required in increased amounts for wound healing

Xeroform — Petroleum gauze that is non-adherent and used on partially healed and/or more superficial wounds. Often used in combination with Polysporin.

PT, OT and SLP terms
Terms and acronyms used in physical therapy (PT), occupational therapy (OT) and speech language pathology (SLP):

Active range of motion (AROM) — Patient moving his or her own limbs and joints for the purpose of maintaining movement

Activities of daily living (ADLs) — Dressing, bathing, feeding, grooming, toileting, etc.

Ambulation or gait — Walking

Contracture — Abnormal, often permanent shortening of muscle or skin resulting in decreased range of motion

Discharge (D/c) — Leaving the hospital

Durable medical equipment (DME) — Any medical equipment used by patients to assist them with their mobility or activities of daily living (ADLs)

Dysphagia — Swallowing disorder.

Edema — Swelling.

Extremities — Upper extremity (UE) is the arm; lower extremity (LE) is the leg.

Front wheel walker (FWW) — An aluminum-framed walker with two wheels on the front legs. It allows the walker to be pushed along the floor while walking and eliminates the need to lift the walker to advance it.

Home exercise program (HEP) — Therapy exercises done at the hospital and continued after discharge as part of the therapy plan of care.

No food by mouth (NPO) — NPO is an acronym for the Latin phrase *nil per os* or nothing by mouth. This means the patient should not receive food or drink by mouth.

Non-weight bearing (NWB) — No weight through an extremity

Out of bed (OOB) — Your physician is ready for you to get out of bed and become more mobile.

Passive range of motion (PROM) — Therapist moving the patient’s limbs and joints for the purpose of maintaining movement

Range of motion (ROM) — Movement of limbs and joints

Stretching — Holding a limb or joint at the limit of range of motion for the purpose of increasing movement, lengthening muscle or tendon

Therapeutic exercise (Ther ex) — Exercise designed to improve strength, range of motion and activity tolerance

Toe touch weight bearing (TTWB) — Allowed to rest weight of leg on the ground but not allowed to bear weight through leg

Total body surface area (TBSA) — Used in reference to percentage of burned or wounded skin

Weight bearing as tolerated (WBAT) — Unlimited use of limb