

Our Hospital in King of Prussia

Middleman Family Pavilion



WHAT IS A DIAGNOSIS?

Making a diagnosis — finding an explanation for your child's health problem — is a process, and **we are your partners in the diagnostic process.** Your healthcare team may not be certain about your child's diagnosis right away, and we may be considering multiple options.

Words we may use:

- Diagnosis — the underlying cause of your child's symptoms
- Differential diagnoses — a list of possible diagnoses being considered
- Working diagnosis — the most likely diagnosis

HOW CAN I LEARN MORE ABOUT MY CHILD'S DIAGNOSIS?

Ask questions!

About the diagnosis:

- What is the diagnosis?
- What else could be going on?
- How did you arrive at this diagnosis?

About next steps:

- What is the current treatment plan?
- Are there other options?
- What happens if we "wait and see?"
- What are the risks?

HOW CAN I BE AN ACTIVE MEMBER OF THE DIAGNOSTIC TEAM?

You are the expert on your child.

Let us know if something is off or different in your child's symptoms or behavior.

Every detail is important. You can keep track of your child's symptoms:

- On paper or in the notes app on your phone
- With pictures and videos that you show to your care team

Who is on my team?

- Bedside nurse — your first point of contact for any changes, concerns or questions.
- Hospital provider — your primary provider who is present and caring for your child 24/7. This will be a Physician Assistant (PA) or a Nurse Practitioner (NP).
- Attending physician — the doctor or surgeon who is overseeing your child's care. They may not always be in the hospital, but they are in regular contact with your hospital provider.

WHAT IF I HAVE A CONCERN OR NEED MORE SUPPORT?

It is natural to feel overwhelmed
when your child is in the hospital.
It can be a lot to process and understand.

It's OK not to feel OK
about a diagnosis.

You can use the call button to contact your
care team and ask a member to:



Repeat information with less
medical language



Call **interpreters** (1-877-463-7907)
to translate into your preferred
language or ASL



Connect you with a **social worker**
for help with coping, advocacy
or other resources



Consult with a **child life specialist**
to help explain the diagnosis
to your child and their siblings



Involve our **integrative health** team
which offers access to a holistic health
nurse, yoga and massage therapy



Contact **spiritual care** to request a
chaplain to support your family



Request a **MyCHOP code** to gain
access your child's electronic
medical record



Let us know if you're worried that
your child's condition has changed



WHAT ABOUT SCHOOL AND WORK?

- You can ask for an excuse note from your bedside nurse.
- A social worker can work with your child's school to support their changing needs.
- If you need to take a longer time off work, your medical team can help with paperwork.



SHARE YOUR FEEDBACK TO HELP US IMPROVE

- You can contact the Office of Feedback by emailing **FamilyRelations@chop.edu** or calling **267-426-6983**. You can be anonymous.
- If something doesn't feel right, say something to a member of your care team right away.
- Scan this QR code or visit **chop.edu/patient-safety** to read *Patient Safety: Tips for Families* for more information.



**Children's Hospital
of Philadelphia®**
King of Prussia Campus

SYMPTOM TRACKER (optional)

Date and Time	Concern	How Bad or Urgent?	Notes
/ / ____am/pm	____Pain ____Discomfort ____Worry ____Change	 0 2 4 6 8 10	
/ / ____am/pm	____Pain ____Discomfort ____Worry ____Change	 0 2 4 6 8 10	
/ / ____am/pm	____Pain ____Discomfort ____Worry ____Change	 0 2 4 6 8 10	
/ / ____am/pm	____Pain ____Discomfort ____Worry ____Change	 0 2 4 6 8 10	
/ / ____am/pm	____Pain ____Discomfort ____Worry ____Change	 0 2 4 6 8 10	
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/ / ____am/pm	____Pain ____Discomfort ____Worry ____Change	 0 2 4 6 8 10	
/ / ____am/pm	____Pain ____Discomfort ____Worry ____Change	 0 2 4 6 8 10	
/ / ____am/pm	____Pain ____Discomfort ____Worry ____Change	 0 2 4 6 8 10	
/ / ____am/pm	____Pain ____Discomfort ____Worry ____Change	 0 2 4 6 8 10	
/ / ____am/pm	____Pain ____Discomfort ____Worry ____Change	 0 2 4 6 8 10	