



Saint Mary's Hospital
Newborn Intensive Care Unit

**Welcome to the Newborn
Intensive Care Unit
(NICU)/Ward 68**

Information for Parents



My baby's details

Name:	
Date of birth:	
Time of birth:	
Birth weight:	
Method of delivery:	
Hospital born at:	
Mum's name:	
Dad's name:	
Brothers and sisters:	
Address:	
Baby's neonatal consultant:	
Baby's surgical consultant:	

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Congratulations on the birth of your baby. We know that having your baby here and being separated from them is a very worrying time for you. We hope the information in this booklet will be useful for you and help take some of the stress away from having a baby on NICU.

There are lots of different reasons that babies come to us on NICU. Many babies are admitted because they were born prematurely or sick, others because they have other medical or surgical conditions.

It is very important that you understand why your baby is with us on the NICU. Everything will be explained to you by the doctors and nurses who are looking after your baby.

Please remember that this is your baby and you can ask as many questions as you want, no question is a silly question, and please don't forget that your baby needs all your love and attention but also the specialist care that we provide. Feel free to call at any time for an update about your baby. To protect your confidentiality we will only give information to parents, so please don't ask anyone to phone on your behalf unless you have discussed this with us.

Key telephone numbers:

Room 1 (nursery) – (0161) 701 0105

Room 2 (nursery) – (0161) 701 0104

Room 3 (HDU) – (0161) 276 6538

Room 4 (ICU) – (0161) 701 0102

Room 5 (ICU) – (0161) 276 6810

Room 6 (HDU) – (0161) 701 0101

Room 7 (HDU) – (0161) 701 0100

Room 8 (HDU) – (0161) 701 0098

Where will my baby be cared for?

There are 8 different clinical rooms on the NICU, all providing a different level of care:

Intensive care (ICU) rooms 4 and 5 – for babies who are born prematurely or sick, needing held with breathing (ventilation) or other critical support.

High Dependency (HDU) rooms 3, 6, 7 and 8 – for babies who do not require ICU but still require complex care.

Special Care (SC) rooms 1 and 2 – for babies who are just establishing feeds, growing and developing after needing complex care.

The number of staff in each room may vary according to the dependency of the babies in the room. In Intensive Care there can be 1 nurse to 1-2 babies. In High Dependency there can be 1 nurse to 2-3 babies. In Special Care there can be 1 nurse to 3-4 babies.

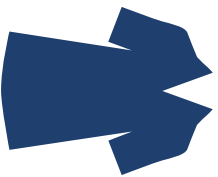
Who will be looking after my baby?

We are a team made up of doctors, nurses, ward clerks, unit assistants and domestic staff. Everyone is happy to help you with any issues you may have.

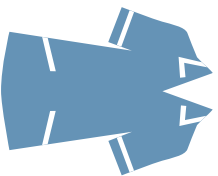
Our unit has approximately 200 nursing staff. The nursing workforce is large and diverse and as well as being registered nurses, many staff are at various stages in their training to gain additional qualifications in neonatal nursing.

Leading the nursing team is a team of modern matrons. They are here Monday to Friday for you to speak to if you have any issues or concerns.

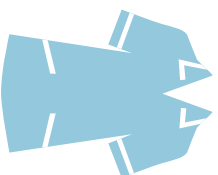
Uniforms of the nursing team



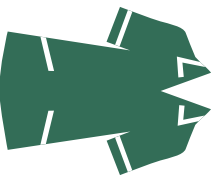
SENIOR SISTER
NAVY
I take charge of the shift. There is a senior sister on every shift, 24 hours a day.



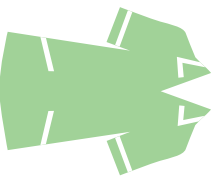
JUNIOR SISTER
ROYAL BLUE, WHITE STRIPE
I support the senior sister and will be in charge of a clinical room.



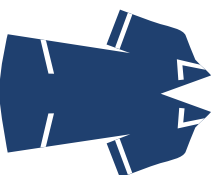
STAFF NURSE
SKY BLUE, WHITE STRIPE
I care for your baby throughout the day.



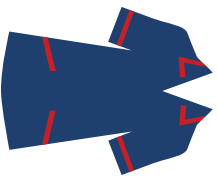
NURSERY NURSE
DARK GREEN, WHITE STRIPE
I care for your baby when preparing for discharge.



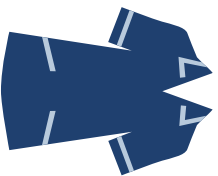
UNIT ASSISTANT
LIGHT GREEN, WHITE STRIPE
I help the nursing staff with housekeeping duties.



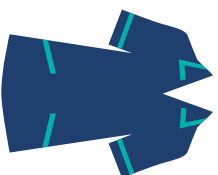
MATRON
NAVY, WHITE STRIPE
I am a registered nurse and I oversee the quality of patient care on the ward.



LEAD NURSE
NAVY, RED STRIPE
I am a registered nurse and I provide professional leadership for the NICU ensuring the maintenance of clinical quality.



SPECIALIST NURSE
NAVY, PALE BLUE STRIPE
I am a registered nurse and I have the responsibility for planning and delivering specialist aspects of patient care.



ADVANCED NEONATAL NURSE PRACTITIONERS
NAVY, AQUA STRIPE
I diagnose and initiate treatment plans for your baby in the high dependency and special care areas. I provide on going management alongside the medical team.

Keeping up to date

You will always be kept up to date and involved in your baby's care. Nursing staff will always give you an update, whether it's face to face or over the phone.

Your baby will have a named consultant. This consultant will be overseeing the care of your baby and follow your baby up after they have left the hospital/NICU. If you have any issues or would like to be updated by your consultant then please ask the nurse to arrange an appointment.

There are many consultants that work on the unit. These consultants rotate around the rooms on a weekly basis. If you have any issues or want a medical update about your baby then please talk to the consultant in the room. Being present at the daily ward round for your baby will also give you the opportunity to speak with the consultant for the week.

The NICU team

Although there are a lot of doctors and nurses that look after your baby, the unit is made up of different teams that you may receive support from during your stay on NICU:

- **Family Support** are here to offer their help during your stay, they will help with car parking, funding for transport if needed, benefit entitlement.
- The **Pathway Co-ordinator** will help co-ordinate the transfer of your baby either to another hospital or the children's ward.
- **Transport team** – if your baby needs to be transferred in or out of this hospital, the transport team will look after your baby during transfer.
- The **Feeding team** will give you support and help with breast feeding or any other feeding issues you may have.
- The **Inreach/Outreach team** will come and see your baby at home when your baby is discharged.
- The **ROP Screening team** will screen your baby for Retinopathy of Prematurity (ROP) and provide treatment if necessary.
- **Hearing Screening team** – all babies discharged from hospital have a hearing screen and this team will undertake the test on your baby.
- The **Bereavement team** support bereaved families on the unit and at home.
- The **Unit Counsellor** provides formal or informal support/counselling.
- Other specialist doctors and nurses.

Dieticians, physiotherapists, speech and language therapists, radiographers/radiologists, pharmacists and student nurses/midwives also work on the unit as part of the multi-disciplinary team. The staff from these teams will introduce themselves to you and explain what they do on the unit.

Hand washing and infection control

Anyone who comes to see your baby, including you, must gel their hands at the front desk, wash their hand in the room and then gel them again before they touch your baby.

As premature and sick babies are vulnerable to infection it is important that we maintain a high standard of hand hygiene. If anyone has a cough, cold, any kind of infection or has been exposed to chicken pox, please discuss this with your nurse before they come to visit. This is to protect your baby.

The first line of defence.....clean hands!

Follow these seven simple steps when washing your hands before and after entering a clinical area



Teddies and blankets – you are more than welcome to bring in teddies and blankets for your baby to use, however we do ask that there is just one teddy in the incubator with your baby. We ask that teddies and blankets are washed weekly to prevent any risk of infection to your baby.

Visiting your baby

We encourage you to be with your baby as often as you can, and we encourage you to take part in your baby's cares.

Ward rounds in the Intensive Care rooms occur between 9.00 am – 11.30 am. At this time we will ask that you leave the room in order to protect the confidentiality of other babies, however you are welcome to be present when the doctors are reviewing your baby. Please ask your nurse about the 'buzzer system' and being around for that time.

Other relatives and visitors are welcome to visit you and your baby whilst on the NICU, but you or your partner must be present with them. Please respect other babies and their families by not looking at other babies in the rooms. We ask all visitors (apart from parents) to leave NICU by 10.00 pm.

We ask that there are only 2 visitors at the cot side (including parents) as the rooms can get very busy. There is a waiting area for visitors in Reception so that we can keep the corridors clear for staff to use.

No children under 16 may visit unless they are your baby's siblings – this is to protect your baby from infection.

We aim to give babies a period of complete rest between 2.00 pm – 3.00 pm; we ask that only parents/carers visit during quiet time.

Facilities for parents

We have a kitchen and sitting room for parents to use. In the kitchen there is a microwave and fridge – please label food that you put in the fridge. There are also facilities to make a hot drink.



Parent Kitchen

We have limited rooms available on the unit for parents to stay overnight and priority is given to those parents who have a baby requiring intensive care or for babies who are close to discharge. We encourage parents to stay overnight with their baby prior to going home.

There is further accommodation available within the hospital grounds at Ronald McDonald House. Nursing staff will discuss booking a room with you. Please be aware that availability of these rooms is limited and we may not be able to accommodate you, but we will try our best to help.



Parent Bedroom



Parent Sitting Room

Caring for your baby (cares)

We understand that you, as parents, want to do as much as you can for your baby. Our NICU team are committed to family centred care. This means our nurses and doctors will help and support you adapt to becoming parents with a baby on NICU. Staff will help you become confident in looking after your baby appropriately for their individual needs. Staff will support you with:

- Nappy care.
- Eye care.
- Mouth care.
- Feeding – breast/bottle/tube.
- Bathing.
- Dressing.

We do supply nappies for premature babies under the weight of 1.5kg, when your baby passes this weight or out grows the nappies we encourage you to bring in nappies and cotton wool (rather than wipes, which can cause skin sensitivities).

It is understandable that you will feel anxious when you begin to handle your baby, staff will help you feel confident and comfortable with this. Your baby will benefit from your closeness, hearing your voice and learning how you touch them and how you smell. When your baby is well enough they can come out for skin to skin – even if your baby is on the ventilator, as long as they are stable. Just ask the nurse who is looking after your baby.

There is a parent education guide for you to work through (see pages 18-19).

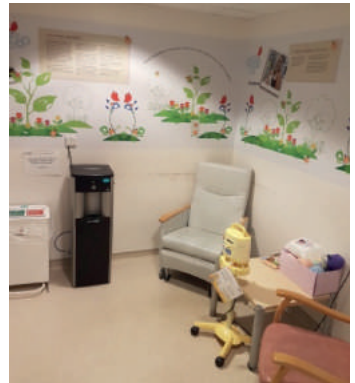
Feeding your baby

During your baby's stay with us they will be fed in different ways, depending on your baby's gestation, age, weight and how well they are.

Please remember, how you feed your baby is your decision. Please speak to the nursing and medical staff about how you want to feed your baby.



- Milk Feeds – babies can be fed with breast milk or formula milk. One of the best ways you can help your baby is by providing them with your breast milk. Your baby may be too small or too sick to begin breastfeeding, but you can still give them the best start by expressing your breast milk. This can be done by hand or using a pump. There are breast pumps on the unit for you to use; there are also pumps that we loan out to you so you can express at home. The cost of this is £20 for 4 weeks.



Expressing Room

- If you wish to formula feed your baby, please speak to our NICU team about which milk will be best for your baby, depending on age, gestation and medical condition.
- Parental nutrition and IV fluids – sometimes our babies are too small or too sick to have milk feeds. To make sure your baby is getting the right amount of nutrition they will receive some parental nutrition (TPN). This is fluid that goes into your baby's vein and provides them with all the fat, vitamins and minerals that they will need until we introduce milk feeds. Your baby will also receive some IV fluids called dextrose, this is sugary water with additives in it so that your baby doesn't get dehydrated.

If your baby needs TPN then they will need to have a long line. A long line is a fine plastic tube that is inserted into one of the baby's small veins in the arm or leg until it reaches a point where the veins are much larger, usually just outside the heart. The TPN can then be given through this line; because the line goes into a larger vein the risk of damage to the vein is much reduced. A long line can stay in place for several weeks if necessary, which reduces the number of times your baby needs to have a drip inserted.

If your baby is having milk but is too small to have it orally then they will have a feeding tube (nasogastric tube 'NGT' or orogastric tube 'OGT'). This will be passed through your baby's nose or mouth into the stomach, enabling your baby to receive milk.

Pain management

Nurses and doctors will be using a pain assessment tool, alongside observations to observe your baby for signs of pain, which will be shared with you. If you think your baby is in pain then comforting measures will be used, such as comfort holding, repositioning and non-nutritive sucking. Nurses may also give some sucrose (sugared water) to sooth your baby, or pain relief medications may be given. If your baby has had surgery then they will be prescribed pain relief; the effectiveness of this will be assessed using the pain assessment tool. You will get to know your baby very well, if you think that they are in pain then we encourage you to tell the nurses.

Tissue viability

Your baby's skin is very thin and fragile. Until their skin matures, it doesn't offer a good protective barrier and needs to be handled with care to prevent injury. Nurses continuously assess your baby's skin and may use preventative measures to prevent any friction/ agitation from the equipment that we use on NICU. Please ask your nurse for further information and advice on your baby's skin.

Other important information

Consent – Any procedures, investigations or treatments will be discussed with you; certain procedures may require written consent. The medical team will explain everything to you to make sure you understand what you are consenting to. Consent must be given by the person who has 'legal' parental responsibility.

A mother automatically has parental responsibility for her child; a father has parental responsibility if they are married to the mother, or listed on the birth certificate. (For more information go to www.gov.uk/parental-rights-responsibilities).

Registering your baby's birth – you must register your baby's birth within six weeks of birth. Please inform the nursing staff once your baby is registered. If you have any questions about registering your baby then please ask the nurses looking after your baby.

Research – our neonatal unit is very keen on clinical research. We believe that research helps us improve the care we give to babies and their families and can increase their chances of healthy survival. During your baby's stay on NICU you may be approached by our research team or doctors about including your baby in the research trials that are on-going. Please be assured that the care you receive will not be affected if you choose not to take part in research studies.

Zero Tolerance Policy – we are committed to the safety and well-being of our patients and staff. Please treat others with the courtesy and respect that you wish to receive. Verbal abuse, physical abuse and harassment are not acceptable and will not be tolerated.

Security – the doors to NICU are always locked, this is for your baby's safety. Please use the doorbell to gain access to the unit. You will be asked to identify yourself before someone lets you in – again this is for your baby's safety.

The Trust is not responsible for the loss of your valuables. There are lockers in reception for you to put your valuables in. Please speak to the ward clerks if you wish to use a locker.

Please do not let anyone onto the unit that you don't know and do not allow 'tailgating'. All visitors must use the doorbell to access the unit and report to reception.

Car parking – whilst your baby is on NICU you will not have to pay for car parking. Please speak to the ward clerks or our Family Support team to arrange this for you.

GP – before your baby is discharged they must be registered with your GP. This is so that information about your baby's stay on NICU can be sent to your GP, should they need it. Failure to register with a GP will delay your baby's discharge.

Mobile Phones – please switch mobile phones onto silent mode. Feel free to take pictures of your baby, if you need to use your phone for a phone call please go to the reception area to avoid disturbing other families.

Parent support and wellbeing – for you as parents it is important that you look after yourselves as well as your baby. We understand that this will be a very stressful time and we want to support you through this difficult time. We have a counsellor for the unit who is available for formal or informal support. There are also parent support groups that are advertised in reception and around the unit. Please use these groups as they are here to support you and for you to help support other parents.

There is also a Chaplaincy Service and Multi-Faith rooms available for you to use. The prayer rooms are available on: Ground Floor – opposite Children's Out-patients and First Floor – opposite PICU. The multi-faith centre is on the ground floor in the MRI where spiritual support is available on demand for most faiths.

Transfer to other Neonatal Units or Paediatric Wards

Saint Mary's NICU is a regional unit and we often have babies brought here from other neonatal units around the North West region. When your baby's needs can be met at your local unit, we will prepare you and your baby for transfer closer to home.

If your baby has long term needs, it may be appropriate for your baby to be transferred to a ward at Royal Manchester Children's Hospital where there is the specialist team your baby may need. Before your baby is transferred you will have the opportunity to go and see the ward and meet the staff that will be looking after your baby.

Our Pathway Co-ordinator is happy to discuss any planned transfers and can arrange a visit to the ward/unit.

Preparing for home

Going home is a very exciting time for you and your family. We want to make sure that you are prepared and confident in taking your baby home. On page 20 there is a Passport for you to work through in preparation for home.

Neonatal Outreach Team

As well as your Health Visitor, you will be followed up by the Outreach Team a day or two after discharge. This is to make sure you and your baby are settling in and for you to ask any questions you may have. You may have a few visits from the outreach team to review your baby's progress.

Parent education guide

Education skill for parents	Completed	Date
Important information		
Unit orientation		
Visiting policy		
Hand washing		
Expressing breast milk		
Update from senior doctor		
Development care		
Comfort holding/ recognising stress cues		
Kangaroo care and skin to skin		
Quiet time – noise and light		
Feeding cues		

Education skill for parents	Completed	Date
Cares		
Eye and mouth		
Nappy change		
Temperature control		
Bathing		
Safe sleeping		
Feeding		
Hand expressing		
Use of breast pump		
Cleaning and sterilising equipment		
Care and storage of breast milk		
Tube feeding information and guidance		
Bootle feeding		
Making up formula		

Parent Passport

This parent passport is to help you prepare to take your baby home. Please ask your nurse for more information.

- Red Book discussed
- Breastfeeding/expressing discussed
- Sterilising discussed
- Take home medication ordered
- Medication demo/side effects discussed
- Bathing demonstration
- Safe sleeping discussed
- Resuscitation demonstration
- Hearing screen
- Rooming in
- Registered at GP
- Immunisations
- Follow up arrangements

- Breast milk removed from fridge/freezer
- Breast pump returned
- Patient tracker completed

Other information on your baby's discharge

Ask your nurse to answer the following questions:

What medicines will my baby go home with?

Why is my baby having this medicine?

Are there any medication side effects that I need to watch out for?

Who should I contact if I am worried about my baby following discharge?

Should your baby become unwell seek medical advice from your GP or nearest Accident & Emergency department.

If your baby is so ill that you think he/she needs urgent medical help, don't hesitate to call 999. You will be asked which emergency service you need and will then be put through to an ambulance controller.

Your community health professional is:

Other useful contacts:

Weight conversion chart

gm	lbs	oz	kg	lbs	oz	kg	lbs	oz	kg	lbs	oz	kg	lbs	oz
500	1	2	3.05	6	11	5.65	12	7	8.20	18	1	10.80	23	12
550	1	3	3.10	6	13	5.70	12	9	8.25	18	2	10.85	23	14
600	1	5	3.15	6	15	5.75	12	10	8.30	18	4	10.90	24	0
650	1	7	3.20	7	1	5.80	12	12	8.35	18	6	10.95	24	1
700	1	9	3.25	7	2	5.85	12	14	8.40	18	8			
750	1	10	3.30	7	4	5.90	13	0	8.45	18	9	11kg		
800	1	12	3.35	7	6	5.95	13	1	8.50	18	11	11.00	24	3
850	1	14	3.40	7	8	6kg			8.55	18	13	11.05	24	5
900	2	0	3.45	7	9	6.00	13	3	8.60	18	15	11.10	24	7
950	2	1	3.50	7	11	6.05	13	5	8.65	19	0	11.15	24	8
1kg			3.55	7	13	6.10	13	7	8.70	19	2	11.20	24	10
1.00	2	3	3.60	7	15	6.15	13	8	8.75	19	4	11.25	24	12
1.05	2	5	3.65	8	0	6.20	13	10	8.80	19	6	11.30	24	14
1.10	2	7	3.70	8	2	6.25	13	12	8.85	19	8	11.35	25	0
1.15	2	8	3.75	8	4	6.30	13	14	8.90	19	9	11.35	25	1
1.20	2	10	3.80	8	6	6.35	14	0	8.95	19	11	11.40	25	2
1.25	2	12	3.85	8	8	6.40	14	1	9kg			11.45	25	3
1.30	2	14	3.90	8	9	6.45	14	3	9.00	19	13	11.50	25	5
1.35	3	0	3.95	8	11	6.50	14	5	9.05	19	15	11.55	25	7
1.40	3	1	4kg			6.55	14	7	9.10	20	0	11.60	25	8
1.45	3	3	4.00	8	13	6.60	14	8	9.15	20	2	11.65	25	10
1.50	3	5	4.05	8	15	6.65	14	10	9.20	20	4	11.70	25	12
1.55	3	7	4.10	9	0	6.70	14	12	9.25	20	6	11.75	25	14
1.60	3	8	4.15	9	2	6.75	14	14	9.30	20	7	11.80	25	15
1.65	3	10	4.20	9	4	6.80	14	15	9.35	20	9	11.85	26	1
1.70	3	12	4.25	9	6	6.85	15	1	9.40	20	11	11.90	26	3
1.75	3	14	4.30	9	7	6.90	15	3	9.45	20	13	11.95	26	5
1.80	3	15	4.35	9	9	6.95	15	5	9.50	20	14	12.00	26	6
1.85	4	1	4.40	9	11	7kg			9.55	21	0	12kg		
1.90	4	3	4.45	9	13	7.00	15	6	9.60	21	2	12.05	26	8
1.95	4	5	4.50	9	14	7.05	15	8	9.65	21	4	12.10	26	10
2kg			4.55	10	0	7.10	15	10	9.70	21	5	12.15	26	12
2.00	4	6	4.60	10	2	7.15	15	12	9.75	21	7	12.20	26	13
2.05	4	8	4.65	10	4	7.20	15	13	9.80	21	9	12.25	26	15
2.10	4	10	4.70	10	5	7.25	15	15	9.85	21	11	12.30	27	1
2.15	4	12	4.75	10	7	7.30	16	1	9.90	21	12	12.35	27	3
2.20	4	13	4.80	10	9	7.35	16	3	9.95	21	14	12.40	27	4
2.25	4	15	4.85	10	11	7.40	16	4	10kg			12.45	27	6
2.30	5	1	4.90	10	12	7.45	16	6	10.00	22	0	12.50	27	8
2.35	5	3	4.95	10	14	7.50	16	8	10.05	22	2	12.55	27	10
2.40	5	4	5kg			7.55	16	10	10.10	22	4	12.60	27	12
2.45	5	6	5.00	11	0	7.60	16	12	10.15	22	5	12.65	27	13
2.50	5	8	5.05	11	2	7.65	16	13	10.20	22	7	12.70	27	15
2.55	5	10	5.10	11	4	7.70	16	15	10.25	22	9	12.75	28	1
2.60	5	12	5.15	11	5	7.75	17	1	10.30	22	11	12.80	28	3
2.65	5	13	5.20	11	7	7.80	17	3	10.35	22	12	12.85	28	4
2.70	5	15	5.25	11	9	7.85	17	4	10.40	22	14	12.90	28	6
2.75	6	1	5.30	11	11	7.90	17	6	10.45	23	0	12.95	28	8
2.80	6	3	5.35	11	12	7.95	17	8	10.50	23	2			
2.85	6	4	5.40	11	14	8kg			10.55	23	3			
2.90	6	6	5.45	12	0	8.00	17	10	10.60	23	5			
2.95	6	8	5.50	12	2	8.05	17	11	10.65	23	7			
3kg			5.55	12	3	8.10	17	13	10.70	23	9	13kg		
3.00	6	10	5.60	12	5	8.15	17	15	10.75	23	10	13.00	28	10

My baby's weight journey

Date	Weight	+/-

Date	Weight	+/-

My baby's diary

Most parents like keeping a little diary of their baby's progress, here is just a starting off point. Feel free to carry on with your own diary.

Week 1

Week 2

Week 3

Week 4

Week 5

Week 6

Week 7

Week 8

Week 9

Please use this space to write down any questions or concerns you may have

Abbreviations that you might see or hear on NICU

Equipment

- ETT – Endo Tracheal Tube
- NGT – Nasogastric Tube
- OGT – Orogastric Tube
- UAC – Umbilical Arterial Catheter
- UVC – Umbilical Venous Catheter

Ventilation

- BiPAP – Biphasic Positive Airway Pressure
- CPAP – Continuous Positive Airway Pressure
- HFOV – High Frequency Oscillation Ventilation
- NO – Nitric Oxide
- SIMV – Synchronized Intermittent Mandatory Ventilation

Monitoring

- BP – Blood Pressure
- HR – Heart Rate
- RR – Respiratory Rate
- SaO₂ – Oxygen Saturations

Blood tests

- ABG – Arterial Blood Gas
- BM – Blood Glucose
- CBG – Capillary Blood Gas
- CRP – C-Reactive Protein (infection level)
- FBC – Full Blood Count
- HB – Haemoglobin
- LFT – Liver Function Tests
- PKU – Phenyl Ketone Urea (newborn blood spot)
- SBR – Serum Bilirubin (jaundice level)
- U&E – Urea and Electrolytes

Medical conditions

- CDH – Congenital Diaphragmatic Hernia
- CLD – Chronic Lung Disease
- EBM – Expressed Breast Milk
- IUGR – Intra Uterine Growth Reduction
- NEC – Necrotising enterocolitis
- PDA – Patent Ductus Arteriosus
- PROM – Prolonged Rupture of Membranes
- ROP – Retinopathy of Prematurity
- SDLD – Surfactant Deficient Lung Disease
- SVIA – Self Ventilating in Air
- TOF/OA – Tracheo-Oesophageal Fistula/Oesophageal Atresia

Violence, Aggression and Harassment Control Policy

We are committed to the well-being and safety of our patients and of our staff. Please treat other patients and staff with the courtesy and respect that you expect to receive. Verbal abuse, harassment and physical violence are unacceptable and will lead to prosecutions.

Comments, Complaints, Concerns & Compliments

If you would like to provide feedback you can:

- Ask to speak to the ward or department manager.
- Write to us: Patient Advice and Liaison Services, 1st Floor, Cobbett House, Manchester Royal Infirmary, Oxford Road, Manchester, M13 9WL
- Log onto the Patient Opinion website www.patientopinion.org.uk/ – click on 'Tell Your Story'

If you would like to discuss a concern or make a complaint:

- Ask to speak to the ward or department manager – they may be able to help straight away.
- Inpatients can speak to a senior nurse or manager by contacting the Tell Us Today service on (0161) 701 1999.
- Contact our Patient Advice and Liaison Service (PALS) – Tel: (0161) 276 8686 e-mail: pals@cmft.nhs.uk. Ask for our information leaflet.

We welcome your feedback so we can continue to improve our services.

No Smoking Policy

Please protect our patients, visitors and staff by adhering to our no smoking policy. Smoking is not permitted in any of our hospital buildings or grounds, except in the dedicated smoking shelters in the grounds of our Central Manchester site.

For advice and support on how to give up smoking, go to <http://www.nhs.uk/smokefree>.

Translation and Interpretation Service

It is our policy that family, relatives or friends cannot interpret for patients. Should you require an interpreter ask a member of staff to arrange it for you.

تتص سيستنداً على عدم السماح لأفراد عائلة المرضى أو أقاربهم أو اصنفانهم بالترجمة لهم. اذا احتجت الى مترجم فيرجى ان تطلب ذلك من احد العاملين ليرتب لك ذلك.

بماری یہ پالیسی ہے کہ خاندان ، رشتہ دار اور دوست مریضوں کے لئے ترجمہ نہیں کرسکتے۔ اگر آپ کو مترجم کی ضرورت ہے تو عملے کے کسی رکن سے کہیں کہ وہ آپ کے لئے اس کا بندوبست کر دے۔

ইহা আমাদের নীতি যে, একজন রোগীর জন্য তার পরিবারের সদস্য, আত্মীয় বা কোন বন্ধু অনুবাদক হতে পারবেন না। আপনার একজন অনুবাদকের প্রয়োজন হলে তা একজন কর্মচারীকে জানান অনুবাদকের ব্যবস্থা করার জন্য।

Nasze zasady nie pozwalają na korzystanie z pomocy członków rodzin pacjentów, ich przyjaciół lub ich krewnych jako tłumaczy. Jeśli potrzebują Państwo tłumacza, prosimy o kontakt z członkiem personelu, który zorganizuje go dla Państwa.

Waa nidaamkeena in qoys, qaraaboamasaaxiiboaysanu tarjumikarinbukaanka. Haddiiaad u baahatotarjumaankacodsoxubinka mid ah shaqaalahainaykusameeyaan.

我们的方针是，家属，亲戚和朋友不能为病人做口译。如果您需要口译员，请叫员工给您安排。



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