Questions to ask

When selecting a rehabilitation
treatment program

There are many factors to consider when deciding where to send your child for inpatient rehab services. Some of those factors will be specific to your child's injury and your family's needs. However, many important questions apply to all rehab patients.

Here are some questions you should ask before choosing rehab services:

1: Is the facility accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF)?

Children's: ☑ Yes   Other Facility: ☐ Yes   ☐ No

2: Is the facility a full-service hospital with emergency services?

Children's: ☑ Yes   Other Facility: ☐ Yes   ☐ No

3: Does the facility provide access to care from pediatric and multispecialty physicians?

Children's: ☑ Yes   Other Facility: ☐ Yes   ☐ No

4: Does the rehab team include board-certified pediatric physiatrists?

Children's: ☑ Yes   Other Facility: ☐ Yes   ☐ No

5: How many patients are assigned to each nurse or therapist?

The Children's therapy staff: 6:1
Other facility's therapy staff: _____

The Children's nursing staff: 4:1
Other facility's nursing staff: _____

The Children's nursing staff for ventilator patients: 3:1
Other facility's nursing staff for ventilator patients: _____

6: What is the therapy treatment schedule for weekdays and weekends?

Children's: A minimum three hours of therapy and activity per day, seven days a week, increasing as your child improves

Other facility: _____

7: Are there support groups for families, caregivers and siblings?

Children's: ☑ Yes, through child life, chaplaincy, peer mentors and more

Other facility: _____

8: Does the facility emphasize the role of the family in treatment?

Children's: ☑ Yes   Other Facility: ☐ Yes   ☐ No

9: Are family members allowed to stay overnight in the room with the patient?

Children's: ☑ Yes   How Many?   Two adults

Other Facility: ☐ Yes   ☐ No   How Many? _____

10: Does the rehab program have 24-hour respiratory therapists to care for the patient?

Children's: ☑ Yes   Other Facility: ☐ Yes   ☐ No

Your evaluator is: _____

Phone: _____

Visit choa.org/rehab for more information