

Slater Baptist Church

Hospital Visits

Making a hospital visit is a very personal kind of visit. You are meeting people who are in need of help physically, emotionally or mentally. That alone is sometimes embarrassing enough. But, in addition, you find them dressed only in a hospital gown and in bed. They may or may not be connected by tubes and wires to a variety of monitors and devices. They may or may not be able to communicate with you. In other words, you are visiting someone at a very vulnerable time in their life.

Finding the Patient

Find out from a family member or from a Prayer Prompter what hospital the patient is in. Once you arrive at that hospital, go to the information / reception desk and ask for patient information. Give the patient's name to the person at the desk and they should tell you the room number and floor for the patient and how to get to the room.

Nurse's Station

Since you most likely will not know the patient's current condition, it is wise to stop at a nurse's station¹ closest to the patient's room before you visit. Introduce yourself and give the name of the patient and the purpose for your visit. Ask if a family member is available.² If a family member is available, ask him or her how the patient is doing and if there is any information you can note and share with the church so members can pray for the patient and the family. Also ask if the patient is up to a visit at this time.

Note¹: A nurse's station is an area between the hallways where nurses take care of administrative duties when they are not caring for patients.

Note²: If a family member is not available, go to the patient's room and see if the patient is up to a visit. If the patient is not in the room or is sleeping, leave a personal note with your name and the name of the church on the food tray.

Patient Privacy

Because of HIPAA (Health Insurance Portability and Accountability Act of 1996) rules, patient health information is restricted to protect the privacy of the patient. If you are not the health care provider for the patient or an authorized member of the family (one whose name is on a "medical release" form), you will not be given any information about the patient's condition. The staff cannot provide information about the patient's condition, so please do not place them in an awkward position by asking. The patient and/or a family member can provide information.

Infection Risk

When possible, only visit during designated visiting hours. Certain units within hospitals may have their own specific visiting hours. Avoid visiting the hospital on behalf of the church if you are sick. Be alert to all signs posted on the door to the patient's room, especially those requiring you to wear protective masks, gowns, or gloves. If you do not understand the sign or know where to locate what is required, politely ask the staff.

Visitor Conduct

The hospital room is now the patient's temporary "home" and a visitor should respect it as such. Furniture (including the bed¹), clothing, and personal effects should be considered as the patient's property. A visitor should ask permission before doing something. For example, "Is it okay if I pull up a chair beside your bed so I can chat with you for a couple minutes?"

Note ¹: Because a visitor might not know what medical equipment is connected to the patient under the sheets, it is better not to sit on the bed. In fact, as a matter of respect for the patient's personal space, it is better for a visitor never to sit on a patient's bed.

Other Visitors

When you enter the patient's room, if there are other visitors there, introduce yourself to them and ask each one for their relationship to the patient. For example, "I am Tom Jones from Slater Baptist Church. Are you a member of the family?" This sentence might not be necessary if the people in the room voluntarily introduce themselves and tell you their relationship to the patient.

Doctor or Nurse Visit

Care for the patient takes priority over your visit. So, if a nurse, physical therapist or other care giver enters the room, introduce yourself and tell him or her who you are and that you are there to read a passage of Scripture and pray with the patient. For example, "I am Tom Jones from Slater Baptist Church and I have come to read a passage of Scripture and pray with Henry. Would you like me to step out of the room so you can take care of Henry now or do you want to give us five minutes together before you take care of him?"

Interruptions

If the patient receives a phone call during your visit or another visitor enters the room, pause and allow the patient (or family, if family members are present) to determine what happens next. Hopefully, someone will indicate that you are there to pray with the patient and other visitors will allow you to do that and allow you to leave before they start their conversation with the patient. You do not want to leave the impression that you are in charge of what happens in the patient's room. Allowing the patient or the patient's family to be in charge of events is one way to leave a good testimony.

Alarms, Alerts, and Assistance

If you are alone in the room with a patient who needs assistance or an alarm sounds (example: a beeping sound), ask the patient if there is something you can do. If the patient does not know or cannot respond, find the “call button” (usually on the patient’s lap, in the bed or hung over a side rail of the bed) and press the button to notify staff. A voice should respond asking you what you need. State specifically why you are requesting assistance. Be specific so staff can determine whether the need is routine (such as a beeping IV machine) or urgent (the patient fell). If no voice responds in a reasonable time to your pressing the button, step out into the hallway, find a nurse and tell them why you are requesting assistance (remember to give the patient’s room number to the staff).

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