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Welcome to the Intensive Care Unit (ICU) at MedStar Georgetown University Hospital.

We pledge to do everything we can to provide you with the greatest comfort possible while you are here. Our mission of providing physical and spiritual comfort to our patients and their families in the Jesuit tradition of cura personalis, caring for the whole person, is what makes MedStar Georgetown a very special place to receive care.

Each of our three, 19-bed adult ICUs provides highly specialized care to our patients. These units are staffed with experienced critical care nurses and pulmonary intensivists who collaborate with a multidisciplinary team of specialists: respiratory therapists, pharmacists, dieticians, physical therapists, occupational therapists and wound/skin therapists.

NATIONAL RECOGNITION

MedStar Georgetown is the first hospital in Washington, DC, to achieve Magnet™ recognition by the American Nurses Credentialing Center. This prestigious award recognizes our nurses for excellence in nursing practice.

Each of our ICUs have received the American Association of Critical Care Nurses Beacon Award for Excellence. The Beacon Award recognizes individual units that provide exceptional care through improved outcomes and greater overall patient satisfaction.

Many of MedStar Georgetown’s doctors have been recognized as “Top Doctors” in both the Washingtonian and Northern Virginia magazines.
MEDICAL INTENSIVE CARE UNIT (MICU) C4-2

Common medical specialties include, but are not limited to:
Liver failure • Respiratory failure • Gastrointestinal bleed • Acute altered mental status • Sepsis
Renal failure • Pancreatitis • Shock

Medical Director: Sharon O’Brien, MD
Clinical Manager: Kim Groner, RN, MSN, CANP, CCRC
Unit Phone Number: 202-444-2421

SURGICAL INTENSIVE CARE UNIT (SICU) C4-3

Common medical specialties include, but are not limited to:
Solid organ transplant (liver, kidney, pancreas, small bowel and multivisceral) • Thoracic surgery
Plastic reconstructive surgery • Vascular surgery • Abdominal surgery • Ear, nose and throat surgery

Medical Director: Allen Roberts II, MD
Clinical Manager: Gary Yehl, RN, MSN
Unit Phone Number: 202-444-2431

NEUROSCIENCE INTENSIVE CARE UNIT (NSICU) C6-3

Common neuroscience specialties include, but are not limited to:
Hemorrhagic stroke • Ischemic stroke • Brain and spinal cord tumors • Seizures • Movement disorders

Medical Directors: Deepa Lazarous, MD, and Christopher Kalhorn, MD
Clinical Manager: Claire Dejou, RN, CNRN
Unit Phone Number: 202-444-2491
OTHER IMPORTANT PHONE NUMBERS

Hospital Operator          202-444-2000
International Services     202-444-8377
Interpretive Services     202-444-8377
Pastoral Care              202-444-3030
Patient Advocacy           202-444-3040

PATIENT PRIVACY

Patient privacy is a national law. This law, called the HIPAA Privacy Rule, regulates what we may and may not do with patient information.

MedStar Georgetown receives and manages health-related information about our patients. This information is called Protected Health Information (PHI).

PHI can be in any form, such as:
- Patient medical record
- Patient information in our computer systems
- Telephone calls about patients
- Fax transmissions
- Conversations between clinical staff about treating patients

To ensure privacy:
- Each family member will be asked to designate one contact person to receive information
- The contact person will be given a four-digit code, which will be required to obtain any information over the phone concerning the patient’s status
- Information will ONLY be given to the contact person and all other calls will be referred to the contact person
- Visiting times may be restricted in order to protect the privacy of all patients
COMMON ICU MEDICAL TERMS

Some of the common vital signs recorded on every patient include:

- **Temperature**: Body temperature measured in degrees Celsius (37°C = 98.6°F)
- **Heart rate**: Number of heartbeats in one minute
- **Blood pressure**: Artery pressure during a heartbeat and at rest
- **Respiratory rate**: Number of breaths in one minute
- **Oxygen saturation**: Amount of oxygen in the blood
- **Pain level**: Rating of current pain level stated by the patient or measured by the nurse using a pain scale

THE MEDICAL TEAM

Along with Magnet nurses, internationally-recognized physicians, advanced research and cutting-edge technologies, MedStar Georgetown’s healthcare professionals have a reputation for medical excellence and leadership. Some of the healthcare team members you could meet during your loved one’s stay in the ICU may include:

**Doctors**
- ICU intensivist
- Attending physician
- Consulting physicians
- Fellow
- Resident
- Intern

**Consulting Specialists**
- Respiratory therapist
- Physical therapist
- Occupational therapist
- Pharmacist
- Dietician
- Case manager
- Social worker
- Wound/skin therapist

**Other Healthcare Providers**
- Physician assistant
- Nurse practitioner
- Clinical manager
- Nurse educator
- Charge nurse
- Staff nurse
- Clinical technician
- Nurse technician

**Support Services**
- Environmental services staff
- Patient advocate
- Pastoral care representative
- Unit secretary
HOW DO I FIND OUT ABOUT MY LOVED ONE’S CONDITION?

Rounds
Every day, including weekends, the ICU team meets to discuss each patient’s progress during the past 24 hours. This medical team will also discuss the plan and goals for the next 24 hours. Any consulting specialties will also conduct rounds during the day and provide their input to the ICU team.

Because MedStar Georgetown is a teaching hospital, daily rounds provide a good learning experience for students, residents and all members of the healthcare team without interfering in patient care.

Rounds may occur at different times each day. Brief updates may be provided when the team rounds on your loved one.

Family Conferences
Family members can plan meetings with members of the healthcare team. This type of meeting is often called a family conference. Ask your loved one’s nurse about setting up a family conference.

Talk with a Nurse or Doctor
Each patient is assigned to a nurse for 12-hour nursing shifts. The nurse can provide updates on the patient’s condition throughout the shift.

An ICU intensivist will oversee the direct care of each patient. In addition, specialized providers may also consult with the intensivist team. Ask the nurse to help you schedule a meeting with the doctor or provider with whom you would like to speak.
Glossary of Terms

The following glossary includes medical terms that may be used to discuss the care of your family member while in the hospital. If you have any questions, please speak to the physician or nurse caring for your loved one.

Advance Directive
A written document that specifies the kind and extent of life-saving medical treatment, including artificial nutrition, that a patient desires should he/she become unable to make decisions.

Arterial Line
A small tube or catheter that is inserted into the artery to continuously monitor blood pressure.

Artificial Nutrition and Hydration
Nourishment and water provided to a person through a tube inserted into the nose, mouth, stomach or vein.

Brain Death
An irreversible end to all brain activity while the heart continues to beat. Brain death is determined by the end of breathing and other vital reflexes, as well as lack of muscle and brain activity.

Central Line or Central Venous Catheter
A long, thin, flexible tube that is inserted into a large vein in the neck, chest or groin. It delivers medicines, fluids, nutrients or blood products to patients.

Chest Tube
A large tube that is inserted into the chest between the ribs and into the space between the chest muscles and the lungs. This tube removes air that is leaking out of the lungs or fluid/blood that is building up in the lungs.

Comfort Care
Medical care that is intended to provide relief from pain, discomfort and anxiety. The goal of comfort care is to improve the quality of a person’s remaining life and ease the process of dying.

Dialysis
The use of a machine to clean the blood. Dialysis is necessary when the kidneys fail and are not able to filter blood.

Dialysis Catheter
A central line used specifically for dialysis. The dialysis catheter is connected to a dialysis machine via external tubing.

Do Not Resuscitate (DNR)
A legal order written by a physician to respect the wishes of patients who do not want to undergo cardiopulmonary resuscitation (CPR) if their heart stops or they stop breathing. DNR does not mean do not treat. Patients have the right to receive any and all treatments that are offered by the physicians caring for them. When a cure is not possible, your doctor may decide that the use of CPR is not medically appropriate. It is possible to decline CPR, but accept all other medical treatments.

Durable Power of Attorney for Health Care
A document that allows patients to choose the person they want to make medical decisions for them in the event that they are unable to make their wishes known.

Endotracheal Tube
A flexible plastic tube that is inserted into the mouth or nose and into the windpipe. The endotracheal tube is connected to a respirator (ventilator) to breathe for a person. It can also be used to provide a passageway for air.

Extubate
Removal of the breathing tube.

Foley Catheter
A catheter inserted into the bladder to drain urine into a bag.

Heart Monitor Leads
Sticky pads placed on the chest of almost every ICU patient to monitor the electrical activity of the heart.

Hospice Care
Special care for people who are near the end of life or dying. The focus is on comfort and quality of life, rather than cure. Hospice care can be provided at home, in the hospital or at a separate facility.
**Intracranial pressure and/or ventriculostomy**
A small tube or catheter inserted into the brain to monitor swelling or drain excess fluid.

**Life-sustaining treatment**
A medical treatment that keeps a person from dying. A breathing machine, CPR, and artificial nutrition and hydration are examples of life-sustaining treatments.

**Living will**
An advance directive that tells what medical treatment persons may want or do not want if they are unable to make their wishes known.

**Nasogastric tube**
A tube inserted into the stomach or intestines to provide nutrition and remove gastric acid or secretions.

**No escalation of care**
A decision to maintain current therapy, but not increase or add treatments that have no hope of improving the patient’s condition.

**Organ and tissue donation**
Permission from a person to have his/her organs and other body parts removed after death and transplanted into another person or used for scientific purposes.

**Pain management**
The use of medicines to relieve or lessen pain and keep the patient comfortable.

**Palliative care**
Treatment that is focused on relieving disease symptoms and making a person comfortable, but not on curing a disease. Keeping a person pain-free is an important part of palliative care.

**Percutaneous Endoscopic Gastrostomy (PEG) tube**
A tube that is surgically placed into the stomach to provide artificial nutrition and hydration.

**Persistent vegetative state**
A condition of severe brain damage in which people are awake, but not conscious. Their bodies may move and the eyes may be open, but they cannot think and are not aware of their surroundings.

**Pulse oximeter**
A small probe attached to the finger, nose or ear that helps monitor the oxygen in the blood and pulse.

**Sedation**
Medication used to relax a person and may induce sleep. Sedation is often used with pain medication to make a person comfortable.

**Terminal condition**
An ongoing condition caused by injury or illness that has no cure and from which the doctors expect the person to die, even with medical treatment. Life-sustaining treatments may only prolong a person’s dying when suffering from a terminal condition.

**Tracheostomy**
The surgical placement of a tube into the windpipe to help with breathing. This procedure is often requested when a patient will be on a breathing machine for a long time.

**Ventilator**
A machine used to help people breathe when the lungs are not working properly and they cannot breathe on their own. It pumps air into the lungs through a breathing tube.

**Withdrawal of life support**
The decision to stop life-sustaining treatments, including a breathing machine, CPR, nutrition, hydration and other treatments. This decision is made when a patient is no longer getting better and may be suffering as a result of the treatments. The goal is to shift the focus of care to making the patient comfortable in the final stages of life.

*Portions of the Glossary of Terms were obtained from the Society of Critical Care Medicine’s patient and family website at myicucare.org*
INFLUENZA AND PNEUMOCOCCAL VACCINE SCREENING

In an effort to enhance patient safety at hospitals throughout the United States, the Centers for Medicare and Medicaid Services has established new requirements for influenza and pneumonia vaccinations. Effective January 1, 2012, all inpatients must be screened for the influenza and pneumococcal vaccinations.

VISITOR INFORMATION FOR ISOLATION PRECAUTIONS

What is isolation?
Isolation is a set of precautions that are taken to protect patients, care providers and visitors from spreading communicable diseases or bacteria to yourself or others. When a person has a disease or illness that can be passed on to another person by touch (contact), by travel through the air (airborne) or contact with a contaminated equipment (droplet), that person is placed on isolation precautions.

How does isolation impact me?
• Very strict hand-washing using soap and water or an alcohol gel product must be done before and after entering ANY room
• Never visit a patient in the hospital if you are sick, or have a sore throat, fever or cough
• Keep visitors to a minimum for patients in isolation
• Do not take personal items into a patient’s isolation room, if possible
• Do not remove anything from an isolation patient’s room
• Do not eat or drink in an isolation room
• Do not bring small children into an isolation room
• Depending upon the type of isolation precautions, EVERYONE who enters an isolation patient’s room must wear some or all of the following: gown, gloves and mask

Before entering an isolation room, always see your loved one’s nurse.
FALL PREVENTION

Why is preventing a fall important?
People of all ages can fall at any time. The complications associated with falling increase with age and can affect your quality of life. Preventing a fall is a part of maintaining an active, independent and healthy life.

More than half of our patient falls occurred while a family member was present.

Preventing falls during your hospital visit
MedStar Georgetown’s staff is your partner in preventing falls during your hospital stay. All patients are evaluated for fall risk upon admission. Any patient identified as a fall risk will undergo precautionary care and receive all of the following:

• A yellow armband to alert others that they are a fall risk
• Yellow slippers to help provide traction and to alert others that they are a fall risk
• A bed and/or chair alarm
• A bed placed in the lowest position

Anyone wearing yellow socks or a yellow wristband is at risk for falls. They should always have a staff member accompanying them. Please notify a staff member immediately if they do not.

Why do people fall?
People fall for a variety of reasons, including illnesses and physical conditions that effect balance and environmental conditions.

Some of the illnesses and physical conditions that affect your balance are:

• Medications such as pain medication
• Medication causing frequent urination
• Recent surgery
• Poor vision and/or hearing
• Poor mobility as a result of pain, swelling or arthritis
• Weak muscles
• Dizziness
• Low blood pressure
• Low blood sugar
• Seizures
• Confusion due to dehydration or poor nutrition
• Drug reactions

The environmental conditions that can contribute to falls are:

• Wet or recently waxed floors
• Poor lighting
• Inappropriate footwear
• Use of assistive devices such as walkers, wheelchairs and canes
• Trailing bathrobe belts or hospital gowns that are too long
• Unfamiliar surroundings
**CATHETER-ASSOCIATED BLOODSTREAM INFECTIONS**  
(also known as central line-associated bloodstream infections)

**What is a catheter-associated bloodstream infection?**
A central line or central catheter is a tube that is placed into a patient’s large vein, usually in the neck, chest, arm or groin. The catheter is often used to draw blood, or give fluids or medications. It may be left in place for several weeks. A bloodstream infection can occur when bacteria or other germs travel down a central line and enter the blood. If you develop a catheter-associated bloodstream infection, you may become ill with a fever and chills, or the skin around the catheter may become sore and red.

**Can a catheter-associated bloodstream infection be treated?**
A catheter-associated bloodstream infection is serious, but often can be successfully treated with antibiotics. The catheter might need to be removed if you develop an infection.

**What are some of the things that hospitals are doing to prevent catheter-associated bloodstream infections?**
To prevent catheter-associated bloodstream infections, doctors and nurses will:
- Choose a vein where the catheter can be safely inserted and where the risk for infection is small
- Clean their hands with soap and water or an alcohol-based hand rub before putting in the catheter
- Wear a mask, cap, sterile gown and sterile gloves when putting in the catheter to keep it sterile. The patient will be covered with a sterile sheet
- Clean the patient’s skin with an antiseptic cleanser before putting in the catheter
- Clean their hands, wear gloves and clean the catheter opening with an antiseptic solution before using the catheter to draw blood or give medications. Healthcare providers also clean their hands and wear gloves when changing the bandage that covers the area where the catheter enters the skin
- Decide every day if the patient still needs to have the catheter. The catheter will be removed as soon as it is no longer needed
- Carefully handle medications and fluids that are given through the catheter

**What can I do to help prevent a catheter-associated bloodstream infection?**
- Ask your doctors and nurses to explain why you need the catheter and how long you will have it
- Ask your doctors and nurses if they will be using all of the prevention methods discussed above
- Make sure that all doctors and nurses caring for you clean their hands with soap and water or an alcohol-based hand rub before and after caring for you
- If the bandage comes off or becomes wet or dirty, tell your nurse or doctor immediately
- Inform your nurse or doctor if the area around your catheter is sore or red
- Do not let family and friends who visit touch the catheter or the tubing
- Make sure family and friends clean their hands with soap and water or an alcohol-based hand rub before and after visiting you

**If you do not see your providers clean their hands, please ask them to do so.**

**What do I need to do when I go home from the hospital?**
Some patients are sent home from the hospital with a catheter in order to continue their treatment. If you go home with a catheter, your doctors and nurses will explain everything you need to know about taking care of your catheter.
- Make sure you understand how to care for the catheter before leaving the hospital. For example, ask for instructions on showering or bathing with the catheter and how to change the catheter dressing
- Make sure you know who to contact if you have questions or problems after you get home
- Make sure you wash your hands with soap and water or an alcohol-based hand rub before handling your catheter
- Watch for the signs and symptoms of catheter-associated bloodstream infection, such as soreness or redness at the catheter site or fever, and call your healthcare provider immediately if any occur

If you have additional questions, please ask your doctor or nurse.
CATHETER-ASSOCIATED URINARY TRACT INFECTION

What is catheter-associated urinary tract infection?
A urinary tract infection (also called a UTI) is an infection in the urinary system, including the bladder (which stores the urine) and the kidneys (which filter the blood to make urine). Germs (for example, bacteria or yeasts) do not normally live in these areas; but, if germs are introduced, an infection can occur.

If you have a urinary catheter, germs can travel along the catheter and cause an infection in your bladder or your kidneys; in that case, it is called a catheter-associated urinary tract infection.

What is a urinary catheter?
A urinary catheter is a thin tube placed in the bladder to drain urine. Urine drains through the tube into a bag that collects the urine. A urinary catheter may be used:
• If you are not able to urinate on your own
• To measure the amount of urine that you make, for example, during intensive care
• During and after some types of surgery
• During some tests of the kidneys and bladder

People with urinary catheters have a much higher chance of getting a urinary tract infection than people who don’t have a catheter.

How do I get a catheter-associated urinary tract infection?
If germs enter the urinary tract, they may cause an infection. Many of the germs that cause a catheter-associated urinary tract infection are common germs found in your intestines that do not usually cause an infection there. Germs can enter the urinary tract when the catheter is being put in or while the catheter remains in the bladder.

What are the symptoms of a urinary tract infection?
Some of the common symptoms of a urinary tract infection are:
• Burning or pain in the lower abdomen (below the stomach)
• Fever
• Bloody urine may be a sign of infection, but is also caused by other problems
• Burning during urination or an increase in the frequency of urination after the catheter is removed

Sometimes people with catheter-associated urinary tract infections do not have these symptoms of infection

Can catheter-associated urinary tract infections be treated?
Yes, most catheter-associated urinary tract infections can be treated with antibiotics and removal or change of the catheter. Your doctor will determine which antibiotic is best for you.

What are some of the things that hospitals are doing to prevent catheter-associated urinary tract infections?
To prevent urinary tract infections, doctors and nurses take the following actions:

Catheter insertion
• Catheters are put in only when necessary and they are removed as soon as possible
• Only properly trained persons insert catheters using sterile (“clean”) technique
• The skin in the area where the catheter will be inserted is cleaned before inserting the catheter
• Other methods to drain the urine are sometimes used, such as:
  – External catheters in men (these look like condoms and are placed over the penis rather than into the penis)
  – Putting a temporary catheter in to drain the urine and removing it right away. This is called intermittent urethral catheterization

Catheter care
• Healthcare providers clean their hands by washing them with soap and water or using an alcohol-based hand rub before and after touching your catheter
• Avoid disconnecting the catheter and drain tube. This helps to prevent germs from getting into the catheter tube
• The catheter is secured to the leg to prevent pulling on the catheter
• Avoid twisting or kinking the catheter
• Keep the bag lower than the bladder to prevent urine from backflowing to the bladder
• Empty the bag regularly. The drainage spout should not touch anything while emptying the bag

If you do not see your providers clean their hands, please ask them to do so.
What can I do to help prevent catheter-associated urinary tract infections if I have a catheter?

• Always clean your hands before and after doing catheter care
• Always keep your urine bag below the level of your bladder
• Do not tug or pull on the tubing
• Do not twist or kink the catheter tubing
• Ask your healthcare provider each day if you still need the catheter

What do I need to do when I go home from the hospital?

• If you will be going home with a catheter, your doctor or nurse should explain everything you need to know about taking care of the catheter. Make sure you understand how to care for it before you leave the hospital
• If you develop any of the symptoms of a urinary tract infection, such as burning or pain in the lower abdomen, fever or an increase in the frequency of urination, contact your doctor or nurse immediately
• Before you go home, make sure you know who to contact if you have questions or problems after you get home

If you have questions, please ask your doctor or nurse.
CELL PHONES
When entering a clinical area of the hospital, please turn your cell phone off. You are allowed to use your cell phone in areas where direct patient care is not provided. As a courtesy, please put your cell phone on vibrate so others do not hear it ring.

WASH YOUR HANDS
It is important to prevent infection. All of us play an important role in stopping the spread of germs. The best way to control the spread of germs and infection is with clean hands. Use the hand sanitizers located throughout the hospital or wash with soap and water—especially before and after visiting with a patient.

VISITING
Visiting by family members and friends is encouraged. We ask that visitors please follow these guidelines to assist us in doing the best job we can to help your loved one recover.

• Visiting is not permitted between the hours of 7 to 8 a.m. and 7 to 8 p.m.
• Maximum of two visitors at a time
• Children 12 or younger are not permitted
• Please respect patient privacy; do not wander around the unit or ask about the condition of another patient
• No fresh flowers or plants
• If you are ill, please postpone your visit

SMOKING
MedStar Georgetown is a tobacco-free campus. Smoking and the use of any tobacco products on or around our hospital campus is prohibited. We appreciate your consideration and cooperation.

INTERNET AND WIRELESS ACCESS
Free wireless Internet access is available for all patients and visitors. Please ask a member of the staff for an Internet voucher and access code. Additionally, there is a computer with Internet access available for families in the fourth floor CCC family waiting area.

Additional information is available at medstargeorgetown.org and in the patient information guide available on each unit.
DINING OPTIONS

The Georgetown Café is located on the ground floor of the Pasquerilla Healthcare Center (PHC). It features breakfast items, soups, hot and cold entrees, and beverages. It is open daily from 6 to 10 a.m. and from 11 to 9 p.m.

The snack bar is located on the second floor of the CCC Building. It features breakfast items, soups, premade sandwiches, salads and beverages. It is open Monday through Friday from 6 to 11 a.m., and from noon to 9:30 p.m. It is closed weekends and holidays.

The Vending Express is located on the ground floor in the Gorman Building. A variety of hot and cold beverages, snacks and a refrigerated cold food machine with soups, sandwiches, fruit and salads are available. It is open daily, 24 hours a day.

Epicurean and Company is located across from the visitor parking lot. It features a sushi bar, six hibachi stations, a gourmet deli, pizza and a daily buffet.

**Hours are as follows:**

- **Monday through Sunday:** 6:30 a.m. to 10:30 p.m.
- **Breakfast:** 6:30 to 10:45 a.m.
- **Lunch:** 11 a.m. to 4:45 p.m.
- **Dinner:** 5 to 10:30 p.m.
- **Closed on Christmas Day and Thanksgiving Day**

The Georgetown University Hotel and Conference Center is located across the courtyard from the entrance to the Lombardi Comprehensive Cancer Center and offers several options for both cafeteria-style or restaurant meals.

**Hours are as follows:**

**Cosi Restaurant**
- **Semester Hours:** Monday through Friday, 7:30 a.m. to 7 p.m., Saturday and Sunday 11 a.m. to 5 p.m.
- **Summer Hours:** Monday through Friday, 7:30 a.m. to 5:30 p.m.

**Starbucks**
- **Semester Hours:** Monday through Friday, 6:30 a.m. to 9 p.m., Saturday and Sunday 7:30 a.m. to 4 p.m.
- **Summer Hours:** Monday through Friday, 6:30 a.m. to 5 p.m.

**The Faculty Club Restaurant**
- **Monday through Friday:** 11:30 a.m. to 2:30 p.m.

**The Food Court**
- **Monday through Friday:** 11 a.m. to 5 p.m.

*Please note that hours of operation may vary during Georgetown University vacation periods and holidays.*
PARKING INFORMATION

Where Can I Park?
Visitors may park in the hospital parking garage at entrance two.

Discounted Parking
All on-campus parking is paid parking. However, discounted patient parking ($3/hour or $7/day) is available for patients and their visitors. To receive this special rate, please obtain a discount sticker from the main building concierge desk. At night or on the weekends, please obtain a discount sticker from emergency room security.

After four days
A $3 per day discounted parking sticker can be purchased from the parking office located in garage one, level three or the Lombardi Comprehensive Cancer Center valet parking stand.

After a 30-day consecutive stay
Two free parking passes per patient are available from the parking office located in garage one, level three. Additional passes can be purchased at the $3 discounted rate.

Handicapped Parking
All parking lots have parking spaces for people who have disabilities. Also, people with handicap-permitted vehicles can park in lot A at entrance one.

Valet Parking
At no extra charge, valet parking for patients and visitors is available Monday through Friday during specified times. All valet parking areas have covered entrances and wheelchair accessibility.

Lombardi Comprehensive Cancer Center, Entrance One
Monday through Friday: 8 a.m. to 6:30 p.m.

Gorman/Pasquerilla Healthcare Center, Entrance One
Monday through Friday: 8 a.m. to 6 p.m.
HOTEL ACCOMMODATIONS FOR PATIENTS AND THEIR FAMILIES

Rates and availability are subject to change. When making your reservation, ask for the “MedStar Georgetown” rate.

Top Choices

No cancellation charges up to 4 p.m. on the day of arrival

GEORGETOWN UNIVERSITY HOTEL AND CONFERENCE CENTER - MARRIOTT (LEAVEY CENTER)
202-687-3200 • acc-guhotelandconferencecenter.com

SAVOY SUITES - 2505 Wisconsin Ave., NW, Washington, DC 20007
Located 0.7 miles from MedStar Georgetown • 800-944-5377 • savoysuites.com

Nearby Hotels

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Telephone/Website</th>
<th>Distance</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Holiday Inn</td>
<td>2101 Wisconsin Ave., NW</td>
<td>202-338-3120 holidayinn.com</td>
<td>0.6 miles</td>
</tr>
<tr>
<td>Washington, DC 20007</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Virginian Suites</td>
<td>1500 Arlington Blvd. Arlington, VA 22209</td>
<td>703-522-9600/866-371-1446 virginiansuites.com</td>
<td>2.5 miles</td>
</tr>
<tr>
<td>Washington Plaza</td>
<td>10 Thomas Circle, NW Washington, DC 20005</td>
<td>202-842-1300 washingtonplazahotel.com</td>
<td>2.58 miles</td>
</tr>
<tr>
<td>The Arlington Residence Court Hotel</td>
<td>1200 N. Courthouse Rd. Arlington, VA 22201</td>
<td>703-524-4000 arlingtoncourthotel.com</td>
<td>2.6 miles</td>
</tr>
<tr>
<td>The Washington Suites</td>
<td>100 South Reynolds St. Alexandria, VA 22304</td>
<td>703-370-9600/877-736-2500 washingtonsuitesalexandria.com</td>
<td>10 miles</td>
</tr>
<tr>
<td>Hawthorn Suites</td>
<td>420 N. Van Dorn St. Alexandria, VA 22304</td>
<td>703-370-1000 hawthornsuites.com</td>
<td>11 miles</td>
</tr>
</tbody>
</table>

For reservations

By calling 202-444-4848, you can listen to a recording containing updated hotel information 24/7. During business hours, you can call 202-444-3040 to speak with a patient advocate who can help.

For most hotels, check-in is 3 to 4 p.m. and check-out is noon.
CAREPAGES.COM

Stay connected with loved ones and friends during any health event

MedStar Georgetown is pleased to provide the CarePages website as a benefit to patients and their loved ones. Through free, personalized CarePages websites, members can create their own community of hope. In just a few easy steps, you can create a CarePages website and begin to share your journey with others.

Visit medstargeorgetown.org to create a CarePages website.

Get started today!

A CarePages website features:

1. Search Box
   Find other CarePages users and build connections

2. Live Updates
   Your network is alerted every time you post an update

3. A Personal Profile
   Share a summary of your story

4. A Place to Post Photos
   Your personal photo gallery can be shared with loved ones

5. A Way to Compliment Staff
   With a CareCompliment, you can recognize hospital staff members who go above and beyond

6. Safely Build Your Network
   Control your privacy level and invite others to follow your CarePage

If you have questions, please contact customer support: 888-852-5521 or help@carepages.com
MedStar Georgetown University Hospital is a not-for-profit, acute care teaching and research hospital with 609 beds located in northwest Washington, DC. Founded in the Jesuit principle of cura personalis—caring for the whole person—MedStar Georgetown is committed to offering a variety of innovative diagnostic and treatment options within a trusting and compassionate environment. MedStar Georgetown’s centers of excellence include neurosciences, transplant, cancer and gastroenterology. Along with Magnet™ nurses, internationally recognized physicians, advanced research and cutting-edge technologies, MedStar Georgetown’s healthcare professionals have a reputation for medical excellence and leadership.