

Bethany Children's Health Center offers 24hour medical care, comprehensive rehabilitative therapies including, but not limited to, physical therapy, occupational therapy and speech therapy, and can include other specialized services as directed by physicians. Respiratory care, nutritional support, complex respiratory care, complex post-operative care, palliative care support, and special education are offered to meet the medical, nursing and therapy needs of a variety of patients requiring post-acute, inpatient care before the transition home.





anchored in hope

6800 NW 39th Expy Bethany, OK 73008 405.789.6711 | bethanychildrens.org

outpatient clinic

6800 NW 39th Expy Bethany, OK 73008

M-F: 8 am - 4:30 pm Saturday & Sunday: Closed

> Direct: 405.440.9866 Fax: 405.438.3834

community pharmacy

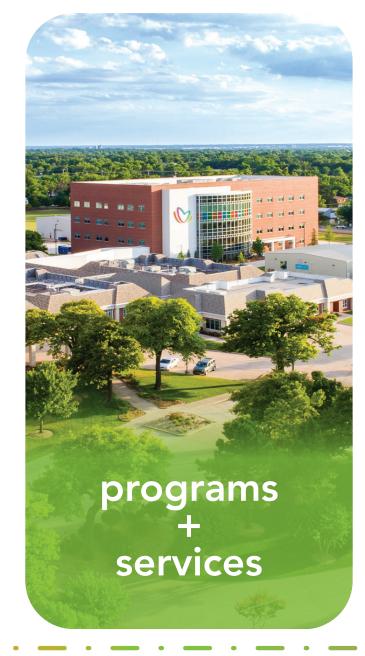
6770 NW 39th Expy Bethany, OK 73008

M-F: 8:30 am - 5 pm Saturday & Sunday: Closed

> Direct: 405.440.6797 Fax: 405.440.6798







service lines

Complex Care

Our Complex Care Unit provides specialized health care to children, ages newborn to 20 years old, with complex medical needs. The patients served in this unit often present with chronic health conditions and require ongoing medical care. We strive to provide this care in the least restrictive environment possible, focusing on habilitative and/or rehabilitative care based on each patient's needs. The average length of stay for patients in the Complex Care Unit is 24 months.

Transitional Care

The Transitional Care Unit at Bethany Children's Health Center serves children from newborn to 20 years old who would benefit from an individualized plan of care for their unique medical and therapy needs. Each patient in the Transitional Care Program is evaluated by the interdisciplinary team and receives a comprehensive plan to address their specific functional and medical goals. Families of patients in the Transitional Care Program are encouraged to room-in with their child and participate as a member of the care team.

Pediatric Medical Rehabilitation

Our CARF accredited Unit uses a multidisciplinary team approach, working with both the family and the child to develop an individualized plan of care. Therapies are offered Monday through Saturday, typically around three hours daily based on the child's needs, tolerance, and specific goals. The primary goal in the PMRU is to maximize the patient's physical and cognitive potential, and ensure the family has the training and resources needed for a smooth transition to home, the school system, and the community. Because the patient will require emotional support and stability, and will be provided with intensive training and education during the rehabilitative process, we request that a parent or caregiver stay with the patient.

programs

Neonatal Abstinence Syndrome

This program manages medication weaning and withdrawal symptoms, and supports families for the transition home. It's designed to provide developmentally appropriate care in a low stimulation, nurturing environment to reduce withdrawal symptoms while infants wean from medications.

Optimization of care

This 60-day program is offered to children birth to 18 years of age who have complex medical needs. During their stay, children are offered a full medical and therapy evaluation, which is used to develop an individualized plan of care. Special education services to evaluate their current Individualized Education Plan (IEP) and help with school re-entry upon discharge are also a part of the child's stay.

Complex Post-Operative Care

Designed for patients who have recently undergone surgery, and would benefit from medical management that promotes healing, avoids complications, and achieves a positive outcome after complex surgical procedures. This program focuses on pain management, equipment evaluations, therapy evaluations, medical management, and comprehensive discharge planning for a successful transition home.

Brain Injury Responsiveness Program

For patients that have suffered a devastating brain injury and no longer meet the requirements for an acute hospital level of care. The patients admit under the care of our physiatry team for medical optimization. Family education and training is an integral part of the program, so that they feel comfortable providing care for the patient when discharging home.

Spinal Cord Injury Optimization Program

A one to two-week inpatient stay for patients

who have completed an initial inpatient rehabilitation program but would benefit from additional therapy and medical management. As children grow, abilities and needs change, so re-evaluation of equipment, technology, function, medical management and their home and school environment is vital. Patients will receive equipment evaluations, assistive technology evaluations, and training to optimize independence as they grow and develop.

Thrive

Designed to provide ongoing medical and developmental evaluation and support for infants with developmental and feeding delays. Our goal for patients is to provide the training, support, and resources necessary for a smooth transition into the home environment.

Home Vent

Designed for children who require chronic mechanical ventilation and is dedicated to helping train and prepare caregivers to safely and confidently care for their child in the home environment. Our multidisciplinary team coordinates and optimizes inpatient care, equipment needs, the discharge process, and outpatient follow up. Because each child's needs are different, the length of inpatient stay will be determined by the child's individual medical and therapy goals, as well as the caregiver training needs to achieve the highest level of functional independence upon discharge.

Intensive Inpatient Feeding Program

This 19-day program is designed for children ages two to six (developmentally at least 24 months). It is offered to children who have struggled with feeding problems, and whose outpatient therapy progress has stalled. Patients in the feeding program usually have a feeding tube, or are at risk for feeding tube placement.