Dear Parents:

You may have a lot of questions about your baby’s health and how long he or she will need to stay at Sinai Hospital’s Neonatal Intensive Care Unit (NICU). It may be hard to imagine a time when your baby will be strong enough to bring home. It is normal to feel this way. The good news is that most NICU babies grow up to be normal, healthy children.

This booklet will address common concerns, tell you about the NICU and the people who care for your child, and services that are available at Sinai Hospital.

You are an important part of your baby’s recovery. We want to work with you to give your child the best care possible. Please feel free to talk with us at any time about your questions or concerns. Let us know how you are feeling. Helping you deal with your emotions is an important part of our job.

Even though you cannot take your baby home just yet, his or her birth is still a special event to share with loved ones. We join you in welcoming your child into your family and the world.

The NICU staff

NICU: 410-601-6077
Special Care Nursery: 410-601-6078
2401 W. Belvedere Ave.
Baltimore, MD 21215
CONTENTS

1 Understanding the NICU
   Your healthcare team
   (Neonatologist, Pediatrician, Resident, Neonatal Nurse
    Practitioner [NNP], Registered Nurse [RN], Lactation consultant,
    Nutritionist, Social worker, Respiratory Therapist [RT], Students)
   Getting information about your baby
   What you can do for your baby
   Your feelings

7 Visitation
   Parking
   Illness and visitation

9 Premature infants
   Size, feeding, breastfeeding, formula feeding

11 Milestones in development
   Regular sleeping, waking
   Problems of prematurity
   (Apnea, Bradycardia – “Slow Heart Rate,” RDS, Jaundice,
    temperature, infection)

13 Frequently asked questions

14 Going home
   Mt. Washington Pediatric Hospital
   Feeding at home
   Sleeping
   Patient services
   (Family room, dining facilities, gift shop, Pastoral Care
    and Chaplaincy Services)

18 Newborn weight conversion table

19 Temperature conversion table
The NICU is a place where specially trained doctors, nurses and other staff care for babies who are premature or too sick to be at home. Sometimes infants need to stay in the NICU because something occurred during the birthing process. These babies have special needs that cannot be provided for in a standard newborn nursery.

All of the equipment used in the NICU has alarms. When an alarm goes off, it does not always mean that there is a problem with your child. For example, an alarm may sound upon sudden movement, coughing or crying; it does not mean that your baby’s condition has changed. The staff quickly responds to alarms and the baby’s needs and is prepared to take care of any problem that may occur.

The NICU may seem overwhelming at first, but the staff is there to assist and answer any questions you may have regarding your baby’s care. The physician staff is also available to answer your questions at any time. Do not be afraid to ask questions. Remind yourself often that even though a stay in the NICU is not what you wished for your baby, it is necessary. This special place exists to help your baby.

Your healthcare team

In the NICU, the staff functions as a team to ensure each baby receives the best possible care. Here is a brief description of the staff members who may be caring for your baby:

**Neonatologist**
A doctor who specializes in taking care of sick newborns. The neonatologist directs the medical care. You will find that the neonatologist in charge will change from week to week.

**Pediatrician**
A doctor who provides medical care for children until age 21. After discharge from the NICU, your pediatrician will assume care of your baby.

**Resident**
A doctor who has graduated from medical school and is undergoing hospital training. Residents are very involved with your baby’s care, doing assessments and planning medical care.
**Neonatal Nurse Practitioner (NNP)**
A registered nurse who has advanced training and experience in managing the care of premature and sick newborns. The NNP works under the direction of a neonatologist.

**Registered Nurse (RN)**
A nurse who has specialized education and preparation to care for premature and sick newborns. He or she observes and monitors your baby’s condition and progress. The RN also coordinates and carries out your baby’s plan of care, along with notifying the members of the health care team of any changes with your baby.

**Lactation consultant**
A registered nurse who has specialized education and training in breastfeeding. The lactation consultant will support you and guide you through the breastfeeding process.

**Nutritionist**
A staff member who has special training in meeting the nutritional needs of preterm infants. He or she will evaluate your baby’s nutritional state and make recommendations about caloric intake, vitamins and mineral supplements.

**Social worker**
A team member who provides counseling and support while assisting with discharge planning. The social worker will also
have information for you about services in the hospital and in the community.

**Respiratory Therapist (RT)**
A team member who helps manage the oxygen needs of your baby and who may also assist with drawing lab work.

**Students**
Sinai’s mission includes teaching. As a result, you may sometimes see student doctors, nurses or respiratory therapists.

Students are always under the direct supervision of an experienced team member. We appreciate your cooperation and support in assisting with students’ career development.

**Getting information about your baby**
We encourage parents to ask questions at any time. We want to give the best care possible and help your family through this difficult time. The NICU team will set up family meetings early during your baby’s hospital stay to review the plan of care. Anytime you need to speak to anyone on staff, please let someone know. The neonatologist is available if you have questions concerning the plan of care.
If you cannot be at the hospital, please call the NICU whenever you wish. Information regarding a baby’s condition will be given only to the parents.

**NICU**
410-601-6077 or 1-800-444-8233

**SPECIAL CARE NURSERY**
410-601-6078

It’s a good idea to designate someone to be responsible for updating your friends and family. Ask your baby’s nurse about setting up special times for Facetime or Skype if you are unable to come in to visit.

What you can do for your baby

In the NICU, there are things you can do for your baby’s comfort and care. Sitting at the bedside, gentle touches and soft, soothing voices provide the love and attention your baby needs. As your baby becomes stronger, you will be able to hold, rock, feed and bathe your baby, as well as change diapers.

As tiny as your baby is, he or she is able to communicate his or her wants and needs. Learn your baby’s stress signals that indicate too much is happening and that he or she needs a break.
Your baby may:
• Fuss
• Cry
• Hiccup
• Arch or turn away
• Stiffen his or her arms or legs

Let your baby rest when he or she is tired.

Skin-to-skin care is a form of holding that is encouraged in the NICU. It involves holding your baby inside your shirt against your skin. Both parents can participate. Studies show that the baby’s breathing rate, heart rate and oxygen levels stay steady during skin-to-skin care, which helps them to grow and develop better. Please ask your nurse when your baby will be ready for skin-to-skin care.

The positioning of your baby is very important. Having your baby’s hands and legs bent toward the middle helps prepare him or her for eventual crawling and using his or her hands together. You will notice different positioning aids are used to help facilitate proper growth and development.

To help make the NICU feel more like home, you may be able to bring small items such as brightly colored pictures, photos of family members or a mobile if your baby is in a crib.
You are the most consistent person in your baby’s life during his or her hospital stay. If you observe any changes in your baby’s condition, please notify a member of the healthcare team.

Your feelings
During this stressful time, you may experience a wide range of feelings. Many parents feel guilt and anger, as well as wanting to blame their spouse, doctors and even themselves. You probably also feel fear and anxiety about your baby.

Your body is healing, because you have just given birth. Keep your rest and sleep schedules as close to normal as you can. If you are having difficulty dealing with your feelings, let the social worker or other NICU staff know. They want to know how you are doing. If you need more support than what the staff or your family can provide, there are additional resources available.
VISITATION

We encourage you to visit and ask that you follow the visitation guidelines to ensure the safety and privacy of our patients and their families.

Visitors designated on the “friends and family” list may visit at any time. Please fill out this list before you are discharged.

We welcome brothers and sisters. Please ask your nurse for sibling visitation guidelines.

All visitors must obtain friends and family passes from the Blaustein lobby registration/security desk before entering the unit. Parents must only release their infant to authorized staff wearing a proper Sinai ID badge.

While your baby is working on getting stronger, the NICU staff is working hard to protect him or her from germs. Parents, siblings and all other visitors must sanitize their hands before entering and upon leaving. Good hand sanitizing is the most important way to protect your baby from germs.

At times you may be asked to leave the NICU and wait in the
Family Lounge because of medical procedures or emergency situations.

Water is available to parents in the lounge, and snacks are available upon request.

Enjoy Mason’s Library and pick a book to keep and read to your baby.

Parking

Visitors may park in the main visitor lot located in the front of the hospital. The first 30 minutes of parking are free. Parents only are given a parking pass each time you visit. Please ask your baby’s nurse or the administrative associate at the desk in the NICU for a pass prior to leaving. If you wish to be escorted to your car, call the Security Department at x2-5036.

Illness and visitation

Any visitor, especially a young child, can bring illness into the nursery. For the safety of your baby and all the babies in the nursery, we ask that you follow these additional guidelines regarding illness and visitation:

Notify your baby’s doctor or nurse before visiting if you or a visitor has been exposed in the last four weeks or during your baby’s stay to chickenpox, measles, mumps, German measles, strep throat, whooping cough, hepatitis, croup, tuberculosis, respiratory syncytial virus (RSV), roseola, and/or fifth disease. Notify a nurse or doctor if you have any of the following symptoms during a visit: fever, cough, runny nose, cold, cold sore, sore throat, vomiting, diarrhea, rash or skin infection, conjunctivitis (pink eye), or an open wound or sore.

Thank you for your cooperation in following these guidelines. Please feel free to discuss any questions or concerns you have with your nurse.
PREMATURE INFANTS

Size
Premature babies are naturally smaller than full-term babies. Many weigh less than two pounds. During the first few days of life, your baby will lose a few ounces. This is normal. All babies are weighed everyday. The neonatologist, residents and nutritionist work together to create the best feeding plan for each individual baby in order to promote healthy growth and development.

Feeding
Although many premature babies may have the ability to suck on a pacifier, they may not be able to suck, swallow and breathe all at the same time. This means that these babies need to be fed through a very small plastic tube that is inserted through their mouth or nose into the stomach (oral or nasal gastric feeding tube or OG/NG tube). After the feeding tube is inserted, breastmilk or formula will be fed through the tube into the infant’s stomach (gavage feedings). When the baby has matured enough to suck, swallow and breathe, he or she will be started with breastfeeding.
or given formula/BM depending on your choice.

It is going to take some time for your baby to grow strong and healthy. Some of the best things you can do right now are to be supportive, talk to him or her, and give the special care and concern he or she needs to feel secure and loved.

**Breastfeeding**

Perhaps you never considered breastfeeding or are not sure how to start now that your baby has special needs. In either case, we want to let you know that breastmilk is ideal for your baby.

- Providing breastmilk is something only you can do for your baby. It gives your baby the best possible start in life.
- Breastmilk gives your baby added protection from infection and is more easily digested than formula.

**Formula feeding**

If you can’t or choose not to breastfeed, we have special formula designed for premature infants. Your physician will choose the formula that will meet your baby’s unique needs.
Because your baby was premature, he or she was not able to complete development in the womb. Recent studies have shown that most premature infants do as well as other children once they have had a few months to catch up. Remember, every baby is different. Some babies progress fast in one area, but take longer in others. The NICU staff will provide your baby with developmentally appropriate care. They will do this by positioning, holding, touching, and playing with your baby in ways that help your baby’s senses develop. They may talk with him or her and show pictures and objects. As your baby grows and changes the NICU nurses will teach you about your baby’s developmental needs.

Regular sleeping, waking
Premature babies spend most of their time asleep. Sleep is important, as this is the time when they grow. As they get older and are awake more, they will begin to look around, listen to sounds and respond to things going on around them.

Problems of prematurity
Below is a list of medical problems that are common in NICU babies. Your baby may have some of these problems or none at all:

**Apnea**
It is very common for the brain of the premature baby to “forget to tell” the lungs to breathe. This may result in apnea, which is the absence of breathing for more than 15 seconds. It is usually accompanied by a decrease in the baby’s heart rate (bradycardia). When apnea occurs, breathing can usually be restored by gently touching or stimulating the baby. To detect apnea and bradycardia (A’s and B’s), all premature babies are electronically monitored in the nursery for heart and respiratory rates until their brain matures and they “grow out” of these spells.

**Bradycardia**
“Slow Heart Rate”
This condition is usually accompanied by apnea. Heart monitors in the NICU alert the staff when a baby’s heart rate is too slow. Because bradycardia usually goes hand-in-hand with apnea, it is treated in the same way.
RDS
RDS stands for respiratory distress syndrome. In this condition, the baby has trouble breathing. RDS is a common problem in preemies because their lungs have not developed enough to work on their own. The baby may be placed on a device to give oxygen support to help him or her breathe.

Jaundice
Jaundice, often called “yellow jaundice,” is a term for yellowing of the skin due to the buildup of a substance called bilirubin in the blood. Jaundice is treated with special lights (bililights) that help the baby’s body break down bilirubin. It can then be passed in the urine or stool.

Temperature
Premature babies do not have the ability to maintain their body temperature; therefore, they are placed in isolettes until they are mature enough to maintain their own body temperature. It’s very important for them to stay warm so that they continue to grow and develop. A premature baby lacks caloric reserves, and so IV fluids are used to provide the necessary caloric energy needed until your baby is able to breastfeed or formula feed on his or her own.

Infection
The immune system fights infection. It is not fully developed in preterm infants; they are less able to fight infections than older children and adults. Your baby will be watched for signs of infection and given antibiotics if needed. Remember, the number one defense against infection is good hand hygiene!
How long do premature babies have to stay in the hospital?
Most preterm babies stay in the hospital until their due date.

Do premature babies feel pain?
Most preterm babies will try to cry during certain procedures, and we believe they do feel pain. We provide comfort measures and try to give pain medications to the babies before each procedure. A pain assessment tool is used consistently to monitor if they are experiencing pain.

Do premature babies receive blood transfusions?
Babies who require frequent blood testing may need a transfusion. Many premature babies will require several blood transfusions. Due to modern screening techniques used by blood banks, the risk of acquiring a disease from a blood transfusion is extremely low (around one in a million). Consent will be obtained prior to your baby’s first transfusion. Arrangements for you to provide directed donor blood can be made upon your request.
GOING HOME

The NICU guidelines for when babies are ready to go home are:

• Your baby can keep warm on his or her own.

• Your baby is able to breathe on his or her own (some babies do go home on oxygen).

• Your baby can breastfeed or feed from a bottle.

• Your baby’s medical condition is stable.

• Your baby is gaining weight.

Although you are happy your baby is going home, you may be a little nervous, too. This is normal. The NICU nurses will help you get ready, guiding you as you practice your baby’s daily routines before you take him or her home. You may be able to spend the last few days “rooming-in” with your baby in the NICU. Rooming-in will allow you to care for your baby as if you were home, and the nurses will be there to assist you as needed.

The nurses will also teach you how to take your baby’s temperature and how to tell if he or she becomes ill and you need to call the doctor. If your baby is going home on oxygen or will be wearing some type of monitor, you will be trained to use it and the nurses will instruct you in the use of any medicines.

While your baby is in the NICU, it is a good time to take a course in cardiopulmonary
resuscitation (CPR). Chances are you will not need to use CPR on your baby, but knowing it could save your baby’s life. Check with your nurse about signing up for a class.

Prior to going home, your baby will also have to pass a car seat test. This test will ensure your baby does not drop his or her heart rate or oxygen while being strapped in the car seat. Please talk to your baby’s nurse if you have questions about what kind of car seat to buy.

To prepare for taking your baby home, it will help if you spend as much time with your baby while he or she is still in the NICU. The staff will do all they can to help prepare for this exciting event.

It is important that you find a pediatrician whom you feel comfortable with. This doctor will take over the care of your baby once he or she leaves the hospital.

**Mt. Washington Pediatric Hospital**

There may come a time when your baby does not require the acute care that a NICU provides; however, your baby isn’t quite ready to go home either. At this time your baby will have the opportunity to be transferred to Mt. Washington Pediatric Hospital’s Center for Neonatal Transitional Care. This setting will provide concentrated efforts on your baby’s feeding, growth and discharge planning. Pulmonary disease and other problems related to prematurity, including feeding issues, are also addressed. Your baby’s physician and social worker will speak with you when the time is appropriate to prepare for the transition:

Mt. Washington Pediatric Hospital  
1708 W. Rogers Ave.  
Baltimore, MD 21209  
410-578-8600  
mwph.org

**Feeding at home**

Much of your baby’s care at home will revolve around feeding. Many mothers think that once their premature babies come home, they will breastfeed like healthy infants. However, mature feeding usually develops during the first two to three weeks at home. This means the extra effort and patience it took to breastfeed your premature baby in the hospital needs to continue for the first weeks at home. Before discharge, your healthcare team will set up a feeding plan for you and your baby. Usually, you will feed your baby on cue, not on a fixed schedule, and usually at least eight times per day. Your baby should not sleep longer than five hours at a time. You will need to see your pediatrician and have your baby’s weight checked within one to three days.
If you are feeding formula or supplementing breastfeeding, your baby may go home on a special premature formula for a short time and then be switched to regular formula when appropriate.

**Sleeping**

Unless your baby’s doctor has given special instructions that state otherwise, the American Academy of Pediatrics recommends you place your baby on his or her back to sleep to protect against sudden infant death syndrome. It is not recommended to place your baby on his or her tummy to sleep.

**Patient services**

*Family room*

Through the generosity of several donors, we are able to provide you with sleeping facilities for a limited period of time while your baby is in the hospital. The purpose of the room is to provide a private resting space for two primary care providers who are actively involved in the care of their newborn. You will be encouraged to actively participate in your child’s scheduled care. If more than one family member desires to stay in the available rooms, priority is given based upon the baby’s condition or the family’s needs. Please see your baby’s nurse if you are interested in staying.

**Dining facilities**

The Greenspring Cafe, Cafe Shalom, MarketPlace and Subway offer a variety of meals and snacks.

The Greenspring Cafe, located on the main level of the hospital, serves breakfast, lunch and dinner daily. 
**Breakfast:** 6:30-10 a.m.  
**Lunch and dinner:** 11 a.m.-8 p.m.

The MarketPlace offers Starbucks coffee, assorted sandwiches, pastries, soup and snacks.  
**Monday-Friday:** 6:30 a.m.-midnight  
**Saturday:** 9 a.m.-midnight  
**Sunday:** 9 a.m.-midnight

Cafe Shalom offers kosher meals, beverages and snacks. It is under the Orthodox Rabbinical Supervision.  
**Monday-Thursday:** 11 a.m.-7 p.m.  
**Friday:** 11 a.m.-2 p.m.  
Closed Saturday and Sunday.

Boxed kosher meals are available at The MarketPlace.

Subway has sandwiches, soup and salads available 24/7.

**Gift shop**

The Sinai Hospital Gift Shop is operated by the hospital’s auxiliary. It offers a wide array of personal items and presents for a loved one, including flowers and cards. It is located on the Weinberg Pavilion’s first floor. For more information, call 410-601-5791.
Pastoral Care and Chaplaincy Services

Meeting your spiritual needs is an important part of the healing process. Sinai Hospital accommodates the spiritual needs of individuals of all faiths. Please call the Office of Pastoral Care and Chaplaincy Services at x29680 or 410-601-9680 to request a visit from a member of the clergy. During evenings and weekends, please inform your nurse if there is an emergency need for a chaplain.

The chapel is located on the first floor corridor between the main hospital and the Blaustein building. It is open at all times and has Bibles and devotional materials available.

For Observant Jewish Patients

Sinai Hospital has been in the mainstream of Jewish thought and tradition for more than 150 years. By strict adherence to Jewish law, we assure observant patients that their spiritual and medical needs are treated with equal concern.

• Accommodations can be arranged for family members to stay with you during Shabbat if medical attention and/or space permit.
• All Kosher trays, dairy and meat will be sealed and taped under the supervision of a mashgiach.
• Bikur Cholim visitations serve Jewish patients along with staff Rabbis.
• Cholov Yisroel: Milk, yogurt and cottage cheese are available upon request.
• Fresh glatt kosher food is prepared daily.
• Jewish holiday rituals are observed.
• Manual bells for Shabbat are available to summon nurses.
• On Sabbath and Holy Days, an alternative paper menu will be provided by the hostess the day before.
• Sabbath candles, challah, grape juice, Chumashim and prayer books are available.
• A Shabbat entrance and elevator are available from Friday sunset to Saturday sundown and on Jewish Holy Days.
• Signatures are not required when Jewish law prohibits writing; your word is enough.
• Sinai Hospital is within the eruv.
• Sinai Hospital Kosher Food and Nutrition Services is proud to be certified by the kosher certification.
• Sinai Hospital’s senior chaplain is a Rabbi.
# NEWBORN WEIGHT CONVERSION TABLE

Pounds (lb) and Ounces (oz) to Grams (g)

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Note: 1000 Grams = 1 Kilogram
# TEMPERATURE CONVERSION TABLE

*Farenheit (F) to Celsius (C)*

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