Parent Handbook

The Jennifer Gandel Kachura Neonatal Intensive Care Unit at Sinai Hospital

The Herman & Walter Samuelson Children’s Hospital at Sinai
NICU
The Jennifer Gandel Kachura Neonatal Intensive Care Unit at Sinai Hospital

NICU: 410-601-6077
Special Care Nursery: 410-601-6078
2401 West Belvedere Avenue
Baltimore, Maryland 21215-5271
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.

The staff of the Neonatal Intensive Care Unit wrote this booklet. It will tell you about the NICU, the people who care for your child, common concerns and services that are available at Sinai Hospital.

As parents, 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 parents deal with their 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 be shared with loved ones. We join you in welcoming your child into the world and into your family.

The Neonatal Intensive Care Unit Staff
# Contents

**Understanding the NICU**

- Health Care 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

**Visitation**

- Parking
- Illness and Visitation

**Premature Infants**

- *Size, Feeding, Breastfeeding, Formula Feeding*

**Milestones in Development**

- Regular Sleeping, Waking
- Problems of Prematurity
  *(Apnea, Bradycardia – “Slow Heart Rate,” RDS, Jaundice, Temperature, Infection)*

**Frequently Asked Questions**

**Going Home**

- Mt. Washington Pediatric Hospital
- Feeding at Home
- Sleeping
- Patient Services
  *(Family Room, Dining Facilities, Gift Shop, Pastoral Care and Chaplaincy Services, For Observant Jewish Patients)*

**Resources**

**Newborn Conversion Weight Table**

**Temperature Conversion Table**
UNDERSTANDING THE NICU

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 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 the 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 the baby you love.

Health Care 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 and work on a rotating basis.

Pediatrician
A doctor who provides medical care for children until age 18. 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 (R.N.)
A nurse who has specialized education and preparation to care for premature and sick newborns. The nurse observes and monitors your baby’s condition and progress. The R.N. 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. Nurses work on 8- or 12-hour shifts.

Lactation Consultant
A registered nurse who has specialized education and training in breastfeeding. She will support you and guide you with the breastfeeding process.

Nutritionist
A staff member who has special training in 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 needs. The social worker will also have information for you about services in the hospital and in the community.

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

Students
Part of Sinai’s mission includes teaching. As a result, you may see from time to time student doctors, nurses or respiratory therapists. Students are always under direct supervision of a team member who is experienced and trained. We appreciate your cooperation and support in assisting with their 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 to help your family through this difficult time. The NICU team will set up family meetings early during your baby’s hospital stay and will review the plan of care. Anytime you need to speak with anyone on staff, please let someone know. The neonatologist is available to you if you have questions concerning the plan of care.

If you cannot be at the hospital, please do not hesitate to call the NICU whenever you wish. Information regarding your baby’s condition will be given only to the parents. The phone number for the NICU is 410-601-6077 or 1-800-444-8233 and for the Special Care Nursery, 410-601-6078. It might be helpful during this stressful time to designate someone to be responsible for informing your friends and family. You may also wish to set up a personalized website to keep your loved ones informed. A Care Page allows you to post journal entries and pictures, or ask questions on discussion boards. More information on Care Pages is available at http://www.carepages.com/sinai-balt.

What You Can Do for Your Baby

In the NICU you will find 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, your baby is able to communicate his or her wants and needs. Learn your baby’s stress signals that indicate too much is happening and 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. “Kangaroo care” (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 kangaroo holding, which enables them to grow and develop better. Please ask your nurse when your baby will be ready to do kangaroo 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 some 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 health care 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 the staff or your family can provide, there are additional resources available, including our NICU Support Group where you can discuss common issues and feelings with other families.

VISITATION

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

Visitors designated on the friends and family list may visit at any time, except from 7-7:30 a.m. and 7-7:30 p.m. The unit is closed at this time to ensure the privacy of your baby’s condition during shift report.

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 are to release their infant only 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 single most important infection control measure available to protect your baby.
At certain times you may be asked to leave the NICU and wait in the Family Lounge. Such times may include the performance of certain medical procedures or emergency situations.

Parking
Visitors may park in the main visitor lot located in the front of the hospital. The first 30 minutes of parking are free. One parking pass per family is available each day. If you wish to be escorted to your car, call the Security department at extension 2-5036.

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 chicken pox, measles, mumps, German measles, strep throat, whooping cough, hepatitis, croup, tuberculosis, Respiratory syncytial virus (RSV), roseola and 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/skin infection, conjunctivitis (pink eye), or 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.

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**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. After the first few days, your baby will either gain up to an ounce each day or may even lose an ounce or two. However, this is a normal part of the growing process.

**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 will have to receive their feedings 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 first be started with breastfeeding or given bottle feedings depending on your feeding 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 your 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 are not able to, or choose not to, express milk, the NICU has special formula designed for premature infants. The 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, too, that every baby is different. Some babies progress fast in one area, but take longer in others.

The NICU staff and the infant development specialist will assist your baby in his or her development. They will do this by positioning, holding, touching and playing with your baby in special ways to help your baby’s senses develop. They may talk with him or her and show pictures and objects. They may let him or her hear different sounds and give tests and exams to make sure your baby’s progress is all right.

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 the 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 only 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 the absence of breathing for more than 15 seconds (apnea) and 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. It is also called hyaline membrane disease. 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 is placed on a breathing machine or under an oxygen hood.

**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 (bili-lights) that help the baby’s body break down bilirubin. It can then be passed out 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. The premature baby lacks caloric reserves, therefore 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 sanitization!
FREQUENTLY ASKED QUESTIONS

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 having pain.

Do premature babies receive blood transfusions?
Babies who require frequent blood testing may need a transfusion. Many preterm 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 will be able to 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 are trained to help you get ready and guide 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 on how to use it. The nurses will instruct you in the use of any medicines.

While your baby is still 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.

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 an Intensive Care Nursery 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, growing 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 to Mt. Washington Pediatric Hospital.

1708 West Rogers Avenue
Baltimore, MD  21209
410-578-8600
www.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 over 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, the health care 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 two to three days.

If you are feeding formula or supplementing breastfeeding, your baby may go home on a 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 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 Café, located on the first floor, offers refreshments and many menu choices. Sinai Hospital also offers
Café Shalom, a kosher restaurant located next to the Greenspring Café that offers an assorted menu of glatt kosher and Cholov Israel dairy choices. Located in the main hospital, the MarketPlace is a convenient stop for Starbucks coffee and dessert, take-home dishes and basics like milk.

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
We believe meeting your spiritual needs is an important part of the healing process. Requests for visits from clergy of all faiths may be placed with our director of Pastoral Care and Chaplaincy Services at extension 2-9680. After hours, contact the on-call chaplain for emergencies by calling pager 410-232-PRAY.

The hospital chapel, located in the first floor corridor between the Weinberg Pavilion and the Blaustein building, is open at all times for prayer and meditation and has Bibles and devotional materials available. The Jill Fox Meditation Room, located next to the Sinai cashier, is also available for reflection.

For Observant Jewish Patients
Sinai Hospital has been in the mainstream of Jewish thought and tradition for more than 140 years. By strict adherence to Jewish law, we continue to ensure observant patients their spiritual and medical needs are treated with equal concern.

Fresh, glatt kosher food under OU supervision is prepared daily. All cooked food is Cholov Israel. Sabbath candles, challah, grape juice, Bibles and prayer books are available.

- Manual bells for Shabbat are available to summon nurses.
- Signatures are not required when Jewish law prohibits writing. Your word is enough.
- A Shabbat entrance is available from Friday sunset to Saturday sundown.
- Accommodations can be arranged for family members to stay with you during Shabbat, when available.
- Jewish holiday rituals are observed. Sinai is within the eruv.
- Bikur Cholim visitations serve Jewish patients.
- Sinai’s senior chaplain is a rabbi.
- Provisions for a bris are offered when requested and space is available.
- A Mincha Minyan service is held Monday through Thursday during the winter months in the hospital chapel.
RESOURCES

Sinai NICU Parent Group
Contact social worker. The Sinai NICU also has a “Guide to Baby Care” as a reference guide.

Care Pages
www.carepages.com

March of Dimes
www.marchofdimes.com

The Triplet Connection
www.tripletconnection.org
P.O. Box 429
Spring City, Utah 84662
Phone: 435-851-1105
Fax: 435-462-7466

Sidelines High Risk Pregnancy Support National Office
www.sidelines.org
P. O. Box 1808
Laguna Beach, CA 92652
Toll-free phone number: 888-447-4754 (HI-RISK4)
Fax: 949-497-5598
Email: sidelines@sidelines.org

Books
Newborn Intensive Care:
What Every Parent Needs to Know
by Jeanette Zaichkin (Editor)
Published by NICU Ink Book Publishers

Kangaroo Care: The Best You Can Do to Help Your Preterm Infant
by Susan Ludington-Hoe
Published by Bantam

Your Premature Baby: Everything You Need to Know About Childbirth, Treatment and Parenting
by Frank P. Manginello and Theresa Foy DiGeronimo
Published by John Wiley & Sons

Infants and Mothers: Differences in Development
by T. Berry Brazelton
Published by Dell

Toddlers and Parents: A Declaration of Independence
by T. Berry Brazelton
Published by Dell

New First Three Years of Life: Completely Revised and Updated
(Paperback) by Burton L. White
Published by Fireside, Third Edition

The Premature Baby Book: A Parents Guide to Coping and Caring in the First Years
(Paperback) by Helen Harrison and Ann Kositsky
Published by St. Martin’s Griffin
Newborn Conversion Weight: (Pounds) and Ounces (OZ) to Grams (g)

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* NOTE: 1000 GRAMS = 1 KILOGRAM
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