Unit – VI Family Health Care Settings Home Visit

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Introduction

- A home visit is one of the essential parts of the community health services because most of the people are found in a home. Home visit fulfils the needs of individual, family and community in general for nursing service and health counselling.
- A home visit is considered as the backbone of community health service. A home visit is a family – nurse contact which allows the health worker to assess the home and family situation in order to provide the necessary nursing care and health-related a



Definition of Home Visit

- " A home visit is defined as the process of providing the nursing care to patients at their door steps".
- It requires technical skills, resourcefulness, judgment, relationships.
- "It is defined as providing the services to family at their door step to maintain the health & to reduce the mortality & morbidity in family."





HOME VISITING

Home visiting is the backbone of public health nursing.

The purpose of home visiting is

(1) to carry out simple nursing care in the home

(2) for the prevention of disease and

(3) promotion of health of the members of the family.

Principle of home visiting

- When carrying out the home visit, the community health nurse should follow certain basic principles which are as follow:
- The home visit should have a purpose and objectives.
- The home visit should be planned according to priority.
- The purpose of the home visit should be clear, regular, and flexible according to the needs of the family.
- First of all, introduce yourself, your institution, your purpose, of a home visit, and collects facts about an individual, family environment.
- Establish a good interpersonal relationship between families and be polite, courage, friendly.

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- Carefully listen the family and understand the others person view.
- Health education, nursing care should be scientific.
- Use safe technical skills and scientific nursing procedures.
- Involve whole family members as much as possible during nursing care.
- The nurse and family member must develop a positive interpersonal relationship in their work to achieve present goals.
- Evaluate your own work periodically.
- Make a note of important facts about the home visit in your diary.
- Thanks to the family members and individual for good response.

Purposes of home visiting

- To find out needs of individual, family and community in relation to health, socioeconomic and cultural aspects.
- To provide domiciliary midwifery as care for pregnant, delivery, and puerperal mother and infant.
- To give care to the sick, to a postpartum mother and her newborn with the view teach a responsible family member to give subsequent care.
- To assess the living condition of the patient and his family and their health practices in order to provide the appropriate health teachings.

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- To provide basic health services for minor ailments. (i.e. injury, boils, abrasions)
- To provide counselling on family planning, immunization, nutrition.
- To give health teaching regarding the prevention and control of diseases. To establish a close relationship between the nurses and the public for promotion of health.
- To make use of an inter-referral system and to promote the utilization of community services

Advantage of home visiting

- ✓ It helps to develop an interpersonal relationship between family members and the nurses.
- ✓ Community health nurse assess the individual and family member in their own environment.
- ✓ It gives an opportunity to observe the background of the family member and their relationship.
- ✓ It helps in the basic understanding of physical and emotional needs of individual and to guide them.
- ✓ It helps to gain more knowledge and become realistic as a family member are more relaxed in their own surroundings.
- ✓ It also gives an opportunity to find out new health problems

Planning and evaluation

Planning is an art and science. The purpose of planning is to achieve definite objectives within a specified time and with in the available resources.

(1) First make a survey and prepare a map of the area with details of topography, location of villages, population, roads, all information of the community. Prepare family folders and individual cards.

(2) (2) Identify the families or individuals in need of home visiting. These are usually the antenatal and postnatal cases, infants, toddlers, chronically sick and those who are unable to attend a etc. Collect the background treatment centre.

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- (3) On the first visit, the public health nurse should introduce herself to the family and explain the purpose of the visit. The talk should be informal giving plenty of opportunity to ask questions and raise discussion.
- (4) Take the nursing bag. Treat minor illnesses. Advise hospitalization where Undertake immunization necessary. where necessary. Give health instruction on personal and environmental hygiene.

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- (5) Follow-up : This is the most important part of home visiting, to find out how far the instructions given were followed; and to give credit for what they have done.
- (6)Evaluation : Try to evaluate what has been achieved against the goals. The questions to be raised are : How far the visit has been useful ? What have been the difficulties ? What more needs to be done ?

BAG TECHNIQUE

- **The bag**
- 1)The bag should be made of canvas, Leather or light metal.
- (2) It should be such that it can be carried by the hand or on the shoulder.
- (3) The bag should have outside pockets for keeping a note-book, tape measure tape, newspaper or plastic sheet, towel, soap in a soap dish, and a nail brush.

Bag technique

- As the same bag may have to be used in several homes, every effort should be made to keep the bag as clean as possible.
- (1) First spread the newspaper or plastic sheet on a flat surface in a clean are a and place the bag on it. It should be kept away from children and animals.
- (2)Wash hands with soap and water each time before opening the bag.

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- (3) Remove only what is needed.
- (4) Carry out the nursing procedure. Wash and boil all the instruments after
- (5) finishing the work; wash hands, open the bag and replace them in the bag.
- (6)When this is not possible, place them in a separate bag. Burn the soiled dressings.
- (7) Fold the used newspaper with used side inside and keep it in the outer pocket.


TRACHSHIELD

Contents of Nursing bag

Item	Quantity
Soap, nailbrush and towel in waterproof bag	One
Apparatus for giving an enema	One
Rubber urinary catheters	Two
Clinical thermometer	One
Rectal thermometer	One
Scissors	One
Artery forceps	Two
Dressing forceps	One
Gallipot	One
Kidney dish	One
Bag of sterilized dressings	One
Measuring tape	One
Fetoscope	One
Bag of sterilized swab sticks	One
Spring balance	One
Rubber gloves	One
Large cotton bag (to carry home equipment that cannot be disinfected in the patient's house)	One
Any prescribed drugs or medicines (e.g., erbolin tablets, APC tablets, gentian violet, surgical spirit)	
Cord and perineal dressings	
Mucus catheter	One
Cord ligatures	
Eye antiseptic	
Urine analysis outfit	One
Small cut-sized papers for giving medicines	

Clinics :-

- 1. Village level
- One of the basic tenets of primary health care is universal coverage and equitable distribution of health resources. To implement this policy at village level, the following schemes are in operation:
- a. Village Health Guides Scheme.
- b. Training of Local Dais.
- c. ICDS Scheme.
- d. ASHA Scheme.

a. HEALTH GUIDES

- In India, about 68.8 per cent of the population live in rural areas. They are hardly covered by health services. It is now realized that a wide range of illnesses can be treated or prevented at the village level by a person relatively simple training with or a preparation. He has been called a village Health Guide (formerly known as community health worker or community health volunteer).

Functions

- The village health guides perform vaccinations. They give advice on simple health education measures. They give advice on the construction of latrines, garbage disposal, and disinfection of water supplies. They refer cases to the nearest primary health centre where and when necessary. They provide primary health care services with greater emphasis on child survival and MCH programme. Their work is supervised by the Community Health Nurses and Health Assistants.

b. TRAINED DAIS

- Dais have a vital role in providing domiciliary midwifery services in rural areas. They are trained for one month at the primary health centre or sub centre. Training is given for 2 days in a week and on the other 4 days, they accompany the Health Worker, female (ANM or auxiliary nurse-midwife) to the villages. They are required to conduct at least 2 deliveries under the guidance and supervision of the Health Worker (F). During the period of training, they receive a stipend of Rs.300/-.

C. ANGANWADI WORKER

- Under the ICDS (Integrated Child Development Services) Schemes, there is one anganwadi worker for 1,000 population. The services rendered by her comprise:

✓ health check-up
✓ immunization
✓ supplementary nutrition
✓ health education
✓ referral services
✓ pre-school non formal education

- The beneficiaries are especially nursing and pregnant women and children below the age of 6 years.

2. At the sub-centre

- The sub-centre is the most peripheral health care facility. Each sub-centre caters to a population of about 5000 (3000 in hilly and difficult areas). The staff at each sub-centre consists of:

- Health Worker (male) – 1
- Health Worker (female)/ANM – 1
- Voluntary Worker

Functions :-

- ✓ treatment of minor illnesses
- ✓ maternal and child health
- ✓ family planning
- ✓ control of communicable diseases
- ✓ immunization
- ✓ dais training
- ✓ nutrition (distribution of iron and folic acid tablets, and vitamin A, etc).
- ✓ record keeping
- ✓ referral services.

3. Primary health centres

- At present, primary health centres form the nucleus of health services in rural areas. There are over 25,020 PHCS as of date (March 2014) functioning in the country. Additional PHCS are being established in a phased manner, under the Minimum Needs Programme, so as to provide one PHC for30,000 population (20,000 population in tribal and hilly areas).

The functions of a PHC

- 1.Medical care.
- 2.Maternal and child health care
  - (a) Antenatal care;
  - (b) Intranatal care;
  - (c) Post-natal care;
  - (d) New born care; and
  - (e) care of the child (includes IMNCI).
- 3.Full range of family planning services and medical termination of pregnancy.

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- 4.Health education for prevention and management of RTI/STI.
- 5.Nutrition services.
- 6.School health services.
- 7.Adolescent health care.
- 8.Disease surveillance and control of epidemics.
- 9.Collectionand reporting of vital statistics.
- 10. Promotion of sanitation including use of toilet and appropriate garbage disposal.

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- 11. Testing of water quality and disinfection of water sources.
- 12. National health programmes.
- 13. Appropriate and prompt referral of needing special care and providing transport facilities.
- 14. Training health workers and traditional birth attendants, ASHA, ANM and initial and periodic training of paramedics; training under IMNCI, training of AYUSH doctors.

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- 15. Record of vital events.
- 16.Basic laboratory services.
- 17. Monitoring and supervision.
- 18. Selected surgical procedures.
- 19. Mainstreaming of AYUSH,

4.Community health centres

In order to provide adequate treatment and referral services, the Government is establishing one community health centre(CHC) for every population by upgrading some PHCS and sub district hospitals. As of March 2014, there are about 5,363 CHCS in the country.4.80,000 to 120,000.

Functions of CHC are same as PHC.


Thank
You!