





Home-Care/Role of Care givers For FLW





















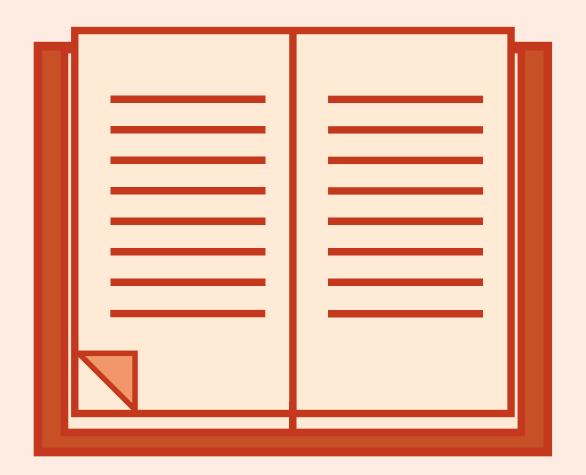








LEARNING OBJECTIVES



- Describe the concept of home care.
- Enumerate the contents of home care kit.
- Enlist the criteria to identify patients/ families who need home care
- Enumerate Dos/ Do Not during home care visit
- Describe role of neighbors/ volunteers in home care
- Document home care visit using suitable format.
- Demonstrate the steps of communication

















- Ms. Savitri is a palliative care patient. She cannot go to a hospital as her husband is the only earning member of family and he cannot afford to miss job. Also her children are too small to take her to hospital. Can she be provided some care at her own home?
- Discuss in small group & share your view.
- What could be scope of services that can be provided at her home?



















INTRODUCTION

People with serious health-related suffering would need home visits if they can not easily travel to a healthcare facility like PHC.

Advantages:

- Comfort
- Privacy
- Familiarity with surroundings
- Security
- Autonomy and greater degree of independence









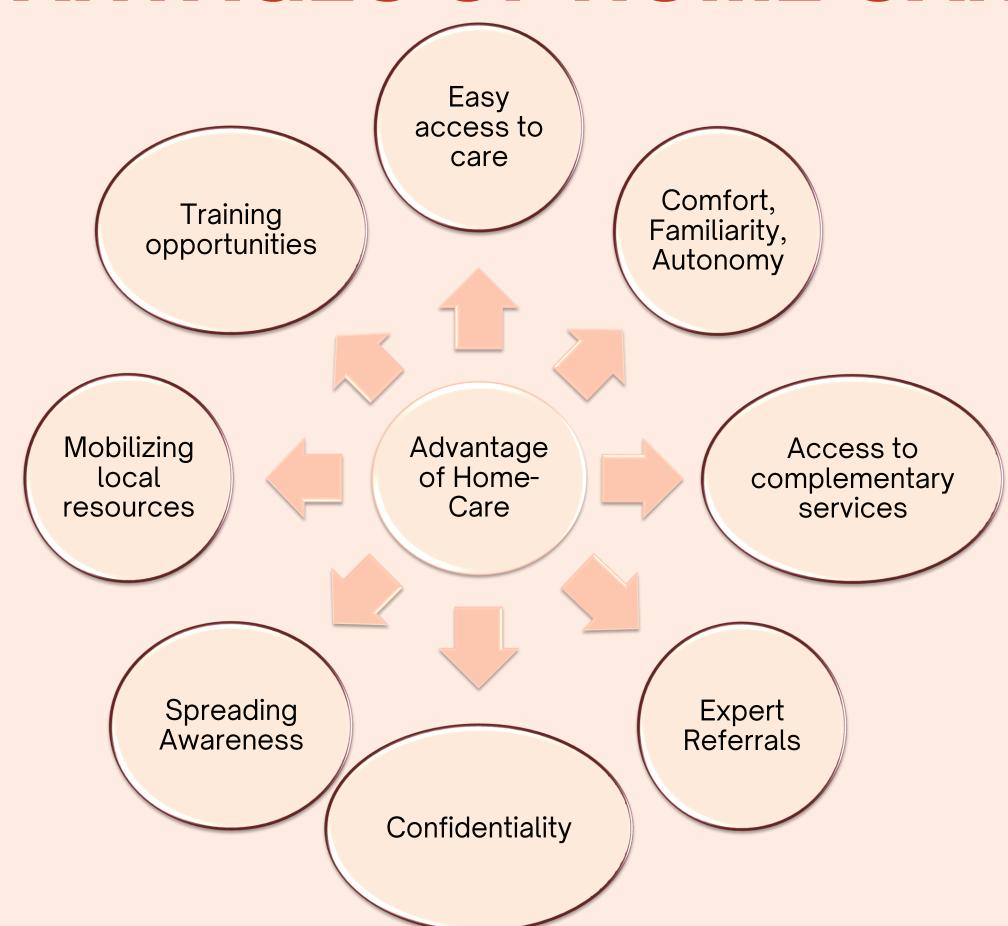








ADVANTAGES OF HOME CARE



















HOME CARE TEAM

MEDICAL OFFICER Home visit will be arranged and co-ordinated by ASHA.

COMMUNITY VOLUNTEER



COMMUNITY HEALTH OFFICER

MULTIPURPOSE WORKER

NURSE



HOW DOES HOME CARE FUNCTION?















Visit for further assessment using SCREENING FORM FOR ASHA

Palliative care issues identified Urgent issues are addressed

How does home care function?

Patients categorized

- High priority- Once or more a week
- Middle priority- Once a fortnight
- Low priority- Once a month



Identifies bed- ridden patients and others needing palliative care

Follow up visits

- > ASHA documents Visit
- Master sheet MPW
- ➤ HOME VISIT CASE SHEET OF EVERY REGISTERED PATIENT KEPT WITH TEAM— Team











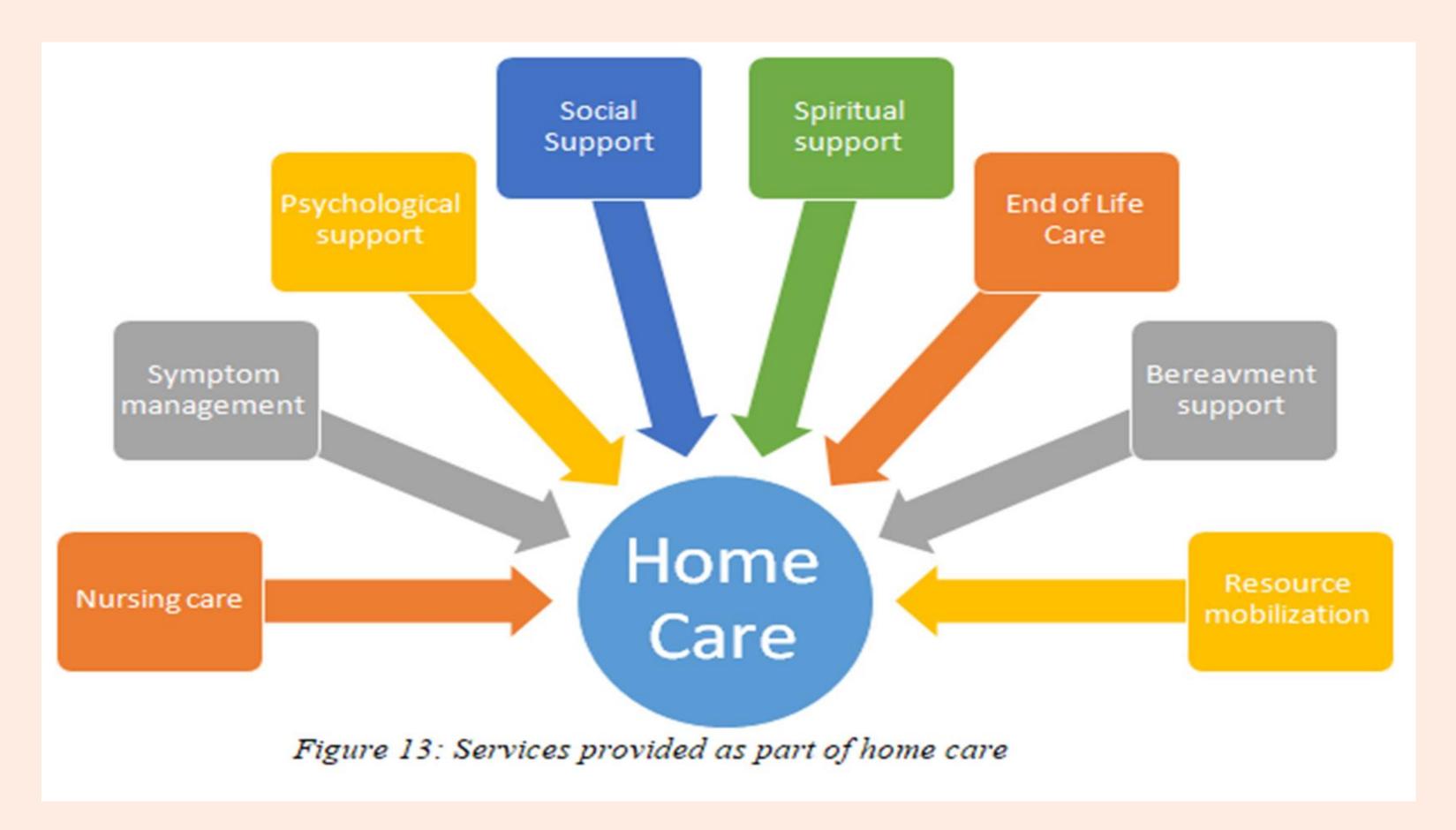








SCOPE OF SERVICES IN HOME CARE



















UNIVERSAL PRECAUTIONS

Principle: Treat everyone as a potentially infected person

- Hand washing.
- Use of Personal Protective Equipment [e.g.: Latex, gloves]
- Cleaning & disinfecting of contaminated areas/ instruments.
- Proper disposal of waste materials- Biomedical Waste Management Rules 2016.















































BIO- MEDICAL WASTE MANAGEMENT

Cat.	Type of Bag/ Container used	TYPE OF WASTE	Treatment /Disposal options
Yellow	non-chlorinated plastic bags Separate collection system leading to effluent treatment system	 a) Human Anatomical Waste b) Animal Anatomical Waste c) Soiled Waste d) Expired or Discarded Medicines e) Chemical Waste f) Micro, Bio-t and other clinical lab waste g) Chemical Liquid Waste 	Incineration or Plasma Pyrolysis or deep burial*
Red	non-chlorinated plastic bags or containers	Contaminated Waste (Recyclable) tubing, bottles, intravenous tubes and sets, catheters, urine bags, syringes (without needles) and gloves.	Auto/ Micro/Hydro and then sent for recycling. not be sent to landfill
White	(Translucent) Puncture, Leak, tamper proof containers	Waste sharps including Metals	Auto or Dry Heat Sterilization followed by shredding or mutilation or encapsulation
Blue	Cardboard boxes with blue colored marking	Glassware	Disinfection or auto/ Micro/hydro and then sent for recycling.

Figure 15: Bio Medical Waste Category and colour codes

















PERSONAL PROTECTIVE EQUIPMENT [PPE]

 Personal protective equipment, is "specialized clothing or equipment, worn by an employee for protection against infectious materials."

 The items include Gowns, Gloves, Masks and Respirators, Cap, Face shield, Goggles.
 Suitable PPE should be used as per the guidance of Medical Officer or Nurse.

















N-SRC

CLEANING AND DISINFECTING OF CONTAMINATED AREAS/ INSTRUMENTS

- Wear gloves and use disposable towels or other means of cleaning that will ensure against direct contact with blood, body fluids or faeces.
- Decontaminate the area with an approved germicide or 1:100solution of household bleach 1 % Sodium Hypochlorite.
- All used equipment must be thoroughly washed and disinfected.











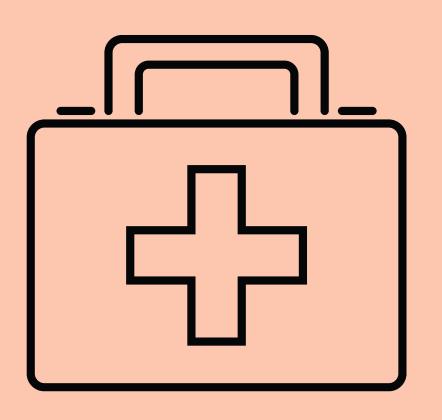






HOME CARE KIT

- Home- care Team will be provided a home care kit.
- Kit will be located at the SHC/HWC.
- MPW will be responsible for the maintenance.
- PHC will ensure an uninterrupted supply of contents of Kit.





















CONTENTS OF HOME CAREKIT

Equipment	Pain Control		
1. Stethoscope	1. Paracetamol		
BP Apparatus	2. Ibuprofen		
3. Torch	3. Diclofenac		
4. Thermometer	4. Tramadol		
Tongue Depressors			
6. Forceps			
Supplies	Wound Management		
 Dressing Supplies 	Betadine Lotion and Ointment		
2. Cotton	Metrogyl Jelly		
3. Scissors	Hydrogen Peroxide		
4. Gauze Pieces			
Gauze bandages	Gastrointestinal Symptom Management		
6. Dressing Trays	1. Domperidone		
7. Gloves	2. Bisacodyl		
8. Micropore Tapes	3. Loperamide		
Syringes and Needles	4. Oral Rehydration Salts		
Condom Catheters	5. Ranitidine		
11. Urine Bags			
12. Feeding Tubes			
T			
Psychological Symptom Management	Nutritional Supplements		
1. Lorazepam	1. Iron, Vitamin and Mineral		
2. Amitriptyline	Supplements		
	Other Miscellaneous		
Antibiotics and Antifungals	2. Spirit		
Ciprofloxacin	3. Lignocaine Jelly		
4. Metronidazole	4. Ethamsylate		
5. Amoxycillin	5. Deriphylline		
6. Fluconazole	6. Cough Preparations		

















SUGGESTED STEPS DURING HOME CARE VISIT

- Communicate effectively
- Know the patient and family well
- Fill forms later



- Do not force to share
- Explain management plan
- Document visit
- Plan follow-up if needed



















ROLE OF ASHA AND MPW IN HOME CARE

Role of ASHA

- Identify bed ridden patients
 & others needing palliative
 care
- Arrange & co-ordinate home care visit
- Maintain a log of the home visits arranged by her (Annexure-2)

Role of MPW

- Assess identified patients using a screening tool (Annexure-1)
- Maintain home care kit
- Maintain case-sheet for every registered patient (Annexure-3)
- Maintain follow-up format for every patient (Annexure-4)

















EVALUATION

Mention true or false

- 1. Community Volunteer is not a part of home care team.
- 2. The amount of illness can be drastically reduced if hands are washed at proper times and techniques.
- 3. MPW will be responsible for the maintenance of home care kit.
- 4. There is no need to communicate the date of next follow-up visit to patient and his/ her family.
- 5.A case sheet for every registered patient is maintained by the team/MPW.

















EVALUATION

Mention true or false

- 1. Community Volunteer is not a part of home care team. FALSE
- 2. The amount of illness can be drastically reduced if hands are washed at proper times and techniques. **TRUE**
- 3. MPW will be responsible for the maintenance of home care kit. TRUE
- 4. There is no need to communicate the date of next follow-up visit to patient and his/ her family. **FALSE**
- 5.A case sheet for every registered patient is maintained by the team/MPW. **TRUE**







Thank You











