



Home-Care/Role of Care Givers in Palliative Care





LEARNING OBJECTIVES



- Describe the concept of home care.
- Define the criteria to identify patients/families who need home care.
- List the advantages of home care.
- List the types of home care and home care team.
- Describe what to do in home care.
- Enumerate the content of home care kit.
- Elaborate the skills required for home care
- Enumerate do's/don'ts during home care visit.
- Document home care visit.



INTRODUCTION

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

Who needs Home Care?

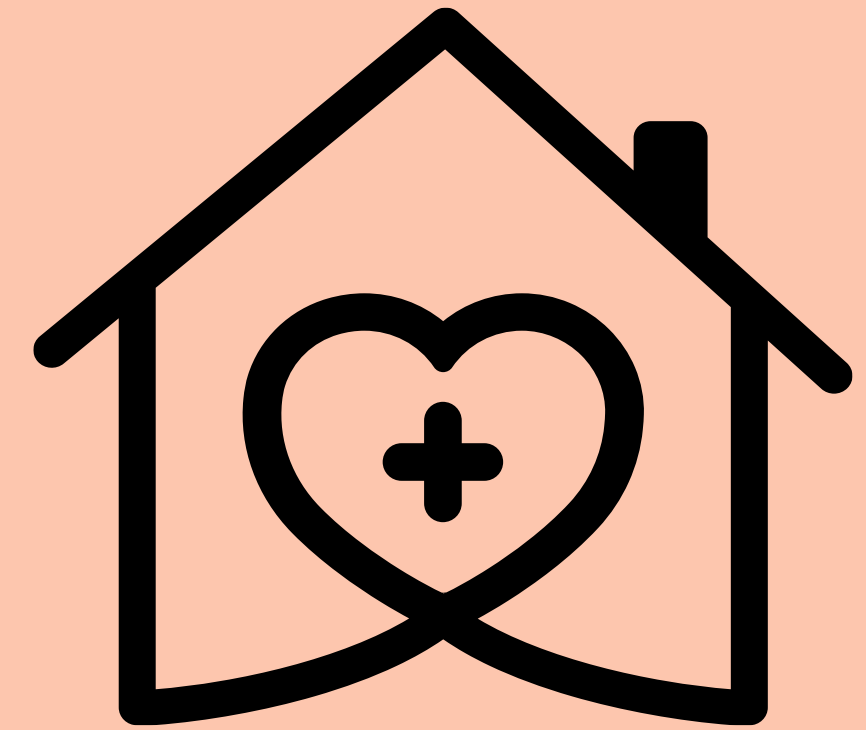
- Chronically ill patients (frequently requiring procedures)
- Patients with poor symptom control
- Difficulty in reaching the hospital –
 - physical, financial & geographic constraints
- Feel hospital stay disrupts normal life
- People with mental disorders
- Children with developmental disorders

PRIORITY



BENEFITS OF HOME CARE

- Comfort and privacy
- Familiarity with surroundings
- Autonomy and greater degree of independence
- Minimal disturbance to family dynamics
- Greater involvement of family and networking of neighbours
- Cost effective
- Quality of death and dying experience is better



ADVANTAGES OF HOME CARE





VARIOUS ASPECTS OF HOME CARE

Home Care request:

- Patient
- Family member
- Neighbour/friend
- Community volunteer
- Field staff
- Healthcare professional
- Hospitals
- NGOs

Home Care Team:

- Doctor
- Staff Nurse
- CHO
- MPW
- Physiotherapist
- Psychologist
- Community volunteer
- Spiritual healer

Arranged by ASHA

Types of Home Care:

- Doctors Home Care
- Nurses Home Care
- Volunteers Home Care
- PMR Home Care
- Psycho Home Care

Universal precautions, Bio-medical waste management

HOW DOES HOME CARE FUNCTION?

Priorities may change

CHO/SN/MO
Visits identified patients for further assessment using Palliative Care Screening Tool

Palliative care issues identified
Urgent issues are addressed

Patients categorized

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

One team for one HWC

ASHA
Identifies bed- ridden patients and others needing palliative care using Community Based Assessment Checklist form

ASHA documents details of home care visits in her village and submits monthly report to CHO

Follow up visits
Home Visit Case Sheet and Follow-up Case Sheet to be filled by the Home Care team



WHAT TO DO IN HOME CARE?

- a) Evaluation and treatment of physical symptoms
- b) Adjust medication as needed
- c) Offer psycho-social and spiritual support
- d) Empower and teach the patient about self-care by using resources available at home
- e) Empower and educate family to care for the patient
- f) Assess social problems and provide support
- g) Care of relatives





HOME CARE KIT

Home Care Team will be provided a home care kit.

- Location – HWC
- Maintenance – MPW (supervised by CHO)
- Supply of contents – PHC
- Procurement of contents – State-specific procedures
- Funds – NPCDCS budget





CONTENTS OF HOME CARE KIT



Equipment <ol style="list-style-type: none"> 1. Stethoscope 2. BP Apparatus 3. Torch 4. Thermometer 5. Tongue Depressors 6. Forceps 	Pain Control <ol style="list-style-type: none"> 1. Paracetamol 2. Ibuprofen 3. Diclofenac 4. Tramadol
Supplies <ol style="list-style-type: none"> 1. Dressing Supplies 2. Cotton 3. Scissors 4. Gauze Pieces 5. Gauze bandages 6. Dressing Trays 7. Gloves 8. Micropore Tapes 9. Syringes and Needles 10. Condom Catheters 11. Urine Bags 12. Feeding Tubes 	Wound Management <ol style="list-style-type: none"> 1. Betadine Lotion and Ointment 2. Metrogyl Jelly 3. Hydrogen Peroxide
	Gastrointestinal Symptom Management <ol style="list-style-type: none"> 1. Domperidone 2. Bisacodyl 3. Loperamide 4. Oral Rehydration Salts 5. Ranitidine
Psychological Symptom Management <ol style="list-style-type: none"> 1. Lorazepam 2. Amitriptyline 	Nutritional Supplements <ol style="list-style-type: none"> 1. Iron, Vitamin and Mineral Supplements
Antibiotics and Antifungals <ol style="list-style-type: none"> 3. Ciprofloxacin 4. Metronidazole 5. Amoxycillin 6. Fluconazole 	Other Miscellaneous <ol style="list-style-type: none"> 2. Spirit 3. Lignocaine Jelly 4. Ethamsylate 5. Deriphylline 6. Cough Preparations

SKILLS REQUIRED BY CHO/SN FOR HOME CARE

- Communication skills
- Recognise who needs help and what kind of help
- Providing home care
- Facilitate referrals/networking
- Dealing with the family during a visit



Specific skills for CHO

- Working with the community – understand cultural issues
- Leadership skills
- Managerial skills – planning, documentation, supervision, evaluation

ROLE OF CHO IN HOME CARE



Clinical role	Public health role	Managerial role
Symptom management	IEC/BCC activities around home care, its benefits and removing stigma	Supervise HWC team in providing home care services
Nursing care	Utilize community based platforms to discuss issue of home care	Maintaining records – ASHA documents services on a monthly basis and submits report to CHO
Spiritual and psychosocial support	Assess patients/families requiring home care in the HWC area	Home care kit – inventory control, indenting supplies
Educating and counseling patient and caregiver regarding home care	Formation of patient and caregiver support groups	Liaising with NGOs, palliative care facilities and physicians
Referral and follow up if any specialist care is required	Ensure services under National Palliative Care Programme	



EVALUATION

State true or false

1. Community Volunteer is not a part of the home care team.
2. Higher home care priority will be given to bedridden patients.
3. Home care kit is maintained by the family/caregiver.
4. There is no need to communicate home care requests received by non-family members to the patient/family.
5. A case sheet for every registered patient is maintained by the home care team.





ANSWERS

Mention true or false

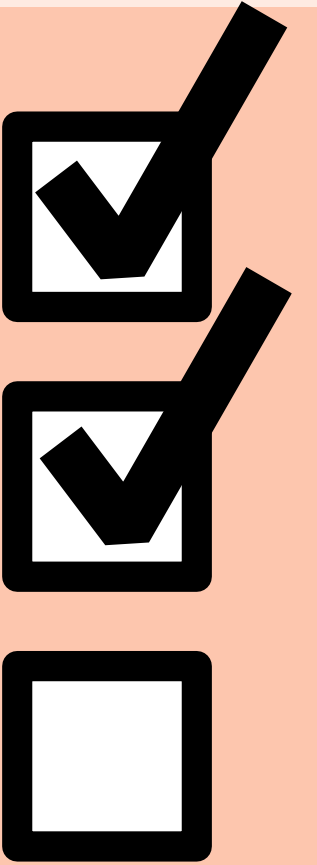
1. Community Volunteer is not a part of the home care team. FALSE

2. Higher home care priority will be given to bedridden patients. TRUE

3. Home care kit is maintained by the family/caregiver. FALSE

4. There is no need to communicate home care requests received by non-family members to the patient/family. FALSE

5. A case sheet for every registered patient is maintained by the home care team. TRUE





Thank You

