

-lecture-12 CHN

Community Health Nursing Department

Home visit

Introduction-

Community health nurses work with families in different settings, including clinics, schools, support groups, offices and the family home. An important aspect of community health nursing 's role in promoting the health of population has been the tradition of providing services to individual families in their homes.

Home Visit-

It is a visit to a person's home, especially one made by a healthcare professional or social worker.

Nursing Home Visit-

It is a family-nurse contact which allows a healthcare professional to assess the home and family situations in order to provide the necessary nursing care and health related activities.

Purposes of Home Visit-

Home visits give a more accurate assessment of the family structure and behavior in the natural environment. **The Purposes** of Home Visiting are-

1. To assess the family as a unit and as individuals.
2. To observe the family in its real situation and environment. Find out how differently family members interact with each other.
3. To give teaching and advices in the home environment where family lives, and also allows for the use of familiar equipment and materials
4. To give each family member a chance to raise questions.
- 5.To allow enough time to identify the needs of each family member.
6. To observe the nursing care given to a sick member at home and give necessary guidelines.
7. To identify health hazards and problems that could not be dealt with during a clinic visit. E.g. how to prepare for a baby bath or care of a colostomy etc.

8.To identify high risk family members and refer as needed.

Home Visit Process (Phases)-

1.Initiation Phase-

Initially a home visit is initiated as a result of the following reasons:

- A referral from a health or social agency,
- A request from a family,
- For a case finding activity,
- Subsequent home visits are made based on need and mutual agreement between the nurse and the family.

2.Pre-Visit Phase-

The main activities include the following-

Contact the family before the visit to identify the reason for the contact by a telephone call or sending message through other means.

Inform the family the source of referral to make sure the family is aware of the referral. This will establish the perspective value of client's input and involvement in the care.

E.g. the nurse might say” I understand that your baby was discharged from the hospital yesterday and you requested some assistance with caring for the child at home”. A visit should be scheduled as soon as possible and appropriate for both the nurse and the family either by a telephone call or dropping a note at the family home or sending a letter Informing the family of when and why the home visit will occur, with a means for the family to contact the nurse if necessary. The family can accept or refuse to agree for a home visit. The nurse needs to explore the reason for refusal if the family dose so and continue to negotiate and leave open possibility of future contact. There are legal obligations, for e.g. follow up of certain communicable diseases that a nurse continues to request for a home visit.

Before visiting the home, it can be useful for the nurse to review the referral of, if it is not the first visit, the family record. If there is a time lapse between the contact and the visit, a brief telephone call to confirm the time often avoids a visit when the family is not at home.

3.In-Home Phase-

The actual visit to the home affords the nurse with the opportunity to assess the neighborhood. Nurses must be careful about their personal safety. Certain precautions can be taken in known high risk situations. Agencies may provide escorts for nurses or have them visit in pairs, readily identifiable uniform may be required., a sign-out process indicating the timing and location of home visits may be used. The nurse needs to use caution, if a reasonable question about the safety of making visit exists the visit should not be made alone.

The actual home visit includes the following components:

1. Provide personal identification and professional affiliation as part of the introductory phase.
2. Provide a social period for the client to assess the nurse and to establish rapport.
3. Implement nursing process step by step i.e. Assessment, diagnosis, (identification of needs and problems) intervention and evaluation.
4. Resources for meeting needs are also explored with the family.

The frequency and intensity of home visits vary with the needs of the family. It is realistic to expect at least the beginning of building relationship and initial assessment to occur during the first visit. In subsequent visits the nurse may devote time on providing family central nursing care.

4. Termination Phase

The phase begins when the purpose of visit has been accomplished. The main activities included in this phase are:

Review with the family what has occurred and accomplished. This provides the client the opportunities to recognize what has been done and provides a basis for planning any future home visits.

- The nurse plans for the future home visit with the family and scheduling the future visit in detail as what needs to be done for the family. For e.g. care giving, advising, reassuring, explaining, counseling, or referring.

5. Post-Visit Phase

The post-visit takes care of the documentation of the visit in detail. Responsibility of a home visit is not complete until the interaction has been recorded. All records should include the following elements.

- a. A data base.
- b. Nursing diagnosis and a problem/need list.
- c. And evaluation

These are the basic elements needed for legal and clinical purposes. It is important that the recorded information be current, dated, and signed.

Advantages of Home Visit-

1. Convenient for the client. Family members will be more relaxed in their real situation.
2. Client control of the setting.
3. The best option for clients unwilling or unable to travel.
4. The family gains confidence in this direct personalized contact and are then free to raise questions and solve their problems.

Disadvantages

1. High cost.
2. Consuming time.
3. No access to emergency equipment.
4. Not safe to nurse.