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Elderly patients and the role of nurses and caregivers in home health care – An anthropological perspective

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INTRODUCTION

A dramatic demographic transition has been observed in the past 50 years in India, (the world second populous country), showing the tripling of older population over the age of 60 years (Government of India, 2011). This pattern of increase in the elderly population is poised to continue. It is also estimated that the proportion of Indians aged 60 and older will rise from 7.5 per cent in 2010 to 11.1 per cent in 2025 (United Nations Department of Economic and Social Affairs (UNDESA, 2008). However, the percentage seems too small but in absolute term, this is a remarkable figure.

According to UNDESA data on projected age structure of the population (2008), the total number of elderly in India was more than 91.6 million in 2010 with an addition of 2.5 million elderly (annually) between 2005 and 2010. The number of elderly population in India is expected to reach 158.7 million in 2025 (United Nations Department of Economic and Social Affairs, 2008). It is further projected that by 2050, this population will surpass the population of children below 14 years (Raju, 2006).

It has been projected that the population estimates for North India in 2025 retain a "pyra-midal" shape, while for southern part of India; this share of the senior population is expected to expand considerably. Linear growth is expected in the senior population in the next 100 years, with having a steeper gradients of increase in the elderly population in the central and eastern part of India while in the north, south, west and northeast, there will be levelling off absolute numbers of elderly *i.e.* there will be no rise or fall in the population level, rather the growth of population will stay at the same level (Aliyar and Rajan, 2008).

Over 7.5 per cent of the elderly population, two-thirds of them live in villages and nearly half of them are from poor socio-economic status (SES) (Lena *et al.*, 2009). Often due to various reasons like widowhood, divorce, or separation, half of the senior population are dependents, of which a majority of the elderly are women (70%) (Rajan, 2001). It has been also viewed that minority (2.4%) of the elderly living alone, more are women

(3.49%) than men (1.42%) (Rajan and Kumar, 2003). Thus, the majority of elderly population who resides in rural areas, belong to low socio-economic status and are dependent upon their families.

While in India, most of the southern states (Andhra Pradesh, Karnataka, Kerala and Tamil Nadu) are considered to be the biggest drivers of aging, (notably other states are also experiencing an elderly population boom, (Haryana, Himachal Pradesh, Maharashtra, Orissa, and Punjab) largely in rural areas (Alam and Karan, 2010). The elderly population, however, most frequently suffer from cardiovascular illness, cancer and circulatory diseases, while the non-elderly population faces mortality due to infectious and parasitic diseases (Alam, 2000; Kosuke and Soneji, 2004 and Shrestha, 2000).

Among the elderly population, cardiovascular disease is the major cause of death (Jha *et al*., 2006), the senior population is afflicted with multiple chronic diseases like anemia, chest pain, chronic bronchitis, diabetes, digestive disorders, high blood pressure, kidney problems, vision problems, rheumatism and depression (Angra *et al.*, 1997; Kumari, 2001; Raju, 2000; Roy, 1994 and Shah and Prabhakar, 1997).

As we develop our conceptual model of elderly health in India, we have began with a perusal of the larger health scenario in India, while finding that "health care, far from help-ing people rise out of poverty, has become an important cause of house-hold impoverishment and debt, the average national health indicators, though showing improvements in recent decade, hide vast regional and social disparities." Although in this scenario, some privileged individuals enjoy excellent health outcomes, while others have experienced "the worst imaginable conditions" (Patel *et al*., 2011).

Now-a-days, it is very common that people have started "living apart but together" that means living in joint families has been discontinued but it is also important that in terms of health crises, strong social support should be immediately available. However, even this provision somewhere would lead to "disclosure of neglect", where in the needs and problems of the elderly are invisible to those who offer them support in terms of their acute health crises (Sokolovsky, 2001).

The history of home-based health care has been very old. It has been there with the existence of the nursing and medical professions, health care was available to people in the form of house calls and this was the standard practice adopted by health care professionals long before the development of hospitals and office-based medical care (Landers *et al.*, 2016).

"Home-based primary care" and "hospital-at-home" are models of care provided at home to serve patients with health conditions that are sometimes acute, or severe depending upon the health problem. The skill needed to provide the services increases accordingly. "Home-based primary care is a model that makes use of home care physicians and nurse practitioners, in connection with an interdisciplinary team of professionals, including skilled home health professionals". The hospital-at-home model serves hospital home admissions for those patients who needs hospital-level care in the home. Those receiving this kind of highest acuity level of home-based care in the homes have experienced 19 per cent lower costs, much higher satisfaction and while comparing with the similar in- patients who are admitted in the hospitals, home care patients have shown more better care outcomes (Cryer, 2012).

"Medicare skilled home health" care or "home health care" refers to services offered by medicare-certified home health agencies under the medicare home health benefit. By contrast, "home-based care" refers to a wide array of different types of care provided in the home by a wide range of parties. Home-based care includes both formal and informal personal care services, medicare skilled home health, physician house calls and even "hospital-at-home" services (Landers *et al.*, 2016).

Delivering health care in the home :

The home health care environment differs from hospitals and other institutional environments where nurses work. For example, home health care nurses work alone in the field with support resources available from a central office. Home health care nurses spend more time on paperwork than hospital nurses and more time dealing with reimbursement issues (National Association for Home Health Care and Hospice, 2006; Anthony and Milone, 2005). In home health care, clinicians recognize that the care setting the home is the inviolable domain of the patient. Therefore, compared to the hospitalized patient, the home health care patient often has a greater role in determining how and even if certain interventions will be implemented. Professional clinicians have no authority over these caregivers. Further, the home environment and the intermittent nature of professional

home health care services may limit the clinician's ability to observe the quality of care that informal caregivers deliver—unlike in the hospital, where care given by support staff may more easily be observed and evaluated.

Caregivers fall into 2 broad categories: caregivers working for pay who are part of the formal health care sector (e.g., homecare workers) and unpaid "informal" caregivers (usually family members) (Townsend *et al.*, 1990; Browne *et al*., 1994 and Addington *et al*., 1992) who are motivated by a deeper commitment to the patient. This tradition of family caregiving is fundamental to our society (Sergi,1985).

It is important to note that the vast majority of services provided in the home are provided by family caregivers, sometimes referred to as "informal services" (Johnson *et al.*, 2007). This phrase grossly underestimates the critical role family caregivers' play in the care of patients at home. Particularly among patients with multiple limitations on ADLs (activities of daily living), caregiving is crucial. Without caregivers in the home, health care at home is simply impossible for those with functional limitations. Upward of 10 to 15 million individuals receive help from family caregivers. AARP estimates that 34.2 million adults have served as caregivers in the last year alone (AARP, 2015).

According to the Urban Institute's "The Retirement Project," in 2000, approximately 2.2 million individuals received "formal personal care services," defined as personal care services that are paid for by various means; this increased to 2.5 million in 2010 and is projected to increase to 2.9 million in 2020 (Johnson *et al*., 2007). When patients leave the hospital and return home with home nursing care, they go from highly supportive medical environments with potentially many physicians, nurses, aides and other professionals, to non-medical environments with formal and informal caregiver support frequently supplemented by visits from home care nurses. Patients and caregivers must struggle to absorb confusing and potentially contradictory information imparted both by multiple clinicians prior to discharge from the hospital and by home care nurses (Romagnoli *et al.*, 2013).

Role of nurse officer, nurses, caregivers, patient and their family members :

Nurse officer :

Based on the initial assessment of the elderly patient's requirement, a nurse officer prepares a patient care plan that includes the mediation plan, meals plan, exercise, massage, recreation and daily routine. Nurse Officer takes the patient's vitals on his/her visits to ensure the wellbeing of the patient. She also addresses the issues of the family regarding the homecare attendants or nursing staff conduct. She is also responsible for placing a perfect Nursing staff /Caretaker as per the needs and requirement of the patient.

Nurse:

A nurse is a licence health care professional who practices independently or is supervised by a physician, surgeon or dentist, trained to look after the sick or injured people (*https://www.merriam-webster.com/dictionary/nurse*).

Caregiver :

A caregiver is a person who has received professional training or has prior experience in providing care giving services to bedridden or chronically ill patients.

Patient :

Person who receives the caregiving or nursing services for his/her illness.

Client/ Family member :

An individual who agrees with the home health care company to avail the home healthcare services of a caregiver for himself or his/ her family member.

Responsibility of clients:

Provide a safe and secure environment to the caregiver. The patient /client shall take full responsibility and care to ensure that there is no verbal, mental or physical harassment or abuse of the caregiver at patient location including not exposing them to any hazardous and infectious work environment.

Treat the caregiver as paramedical professional and not utilise him/her for jobs outside the scope of work.

Provide caregiver tools and equipments to carry out his/her job including "Personal protective equipment" like disposable gloves, masks, apron etc to care for the patients.

Inform the caregiver if the patient is suffering from any infectious disease like TB, HIV/AIDS and hepatitis which can adversely affect the health of the caregiver.

Provide immediate medical attention to the caregiver

Table 1 : Patient services/ Duties of caregivers and nurses in home health care

Professional caregiving services	Home nursing services
Minimum qualification or experience	**Minimum qualification or experience**
Can be provided by GDA(General Duty assistant), Bed Side assistant or Individuals who have adequate work experience	Can be provided by ANM (Auxiliary nurse midwifery), GNM (General nursing and midwifery) or B.Sc. Nursing
Bathing	IV cannula care
Brushing teeth and denture care	Oxygen administration
Dressing and grooming	Tracheotomy care
Diaper changing	Wound dressing
Assisting with commode, bedpan and urinal	Injection
Oral, Ryle's tube and tube feeding assistance	Blood sugar check
Repositioning bed-bound patients to help prevent bed sores	Insulin administration
Walking assistance and fall prevention	Urinary catheter care
Assisting with oral medication	Blood pressure monitoring
Cleaning/changing patient's clothes	Home nasogastric tube feeding
Assist in physiotherapy/ daily exercises	Diaper change
Nail care, hair care	Oral, Ryle's tube and tube feeding assistance
Checking temperature, blood pressure, glucose	Assisting with oral medication
Basic food preparation for the patient (Dalia, khichdi, tea, milk, bread, boiled eggs, etc)	Assist in physiotherapy/ daily exercises
Recreational activities	

Source: Life circle senior services[1]

in case of any sickness or accident without any delay.

Not to keep the caregiver against her/his wishes. Retaining caregiver against her/his wishes construes illegal detention and only the client will be responsible arising from the behaviour of the client or any harm done to the caregiver.

Provide food and accommodation for live in caregiver.

Benefits of home health care to seniors :

Seniors are more comfortable in their homes due to the familiar surroundings and the attachments they have with their families.

Even in cases of advanced dementia where the patient lacks communication, the presence of loved ones makes a lot of difference in their behaviour.

In home care settings, the relationship between the General duty assistant/ Nursing staff and the seniors can be customised and supervised by a family member.

Seniors can remain active and independent as they would have activities that they are familiar with.

Engagements like card games, cross words, board games etc can boost memory and concentration, increase alertness and strengthen problem–solving skills thus, slowing down cognitive decline.

Activities like cycling, walk in the park can keep the seniors relaxed besides improving their mobility, balance, flexibility, strength, coordination and agility.

All types of physical, social and mental benefits reduces stress, increase their self-confidence and results in better quality of life for the seniors.

Caregiver work shift pattern:

A caregiver can choose from work shift pattern depending on their personal preferences:

Live in (24 hrs) caregivers can expect the following in the Patient's house:

Three meals

Two times tea

Clean drinking water.

Clean place to stay with one mattress and bed clothes – the caregivers should ensure that the sleeping area is always clean

Clean toilet to use- the caregivers should ensure that they always leave the toilet clean

1

Caregiver work shift pattern	
Live in shift	Live out shift
The caregiver is expected to round the clock with the patient but working hours limited 8 hours per day.	The caregiver is expected to stay upto 12 hrs with the patient but working hours limited to 8 hours per day.
The caregiver lives in the home of the patient and provides dedicated one-on-one care.	The caregiver operates out of their own home or hostel.
Stay with the patient	Stay at hostel/home
One patient care at a time	One patient care at a time
No commute to work	Daily commute to work
Food and stay provided by the patient/family	Food to be carried
More saving- As food and accommodation is provided by the patient/family	Lower saving - As food and accommodation and transportation is arranged by the caregiver
Flexible work timings that will depend on the need of the patient	Fixed work timings – Day or night.

Caregiver's code of conduct:

DO'S :

Do maintain good personal hygiene and grooming. Cut your nails and keep them clean. Be clean shave (for male caregivers). Take a bath daily, be dressed appropriately. For female tie–up hair adequately as bun / For males – properly cut hair short.

Do keep precise and accurate medical record of patients.

Do wear shoes or sandals and not slippers while working.

Do greet the patient with Sir/Mam (Good Morning, Good Evening, Good Afternoon) with smile.

Do use hand sanitizer or wash your hands before feeding or touching the patient and after cleaning the patient.

DONT'S :

Do not use or disclose any confidential information about the patient or the client to anyone.

Do not absent yourself from the workplace without prior approval of the client.

Do not allow your family members or friends to visit or stay over at home or hostel without prior approval of the client.

Do not involve in any financial matter of the client. Do not borrow or lend money to the client or his/her family members.

Do not engage in/or discuss any illegal activities with the client or patient- *i.e.* use of illicit drugs, illicit medicines, theft etc.

Do not smoke, drink alcohol, use tobacco, paan etc. while serving in the patient house.

Do not discuss your issues, history and problems with the patient and family members.

Do not be late/leave early/or show up for work without prior intimation to the client.

Do not use the mobile phone (except in an emergency), use headphone or listen to music while working with the patient.

Do not misbehave with the patient or the family.

Do not accept additional work requests from the client.

Do not solicit direct work from a client.

Do not wear jewellery or make up while working.

Do not enter into any direct or indirect negotiation and agreement with the client and do not try to establish a direct or indirect relationship with the patient.

Do not talk loudly or shout during work. Reply promptly to patients and do not be shy.

Do not watch TV at work.

Do not be friends with other servants of the family. Maintain a professional relationship with household workers.

Insights of working with the caregiver:

Care giving is a tough Job. Mental fatigue is common. Our ability to give the caregiver a sense of purpose and advancement determines whether she continues to stay on or quit after brief inning of work.

Do not assume that caregivers would immediately understand the senior, their illness and their needs. There are certain things about the patient/ senior that only one can tell as family members. For example, have a list that one would talk about in the first few days to the caregiver, for e.g. - Her mother – in- law likes slightly warm water

for bathing- it should not be too warm. She let them know her expectations – that the bathroom should not smell foul, the bathroom should be dry at all times.

Talk to caregiver about how to handle challenging behaviour of seniors with conditions like Alzheimer's disease and dementia. Don't assume the caregiver would be familiar with all the behavioural manifestations of the disease. Talk with them about it on the first day itself.

Share the tricks that you may have learnt in the journey as family caregiver. Make a list and keep adding to it. Share it with the caregiver on her first day. It will help her feel more confident about handling the senior. For example- sometimes, my mother- in- law does not understand how to swallow liquids and food. She can hold food in her mouth for a very long time without swallowing it. If one prompt her to speak something, she is likely to swallow her food first. Another trick is offering her yet another morsel of food or water. This also reminds her to swallow the previous morsel.

Be specific about how much water you want your senior/ patient to drink in a day and how much food you want them to eat. If they refuse to eat, let the caregiver know what alternative suppliments or drinks can be given.

First of all, print a medicine chart and paste it on the wall or cupboard in the patient's room. The medicine chart should list out the medicine name, the dosage to be administered and the time of the day. If caregivers can't read the medicine names well, use colour codes.

Prepare a timetable for the caregivers to follow. For the first 2- 3 days, let them know you are particular about the timetable being followed. Ensure they stick to the time as much as possible. Allow caregivers sufficient rest also if they are in live in shift (24 hrs).

Print all important phone numbers that caregivers can refer in case of an emergency. Stick this information next to the medicine chart and timetable.

Spend the first 1or 2 days supervising caregiver and set expectations. If the first two days are managed well, sailing through the remaining days is rather smooth.

All seniors should be engaged in meaningful activities of their choice and caregivers can shoulder this responsibility. Include specific activities in the daily timetable and ensure that caregivers adhere to it as much as possible.

Dedicate time everyday for exercise. All seniors irrespective of their condition should exercise in some way or the other. Bed ridden seniors benefit from passive movement exercises suggested by a physiotherapist. Massage can also help. Again set expectations on the first day. Video record the exercise regime on your mobile and new caregivers in the future can use this recording.

In case of senior uses wheel chair or walker, ensure that the caregiver knows how to use it too. If not, explain it.

Engaging caregiver for the first time:

If you are engaging a caregiver for the first time about the following aspects related to the patient. The nurse manager will frame a personalised care plan.

Patient's condition
Activities of daily living
Mobility assistance – use of wheelchair/walker
Toileting needs
Physiotherapy and exercise
Engaging the senior in meaningful activities
Managing medication
Nutrition and diet.

Challenges the caregiver may face because of patient's condition:

Nurse managers are expected to train the caregiver if she is not aware or skilled in any of the activities in the care plan. Caregivers are generally the one that are with the senior's bedside. We see a need to guide, educate and support them build senior specific knowledge, skills and attitude.

Recommended behaviour for the caregivers:

Working with the patients, when they enter the residence of the patient.

– Check and understand the condition of the patient.

– Make a medical chart (make colour coded envelopes)

– Write out a time table

– See where the following things are- drinking water, toilet, geyser, dustbin, gloves, door knobs.

When in doubt–ask questions/clarify:

– If you do not know – just ask

– Don't be scared.

– Don't take the patient's illness to heart and let that affect your well being (eat well, drink water and take rest when not with patient).

Duties to be performed by caregivers at their work place:

Bathing:

– Water (hot/cold) ask for the patient's preference.

– Underarms/ under the breasts/ perineal areas.

– Be gentle while washing their hair.

– Bathroom – dry at all times.

– Geyser – hot water always on the left (Ask/ clarify if needed).

Brushing / Gargling :

– If dentures are too loose, report it to the patient's family.

– For patients with dementia- keep prompting to spit and not swallow.

Grooming :

– Winters- socks, sweaters, blanket- dementia patient.

– Comb hair gently.

Bedridden/ Dementia:

– Moisturize if skin is dry (oil/moisturizer)

– Cut nails pro actively.

Conservative families:

– Dress appropriately – Salwar Kameez for women.

– No clothes with a plunging necklines + short clothes for women.

Don't discuss personal matters / Gossip / Spread wrong information:

– Don't Gossip/ argue with the other staff.

– Don't interfere with matters pertaining to the house (way of doing things).

– No discussing patient details with anyone (and definitely not in front of them).

– Don't believe in rumours.

Magic words + smile:

– Please/ Sorry/ Thank you.

– Thank you for taking a bath.

– Thank you for co-operating.

– Thank you for eating your medicines.

– If the patient calls out (e.g from another room)- Don't ignore, say something 2 minutes, 5 minutes, I am coming.

– Learn the art of coaxing patients.

Toiletries:

– Buy your own.

– Throw sanitary napkins wrapped in a newspaper in the dustbin only (do not flush).

Food:

– No wasting food (Throwing in the dustbin) take care of yourself.

– Keep things back in the fridge- don't let it spoil.

TV/ Mobile phone:

– During work hours, TV/mobile phone to be switched off.

– Keep the ringtone on low volume, no disturbing patients, Talk with your family- early morning or late at night.

– No video recording/ video calling, taking photos of the patient/ family members (children) and sharing with anyone outside.

– No talking loudly on the phone.

– Don't misuse landline phones at the patient's residence for making long personal calls.

– Keep your hands free during exercise, don't talk over the phone.

Use your time and opportunities well:

– Learn english

– Read the newspaper

– Pursue your studies.

Be proactive:

– Notice changes in the patient- report everything.

– Keep the patient's things- room neat and tidy. Fold clothes arrange the cupboard.

Hospital visits +visiting friends and family:

– Pack a bag - diapers, clothes, towel in advance.

– Be proactive- help the patient into and off the car.

– Have phone numbers of family members handy.

– Ask for help (get a seat for the patient, get assistance wheelchair).

Wheelchair/ Walker:

– Special care when wheeling on a step, speed braker.

Talk/ Communicate:

– Bedridden + Dementia – Irrespective of what they understand.

– Tell them what you are feeding them, who made it.

– Some patients recognize the caregiver by touch.

Toileting:

– Wait – don't rush the patient.

– Do not show your frustration in front of the patient – incontinence.

– Clean perineal area thoroughly each time – wear gloves.

– Patient, the patient's room and bathroom should not smell.

– Bedsores (check if anything comes in the way of toileting).

Feeding:

– Do not rush, patients usually eat slowly.

– Use a spoon for feeding (No hands).

– Wash your hands with soap and water before feeding.

Getting food on time:

– Bring it to the notice of family members.

– If it doesn't help, bring it to the notice of representatives.

Not obliged to do domestic work:

– Answer the doorbell and phone calls in the absence of family members.

Medicines:

– Insulin injection –understand the methods of use from nurse manager or family members.

– Thyroid tablet – 30 – 40 mins gap in the morning before eating something.

– Follow before/ after food rules (write your medicine chart accordingly).

– Unable to swallow large medicines – break it up/ powder (ask the family) (Parkinson's/ dementia)

– Remind family members when medicines are getting over.

– Inform nurse manager or patient's family, if the medicines taken by the patient is different from prescribed.

Personal hygiene:

– Wash hands with soap before attending to the patient.

– Bath daily.

– Get ready in the mornings itself (not at 4 pm- 5pm especially if you are a live – in caregiver).

Exercise/ Physiotherapy:

– Follow the doctor/ Nurse manager / family – don't use your own discretion.

– Don't over exercise the patient.

– Encourage the patient to try.

– In case of non- compliance brings it to the notice of family members/ Nurse manager during his visits to the patient.

– Importance of position changes in bedridden, nearly immobile patients – coax patients if needed.

– Keep your hands free during exercise, don't talk over the phone.

Protect yourself / Maintain privacy:

– Lock the room, bathroom while changing clothes (Ask if you don't know how to operate the door knobs.

– Bring up issues.

– Lock main door at night if you are the only person living with the patient.

In emergency situations:

– Co-operate with the family. Let them have an open mind to attend the patient first.

Night shift:

– No excuse for not being alert. You have to respond to the patient.

– You have to wake up early – no excuses.

– Report on time.

Dealing with behavioural issues in patients:

– Don't pull patients by one hand to drag them.

Empathy:

– Be responsible for the patient especially if you are the only caregiver (female / male).

– If a patient is going through a serious illness, take it seriously; support them as much as possible.

– Report – if you do not rest for a long period of time.

– Don't laugh at patients if they do strange things (dementia).

– For dementia patient – pick up 10-15 important words from the language they most understand (mostly their mother tongue). Example – sit down, come, eat, drink water, gargle etc.

Lifting and transferring:

– Ask for help if the patient is large built, it's better to take help than struggle.

Staying in the hostel:

– Do keep the hostel, bed and toilet clean.

– Do inform the hostel in –charge, in advance, if you are not able to eat at the hostel.

– Do come back to the hostel before 10 p.m. every day. In case of a delay, inform the hostel in-charge and the care coordinator about it.

– Do not enter into any arguments or fights with colleagues or hostel staff.

– Do not steal other people things and do not keep any valuable articles like gold, watches or cash.

– Do maintain peace and respect others.

– Do not bring outsiders.

– Do not be out of hostel without informing the in-charge.

– Do wash / clean your plates / cups after use.

– Do help in cooking as and when required.

– Do inform the hostel in- charge about the shift and inform time of returning / start of placement for live – in duty.

– Do not disturb other inmates or discuss about company/ patient to another caregiver.

– Do not get friendly with neighbours or other people in the locality like drivers, maids. etc.

Travelling in the city:

– Do not take lift from strangers.

– Do not take lift from taxi drivers.

– Use only public buses or shared auto.

Financial safety:

– Don't give your ATM card and PIN numbers to anyone.

– Don't disclose your ATM PIN to telecallers.

– Maintain safe custody of your ATM card.

Understanding medical emergencies
Heart/ Lung problems
Frothy cough
New congestion
Increased shortness of breath
More swelling in legs or feet
Weight gain of 2 kilos in 24 hours
Signs of infection
Increased redness
Wound/area gets bigger
Wound /area is more painful
Temperature of 100 degrees or more
Wound not healing for a long time
Change or new odour from a wound
Too much blood thinner
Bleeding from nose, mouth, gums or rectum
Unexplained bruising
Leg pain
Blood in stools
Emergency
A fall with a broken bone or bleeding
Chest pain that medication doesn't help
Unable to wake up patient
Severe or prolonged bleeding
Severe or prolonged pain
Diabetic problems
Sudden weakness
Uncontrollable thirst or hunger
Sudden dizziness
Increased urination
Sweating spells
Frequent headaches
Itching
Drowsiness
Blood sugar level greater than 180 or less than 70
Urinary problems
Foul odour from urine
Catheter not draining
Back or flank pain
Not able to urinate
Increased weakness and body aches
Bloody, cloudy or change in urine colour
Other problems
Unexplained skin rashes
Change in balance, coordination or strength
Sudden elevation of temperature of 100 and above
Pulse above 100/ min or below 60/ min

Contd……..

Contd……..

Respirations above 24/ min or below 12/ min
B.P. above 160/90 or below 90/60 mm of HG
Sudden excoriating pain in the chest
Swelling in any 1 leg
Gain of more than 2.5 kgs in a week
Bloody stool / bloody vomiting
Any bleeding from nose/ mouth/ from anybody orifices
Patients having loose stools for more than 3 times a day
Elevated B.P with projectile vomiting
Sudden loss of vision
Chest tightness and shortness of breath
Unexplained cough
Any fall at home
Sudden change in patient behavior – aggressive or violent
Seizures
Patients are not taking /refusing the medications
Complains of sudden loss of appetite
Any over dosage / error of medication by patient/family/nurse

Conclusion:

Overall it was analysed that Home health care provide support in case of chronic diseases like Alzheimer, Cancer, Heart failure, Multiple Sclerosis Parkinson's, COPD (Chronic obstructive pulmonary disease) and various multiple diseases.

Home health care environment differs from hospitals and other institutional environments where nurses work. Home health care nurses work alone in the field with support resources available from their central office or home care agency. The specialized home care included a standard nursing protocol by advanced practice nurses to provide direct physical care, information/education, ongoing psychosocial support and management of surgical complications. Particularly among patients with multiple limitations on ADLs (activities of daily living), care giving is crucial. Without caregivers in the home, health care at home is simply impossible for those with functional limitations. Moreover, caregivers are taught to provide direct care to the home patients.

One of the nurses who were taking care of the patient in home care settings asserted that "recently she took care of the patient who was living alone and unfortunately she had bed sores all over the body and even her hairs were filled with lice. As she started taking care of her by treating her wounds, bathing her properly from head to toe, with the love and affection the lady who has lost hope of living regained her life and fortunately she is absolutely fine now".

One of the caregiver asserted that "she started her day at 7 am by putting eye drops in the eyes of patient; she also assisted the patient with toileting, bathing and checking her vitals. She also provided constant support in getting in and out of the bed, takes her for small walks and assist her with exercise etc. The patient too felt more confident than before. On the other hand, the caregiver felt financially stable and derives a sense of satisfaction from her work". While most of them were satisfied and contented with their work but few of them showed dissatisfaction and overburden. As another one grieved that "sometimes one feels restless in the morning as you are not able to sleep in the night as you have to take care of the patient".

Most of the patients were happy with the care services

"If I am not there at home, they still take care of my mother"

"My mother was severely ill and bed-ridden. Caregiver has helped her to walk again"

"Because of my caregiver, I am able to balance my personal life and my father's care.

My caregiver is like my family"

Thus, an implicit goal of home health care is to facilitate a supported decline. The demand for at-home healthcare delivery is growing. At the same time, quality post-operative care in familiar surroundings has been observed to enable faster patient recovery. Overall, the specialized home care intervention was found to have increased survival among patients.

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