

We Watch Over and Care for Your Life and Living

Home-visit Nursing Service

Reference : Japan Visiting Nursing Foundation

The goal of the Home-visit Nursing Service is to provide support for individuals wishing to spend their autumn years in the comfort of their own home and community. The Home-visit Nursing Service, specified by law as *the provision of in-home medical care or assistance in required medical treatment*, is designed to improve individual quality of life (QOL)

Nursing services are based on preventive care. We observe the condition of patient, work on the early detection and prevention of disease and impairment as well as the restoration of health.

Support is provided for patients discharged from the hospital to reduce patient anxiety in the transition to homecare.

Support is provided for home care. Even patients without the need for hospital treatment can become suddenly ill. For such needs we also provide 24-hour, 365-day emergency service.

Care of patients who wish to live out their life at home. In the future, we are going to have more people who need both medical and nursing care. The role of the home-visit nurse is very important.

Now, let us provide an overview of the home-visit nurse through the four following cases:



Case 1: Mr. A, a patient who lives independently at home despite paralysis of the extremities

■ The name of disease and other information:

Cervical cord injury, Cystostomy

■ Background of home care

Mr. A was injured in a traffic accident while at work. After undergoing hospital treatment and rehabilitation, he began recuperation at home. Although he spends the majority of his day in bed, various services available in his community are enabling him to live on his own.

■ Family structure

Living alone

■ Service used

- Home-visit nursing service 3 times/week
- Visiting care service Every day (assist in daily life, physical care, assist in going out)
- Home-visit rehabilitation Once/week
- Home visit by a doctor Twice/month
- Assistive equipment rental service: Bed, wheel chair, shower chair, lift

■ Points of the home-visit nursing service

1. Physical assessment

For patients with cervical cord injury it is difficult for the body to control temperature and blood pressure. More precise observation is required for fever, low body temperature and low blood pressure even when the patient does not notice any symptoms.

As the patient is at high risk for bedsores, which he developed in the past, observation of places vulnerable to bedsores is also essential.

2. Bowel control

The home-visit nurse checks for intestinal gas, observes fecal properties and gives advice on meals. Stool extraction is performed three times per week.

3. Bathing assistance

Bathing is not only a good opportunity for physical assessment but also has the benefit of preventing bedsores and improving blood circulation. At the same time, it has a healing effect on the patient, both physically and mentally. The home-visit nurse assesses the condition of the patient to determine whether a shower bath or a tub bath would be more appropriate. Of course, it is necessary to provide care according to patient preference.

A lift is installed to provide support for moving. Bathing service is provided in cooperation with a visiting care worker; however, assessment of health condition is a crucial nursing role.

4. Care of cystostomy

The patient has a cystostomy due to neurogenic bladder. The home-visit nurse observes the amount and properties of urine as well as the insertion site, and provides indwelling bladder catheter care. In the case of indwelling catheter in particular, the home-visit nurse gives assistance in bathing and treatment after bathing.

5. General consultation and support for daily life

Besides physical care, the home-visit nurse provides consultation on the homecare environment, such as room temperature and humidity, as well as how to spend the day.



Case 2: Miss. B, who is growing up in a community network

■ The name of disease and other information:

Cerebral paralysis, epilepsy, tracheomalacia

■ Background of home care

As a delay in development was seen after birth, she was diagnosed with cerebral paralysis. She had been repeatedly hospitalized and released until six years ago when she and her parents moved. Since then, she has continued recuperation at home using visiting care and other services. She is enrolled in a special needs high school course and provided with home-visit teaching.

■ Family structure

Living with parents

■ Service used

- Home-visit nursing service 4 times/week (including visit by two nurses)
- Home-visit rehabilitation Physical therapy: once/week
 Occupational therapy: once/two weeks
- Home visit by a doctor Twice/month
- Assistive equipment rental service: Bed, wheel chair
- Rental medical equipment Artificial respirator
- Other Home-visit teaching: 3 times/week

■ Points of the home-visit nursing service

1. Physical assessment

For Miss. B, who has difficulty expressing complaints, detailed physical assessment by the home-visit nurse is essential. It is particularly important to prevent problems with the artificial respirator, ensure stable breathing and prevent infection.

2. Coordination with doctor

Coordination with other professionals is imperative in all cases. Close coordination with the doctor is especially important for medical treatment as well as safety when a patient is highly dependent on care.

3. Support for growth and development

For a pediatric patient, support for growth and development is important. In the community network, we keep an eye on the child's own growth and development in cooperation with the family and home-visit teacher.

4. Support for family

Parents, particularly mothers raising children with disabilities often have anxiety or problems. It is crucial to provide not only care for the patient but also support to his/her family by listening to them.

Case 3: Mr. C, who is an aged patient receiving care by an aged caregiver

■ The name of disease and other information:

Diabetes, diabetic retinopathy, right pontine infraction, foot ulceration

■ Background of home care

Onset of diabetes occurred in the patient's forties, and he had a stroke three years ago. Now he continues his recuperation at home under the care of his wife. She decided to use the home-visit nursing service for her husband because she found the service to be very good for her mother in the past.

■ Degree of necessity of care

Degree 4

■ Family structure

Living with wife

■ Service used

- Home-visit nursing service Twice/week
- Assistive equipment rental service: Bed, portable toilet
- Home-visit bathing service Once/week
- Home-visit rehabilitation Twice/week
- Home visit by a doctor Twice/month

■ **Points of the home-visit nursing service**

○ **Support for hygiene care**

Foot bath and shampooing can be provided by visiting care service. However, Mr. C has lesions on his toes and nails caused by diabetes that require observation. In addition, he has eczema on his head that requires treatment. For this reason, the home-visit nurse also gives him a foot bath and shampoo.

○ **Coordination with doctor**

When an abnormal finding is observed, the home-visit nurse immediately informs the doctor and responds appropriately. Unlike medical institutions, in which the doctor is always available, it is often difficult for homecare patients to be seen by the doctor immediately. Therefore, the utilization of IT is essential. IT is also used for reporting the condition of foot ulceration.

○ **Support for family**

There are increasing cases of so-called elder-to-elder nursing care, in which an aged care giver provides nursing care for an aged care receiver. Mr. C's wife, who seems healthy, actually suffers from a chronic disease and makes regular clinic visits. Considering that some of the care givers have their own health problems, the home-visit nurse must pay attention to the condition of care givers.



Case 4: Mrs. D, who recovered to an independent life from a bedridden state.

■ **The name of disease and other information:**

Old myocardial infarction, chronic respiratory failure

■ **Background of home care**

She was largely bedridden and receiving home oxygen therapy, which had been introduced following an acute exacerbation of chronic respiratory failure brought on by tuberculosis.

Then, she started to use the home-visit nursing service on the recommendation of a home-care worker who was concerned about her.

The home-visit nurse encouraged her to visit a respiratory specialist, where she received appropriate treatment and respiratory rehabilitation. As a result, she was freed from home-oxygen therapy.

Furthermore, thanks to respiratory rehabilitation and daily life guidance provided by the home-visit nurse ,she recovered to the extent that she could go out.

Now, she can control her own health so well that she lives independently without difficulty breathing.

■ **Degree of necessity of care**

Degree 1

■ **Family structure**

Living alone

■ **Service used**

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| • Home-visit nursing service | Once/2 weeks |
| • Visiting care service | Once/week |
| • Outpatient day long-term care (four hours) | Once/week |
| • Paid volunteer | Once/month |

- Visit to specialist Once/six weeks
- Visit to personal doctor Once/month

■ **Points of the home-visit nursing service**

○ **Physical assessment (respiratory condition in particular)**

As elderly people tend to be unaware of their condition, such as fever, dehydration or oxygen desaturation, their condition is sometimes already advanced when they notice it. Even if visits are made infrequently, it is crucial for the home-visit nurse to look for changes in patient conditions and be involved in prevention to detect abnormality earlier and prevent aggravation.

* Please note that the nurse is using a high-performance stethoscope for auscultation over patient's clothes. Usually, the stethoscope is applied to the skin surface.

○ **Support for everyday life**

In the case of chronic respiratory failure, it is important to provide not only therapeutic respiratory rehabilitation but also training in how to move in everyday life. We provide support to help patients breathe as easily as possible even during casual movements such as eating, elimination, changing clothes, bathing, walking and going up and down stairs so that they will not become bedridden.

○ **Moral support**

We would like to provide support so that the patient can exercise her potential and find her life worth living, and convey the message that "we are watching over and caring about you" in a casual way.

○ **Emergency care**

As patients tend to feel a threat to life when they have breathing difficulty, it is necessary to plan responses to worsening or an abrupt change in conditions, especially for patients living alone. Our 24-hour, 365-day system will be prepared to deal with emergencies.