

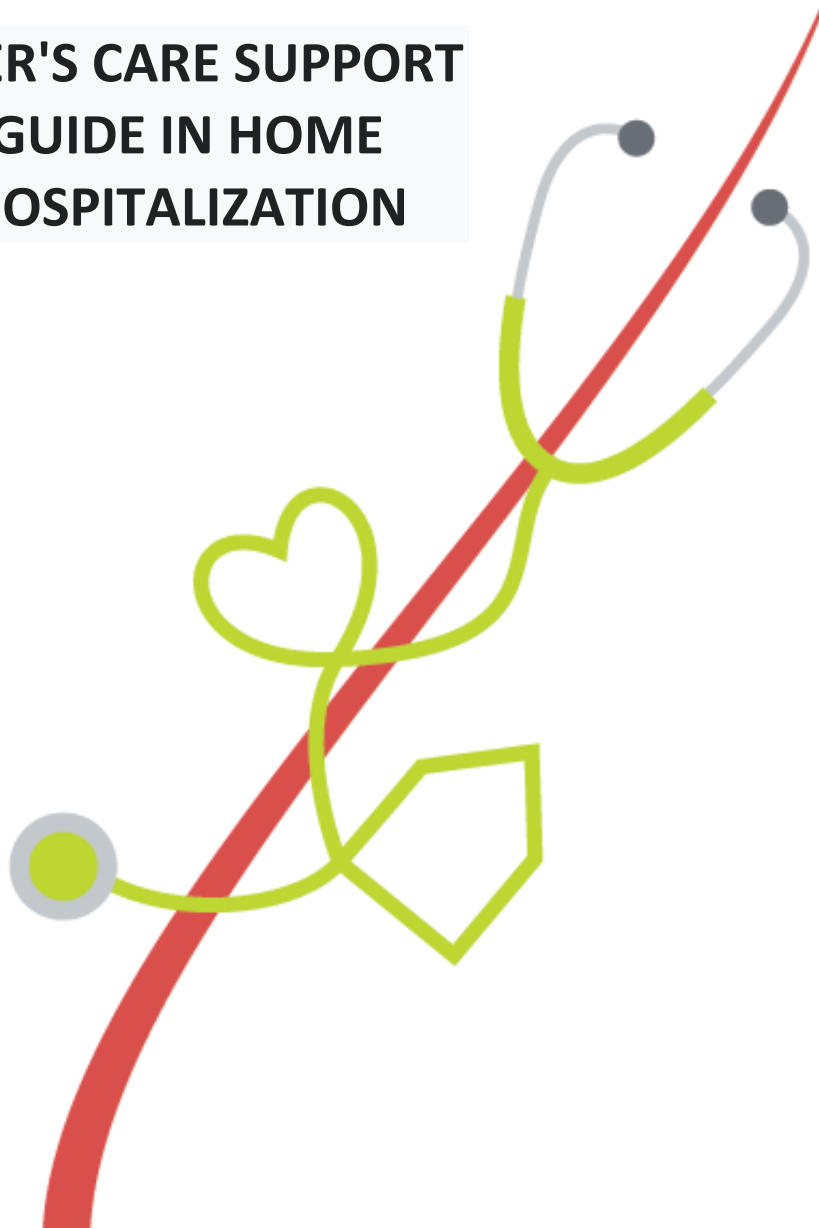


CENTRO  
HOSPITALAR  
LEIRIA



Unidade  
Hospitalização  
Domiciliária

# USER'S CARE SUPPORT GUIDE IN HOME HOSPITALIZATION





This Guide is intended for the user, caregiver or family member of the patient admitted to the Home Hospitalization Unit (HHU) of Centro Hospitalar de Leiria (CHL).

It contains essential information for you who care about your well-being and getting the best care. The health team is at your disposal for any clarification.

Home Hospitalization is a model of hospital care for the acute patient, which is characterized by providing hospital-level care at home.

You will be assisted in your home by a multidisciplinary health team that will be responsible for your treatment.

The admission is voluntary and after completing the informed consent, in the presence of a witness.

It is necessary to have a “Caregiver”, a person designated by the patient or legal representative who, being a family member or not, ensures the articulation between the patient and the Home Hospitalization Unit.

Visits can be of the singular type, if it involves only one of the team members, or multidisciplinary when it involves 2 or more members.

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## **1. THE VISIT**

A multidisciplinary team will take care of your health during your stay in the Home Hospitalization Unit.

As a rule, you will have a medical and nursing visit daily. You will be notified in advance of the visit to your home by telephone.

Have with you all the documentation provided at the time of admission. At the time of the visit, ask the doctor for all information about your clinical situation. Nurses will be available 24 hours a day by telephone and will contact the doctor if necessary.

At the time of the visit, all people present must have a mask on.

## **2. THE CAREGIVER**

The presence of a patient with permanent needs at home significantly changes the caregiver's routines and priorities. The role of the caregiver gains special importance in this context, to the extent that he/she may have to assume the role of a link between the patient and the health team.

In this sense, we leave you some advice:

- Make time for the patient;
- Encourage him to talk, don't censure him;
- Encourage him to participate in family activities and self-care;
- Provide for their comfort and well-being;
- Also, take time for yourself and take care of your health;
- If you have questions, contact the health team or make a list of all your questions to clarify during the daily visit.

The Family Member/Caregiver should be present during the daily home visit in order to collaborate in the care, transmit important information, clarify doubts and receive teaching.

### **3. ENVIRONMENT**

The most important place for the patient is where he or she stays most of the time and where his care is provided.

The following characteristics should be essential for the environment that surrounds the patient:

- It is important that this is a safe and comfortable place;
- It must be comfortable, clean, airy and spacious;
- It should not have objects that could be obstacles to the provision of care (furniture, rugs, among others);
- There must be an area where the patient can have their personal belongings;
- Place a table close to the patient (which he can reach), allowing him some autonomy.
- You must reserve a place in your home, close to the user, so that the team can use it during the visit.

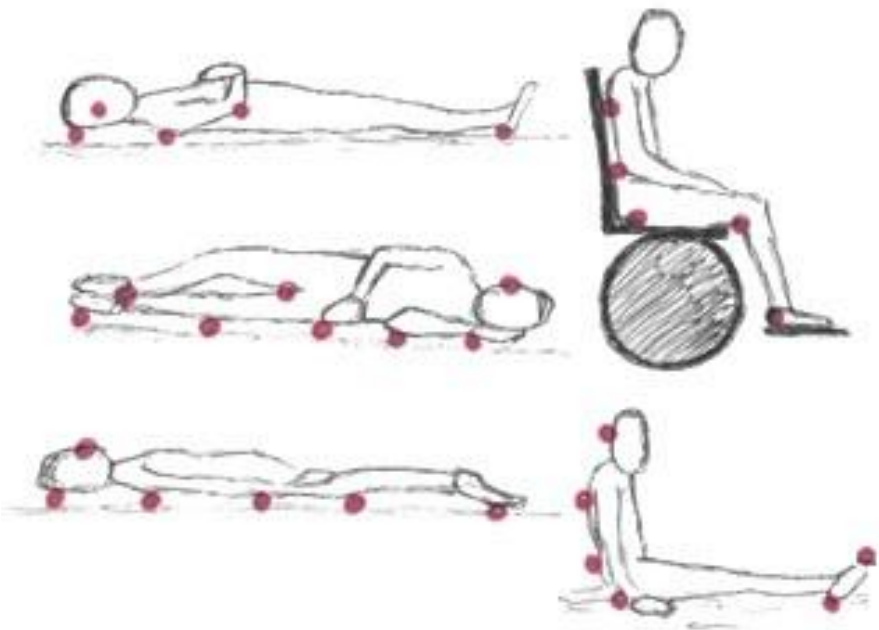
## 4. PRESSURE ULCER PREVENTION

### 4.1. RISK FACTORS

EXTERIOR	PERSONAL
Skin care	Advanced age
Improper bedding and clothing	Poor nutritional status
bad positioning of the patient	Immobility
	Decreased sensitivity
	Urinary or fecal incontinence
	Altered state of consciousness

Chart 1: Risk factors that can lead to pressure ulcers

The following figure shows the most frequent locations of ulcers pressure, pay attention and practice the care explained to you by the home hospitalization unit team.



**Figure 1:** Most frequent pressure zones

#### 4.2. PREVENTION MEASURES

- Keep the skin well clean and dry;
- Carefully observe the skin at least once a day;
- Clean without rubbing, with warm water and neutral detergent daily;
- Use soft towels and moisturizing creams that must be applied until absorbed;



- If urinary or fecal incontinence, the skin should be cleaned and dried frequently and should be used protection that does not irritate it;
- When mobilizing the patient, the patient should be lifted and never dragged on the bed (friction causes skin damage);
- Change the patient's position frequently and use pillows to relieve pressure from the body.

**If an area of red skin appears that does not go away after relieving the pressure INFORM the healthcare team**

## 5. FALL PREVENTION

In case of risk of falling, consult the flyer provided by the home care unit team.



**Figure 2:** flyer - Mod. DO 367  
Fall Prevention

## 6. DEVICES

To monitor your health status you may need to use several devices, shown below.

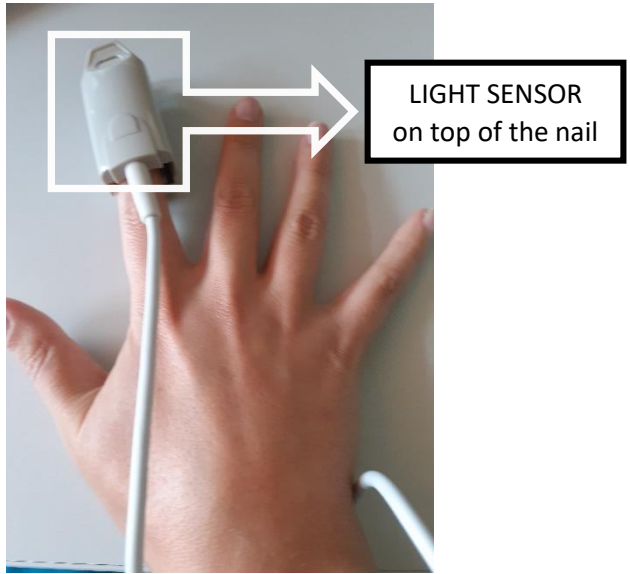
Assessment of blood pressure, pulse/beat, peripheral oxygen saturation, temperature and pain will be required. The team will explain the operation of the devices to you as many times as necessary for you to learn.

### 6.1 SPHYGMOMANOMETER AND OXIMETER

It is the device used to assess blood pressure, heart rate and peripheral oxygen saturation.

Below are the instructions for using our meter:

**1<sup>o</sup>** - Put on the armband and the oximeter



**Figures 3 e 4:** The image on the left shows the correct position of the armband, the image on the right shows the correct position of the oximeter.

2º - Put the evaluate in the **Device**

NUMBERS IN YELLOW  
blood pressure value

NUMBERS IN GREEN  
oxygen saturation value

NUMBERS IN BLUE  
pulse/beats value

**STEP 1**  
press to turn  
on

**STEP 2** load  
press to  
evaluate tension

Parameter	Value	Color
SYS mmHg	98	Yellow
DIA mmHg	59	Green
MAP mmHg	71	Yellow
% SpO2	99	Green
PR bpm	66	Blue

**Figure 5: How to use the sphygmomanometer and oximeter**

**SINAIS VITAIS**

Preencha a tabela de acordo com as indicações da equipa de saúde

Etiqueta de Identificação do Utente

DATA	HORA	SATURAÇÃO O2	TENSÃO ARTERIAL	PULSO	DOR Registrar a hora da avaliação da dor	TEMP.	OBSERVAÇÕES

NUMBERS IN GREEN

NUMBERS IN YELLOW

NUMBERS IN BLUE

O Hospital em sua casa.

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1/2

**Figure 6: How to record the vital signs you evaluated on the sheet**

On this sheet you will also be asked to rate your pain using the following scales.

**Escala Qualitativa**

Sem Dor	Dor Ligeira	Dor Moderada	Dor Intensa	Dor Máxima
---------	-------------	--------------	-------------	------------

**Escala Numérica**

Sem Dor	0	1	2	3	4	5	6	7	8	9	10	Dor Máxima
---------	---	---	---	---	---	---	---	---	---	---	----	------------

**Figure 7: Pain rating scales.**

Rate the intensity of the pain on a scale of 0 to 10, with 0 corresponding to "no pain" and 10 corresponding to "maximum pain".

## 6.2 VENOUS CATHETER

A venous catheter is a polyurethane needle that the nurse places in a vein to administer medications or serums intravenously. You should monitor the location, and **CONTACT THE TEAM** if:

- Pain at the puncture locations or in the limb where the catheter is placed;
- Change in skin color near the puncture location (redness);
- Edema (swelling) or blistering (blisters);
- Warm skin near the puncture location;
- Signs of liquid leakage (serum, blood).



**Figure 8:** Peripheral venous catheter

Only the healthcare team can handle the catheter and administer medication through this way.

If the catheter comes out (exited from the vein) do not panic, use the **“CATHETER EXTERIORIZATION KIT”** provided at the time of admission. Put compresses on the area, press and place adhesive over the compresses.

When bathing use plastic wrap or a bag to protect the



catheter area.

**Figure 9:** Peripheral venous catheter wrapped in plastic wrap for protection during bathing.

### 6.3 BLADDER CATHETER

A **bladder catheter** is a tube or tube system used to empty and collect urine from the bladder.



**Figure 10:** bladder catheter

**Always wash your hands before and after handling the catheter and/or collection bag!**

Wash your genitals daily with soap and water. The bladder catheter, collection bag and genitals must be kept clean and dry to avoid

infections. Avoid pulling or pushing the bladder tube to avoid causing wounds.

The collection bag must be placed below the level of the bladder, without touching the floor, ensuring the free flow of urine, avoiding bends in the drainage circuit.

The bag must be emptied through the valve whenever the content reaches 2/3 of its capacity. Urine should be emptied through the tap into an individualized container (for example a urinal). The tap must be cleaned with alcohol at 70° after emptying.



**Figure 11:** Collection bag

The drainage system must operate in a closed circuit. The drainage bag should not be replaced routinely but rather:

- At the time of replacement of the catheter;
- When damaged or leaking;
- When sediment and/or clots accumulate;
- When there is an unpleasant smell;
- If there is accidental exit from the bag and/or system;

Whenever there is a need to change the collection bag, the catheter-bag junction must be disinfected with alcohol at 70°.

You should **CONTACT THE HEALTH TEAM** if:

- Presenting thick, cloudy, bloody or strong-smelling urine;
- Notice inflammation of the urethra;
- Notice decreased urine volume or absence of urine in the collection bag, despite abundant fluid ingestion,
- Lose urine in large quantities outside the catheter;
- Presence of bladder pain.

**It may be necessary to point out the amount of urine produced in the 24 hours!**

#### 6.4 EXPANDING CHAMBER AND INHALERS

The use of inhalers may be necessary for the treatment of some respiratory diseases. An inhaler is a medical device used to administer medication by inhalation, in aerosol form.



**Figure 12:** Inhaler



**Figure 13:** Expansion Chamber



To simplify the administration of this drug you may be provided with an expansion chamber.

The following are the instructions for using the expansion chamber:

1. Be seated and calm, place the expansion chamber horizontally;
2. Remove the cap and shake the pressurized inhaler;
3. Adapt the pressurized inhaler to the expansion chamber in the “L” position with the metal part facing up;



**Figure 14:** Instructions for using expansion chamber

4. Adapt the mask well to your mouth and nose or to your lips, in the case of the mouthpiece;
5. Pressing the pressurized inhaler;



Figure 15: Instructions for using the expansion chamber

6. Keep the mask or mouthpiece tightly fitted for about 20-30 seconds (5-6 breaths) after pressing the inhaler;
7. If you have to do more inhalations, you should wait 30-60 seconds and repeat the same steps;
8. Move the expansion chamber away and remove the inhaler.

#### **6.4.1. EXPANDING CHAMBER HYGIENIZATION CARE**

Clean the chamber regularly, when it is visibly dirty and at least once a week, or according to the manufacturer's instructions;

The chamber must be dismantled, however, it is recommended that you carefully read the manufacturer's information, as some chamber are not completely removable;

The pieces must be soaked in a container with warm water and dishwashing detergent for 15 minutes. Gently shake the container, avoiding the formation of lather;

Rinse the parts in clean water and place them in a vertical position to drain and dry;

When the chamber is dry, mount it and check its condition. When there are cracks in the chamber or the valve is in bad condition, it must be rejected.

## 7. MEDICATION

Medicines are special products that, in order to maintain their effectiveness, must be carefully stored.

The hospital is responsible for providing the medication needed to treat the acute illness that led to your hospitalization, but the patient/caregiver will be responsible for storing of the medication.

Below we list the **conservation rules** to have with the medication::

- Medicines must be kept away from light, humidity and high temperatures;
- Store them in the coolest areas of the house (less than 25°C), ideally in a cabinet inaccessible to children, avoiding places close to heaters, fireplaces, other sources of heat or sun exposure (in front of windows);
- Some medicines need extra care in storage and should be kept in the refrigerator (do not put them on the refrigerator door or in the freezer);
- If you notice a change in the color or consistency of the medicines, contact the HHU team;
- Only remove medications from the medication package (provided by the healthcare team) and from the respective wrappers at the time of taking them;



**Figure 22:** How drugs are given to the patient

- Confirm the drug, dosage, posology and route by **Therapeutic Reconciliation** provided daily by the Health Team.


## 8. HANDS WASHING

Hands are a huge factor in the transmission of microorganisms, both to others or to ourselves. When we don't wash or wash our hands incorrectly, we are increasing the risk of infection.

**When should you wash your hands?** Before and After...

- Taking/Delivering medication;
- Provide care such as hygiene, feeding, positioning, aid in urinary or intestinal elimination;

- Contact with medical devices such as venous catheters, bladder catheters, feeding tubes, among others.

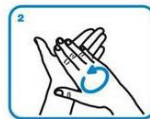
 Duração total do procedimento: 40-60 seg.



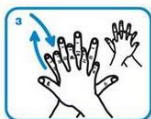
0 Molhe as mãos com água



1 Aplique sabão suficiente para cobrir todas as superfícies das mãos



2 Esfregue as palmas das mãos, uma na outra



3 Palma direita sobre o dorso esquerdo com os dedos entrelaçados e vice versa



4 Palma com palma com os dedos entrelaçados



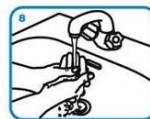
5 Parte de trás dos dedos nas palmas opostas com os dedos entrelaçados



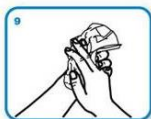
6 Esfregue o polegar esquerdo em sentido rotativo, entrelaçado na palma direita e vice versa



7 Esfregue rotativamente para trás e para a frente os dedos da mão direita na palma da mão esquerda e vice versa



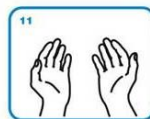
8 Enxague as mãos com água



9 Seque as mãos com toalhete descartável



10 Utilize o toalhete para fechar a torneira se esta for de comando manual



11 Agora as suas mãos estão seguras.

**Figure 23:** How to wash your hands correctly.

## **9. OTHER SERVICES**

### **9.1 Social Service**

Our unit has a social worker who can help you:

- To clarify the rights and benefits that they can receive in the event of illness/dependence/disability;
- To identifying community resources in terms of social support that you can turn to, if necessary;
- Providing you with psychosocial support in the situation of illness or that of your family member.

### **9.2 Nutrition**

Our unit has a Nutritionist who can help you:

- To clarify the benefits of certain foods;
- To maintain a varied and balanced diet, with a personalized diet.





**Don't forget you must STAY AT HOME.**

For any questions, contact the UHD Health Team.

Service available  
**24 hours a day:**



**924 458 364**

For administrative issues: