



# Home Health Nursing

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They have been called the “guest in the house”<sup>1</sup> and the “stranger in the family.”<sup>1</sup> They arrive to care for patients in homes, clinics, or schools regardless of weather or traffic conditions. Their car is their office, and a street map and the telephone two of their essential tools. They find house numbers in the dark and locate isolated farmhouses in rural areas. They walk up the stairs when the elevator doesn't work, cope with all manner of distractions while visiting, and adapt their nursing care to a different client controlled environment in every visit. They are home health nurses whose practice demands the full spectrum of acute, palliative, and chronic care competencies. This issue of the *RNAO Practice Page* shines the spotlight on home health nursing practice.

The role of the home health nurse is complex and challenging. The home health nurse must:

- Work independently.
- Make confident decisions based on well-developed critical thinking skills.
- Have excellent communication skills with clients, co-workers and other stakeholders,
- Communicate effectively through the use of voice mail, fax, telephone – and looking ahead – with portable digital assistants (PDAs) or laptop computers.
- Work directly with all members of the multidisciplinary team.

## **A Day in the Life of A Home Health Nurse**

Now, we invite you to join home health nurse Gail as she makes her daily rounds.

Gail begins her day by administering IV antibiotic therapy through a PICC line for a client with osteomyelitis. She has been certified by clinical educators to provide central line care. She ensures the patency of the PICC line and assesses the entry site for any site abnormalities. While the antibiotic is running, she provides a supportive presence to the client, performs wound care, taking note of the wound status, and asking the client about pain, mobility and coping. Teaching is integral to her visit and she explains all her care, answers the client's questions and shares a range of health promotion information including nutrition tips to promote healing.

Next Gail visits an infant with congenital heart disease to assess his vital signs and overall status.

Gail confirms the parents' understanding of the infant's medication regime and general care. She provides emotional support to the parents and explores the need for additional supports such as respite care.

Gail then visits a palliative client. Finding a new order to initiate continuous s.c. morphine via a CADD pump (Continuous Ambulatory Delivery Device), Gail phones the CCAC Case Manager to order the pump and supplies. Since it will take a few hours until they arrive, Gail leaves to do more visits, but returns when the equipment has been delivered. Upon her return, Gail assesses and documents the client's baseline pain level and characteristics. She programs the pump, inserts the s.c. line and starts the infusion. She explains the “bolus” function of the pump and shares the signs and symptoms of too much morphine. She reviews the functions and the management of the pump with the client and husband. She ensures that a bowel routine is in place and explains that nausea and vomiting are possible side effects of the drug. Recognizing the client's need for increased nursing assessment and support, Gail successfully negotiates an increase in visit frequency from the CCAC Case Manager and when she explains she will visit daily for a while she is rewarded with a relieved smile from the client and husband.

Gail travels on to a seniors' building. Riding in the elevator with

some of the residents, she is often asked whom she is visiting and why, and she has learned to just smile and say, "you know that's top secret!" There are three clients.

The first is receiving fragmin injections for Deep Vein thrombosis. Gail ensures that blood work is being done regularly and quizzes the client about unusual bleeding or other symptoms. The client is pleased that her mobility is increasing and Gail praises her efforts. The next client has a venous pressure ulcer on his leg. Gail is disappointed by the poor healing and arranges for the wound care nurse to visit. The third client is recovering from pneumonia and remains weak. She tells Gail that she is upset at being unable to tidy her apartment and feels too tired to make proper meals. Gail talks with the CCAC Case Manager and requests home support services for a short time. The client also says that her toenails are so long they are catching on the sheets and Gail takes the time to cut them safely. She makes a discharge planning note to refer the client to an accessible foot care service.

Lastly, Gail admits a new client who has a long history of congestive heart failure and has just returned home from hospital. Gail is excited at the possibility of enrolling the client in a research study that is exploring the use of telemonitoring for cardiac clients. If the client's condition is suitable and he consents, in addition to Gail's visits, the client will hook himself up to a monitoring station in his home that measures his blood pressure and heart rate and auscultates his breath sounds. A nurse from a remote base station will phone the client when it is time to hook himself up, will record the results, assess the breath sounds transmitted, talk to him about how he is doing, and provide additional teaching about his condition. Gail knows that early research evidence<sup>2</sup> suggests that

augmenting in-home visits with this technology is being well received by clients and makes sense given health care system challenges with both costs and nursing availability.

Gail's client visits are now completed but there is still much to do! In addition to her clinical skills, Gail's administrative and managerial skills enable her to coordinate and organize a myriad of responsibilities that are essential to client care. These include:

- Review her client list for the next day.
- Phone her office to provide scheduling updates.
- Fax tomorrow's client list into the office (soon to be replaced by e-technology).
- Check voice mail throughout the day.
- Respond to pager or cell phone messages.
- Call the CCAC Case Manager to provide any required client reports.
- Phone the physician who prescribed the pain pump to confirm that the treatment has been started.
- Complete any paper work required.

When asked why she has chosen home health nursing, Gail explains that she finds home health nursing very fulfilling because of the autonomy, variety and scope of the practice and the meaningful relationship she is able to have with her clients.

We hope you enjoyed your day with Gail! Community health nursing has recently been designated as a specialty nursing practice by the Canadian Nurses Association, based on Standards of Practice for Community Health Nurses published in 2003. The five standards are based on the principles of primary health care and reflect today's imperative for the health care system and its practitioners to work from a primary

health care framework. The first CNA certification will be offered in the fall of 2005.

Well, we've run out of space for this issue of the *RNAO Practice Page*. We hope the unique practice of the home health nurse has been brought to life and that the next time you see a home health nurse in your community you'll say a special hello! ▶

### Resources

Marrelli, Tina M.(1997) *Handbook of Home Health Orientation*, St. Louis, Mosby

RNAO (2000). *Understanding the Practice of Home Health Nursing: A Discussion Paper*. Toronto: Author Available from [www.chnig.org](http://www.chnig.org)

The Community Health Nurses Initiatives Group of the RNAO [www.chnig.org](http://www.chnig.org)

The Community Health Nurses Association of Canada [www.communityhealthnursescanada.org](http://www.communityhealthnursescanada.org)

Canadian Home Care Association [www.cdnhomecare.on.ca](http://www.cdnhomecare.on.ca)

### References

<sup>1</sup>Coffman, S. (1997). Home care nurses as strangers in the family. *Western Journal of Nursing Research*, 19 (1), 82-96.

<sup>2</sup>Keehner Engelke, M. & Perry Britton, B. (2000). From black bags to interactive work stations. *Reflections on Nursing Leadership*, (Fourth Quarter), 30-32.

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