

Guidance to conduct Home visits for palliative care patients

- 1) ASHAs may identify the patients in need of palliative care under each AB-HWC
- 2) Based on the needs of the patient the following services are suggested:
 - a. Catheter care
 - b. Oral care
 - c. Back care to prevent back sore

You may refer to the skill videos uploaded in YouTube videos. The link is mentioned below:

https://www.youtube.com/@NHSRC_MoHFW/videos

For training PPTs and modules, you may please refer to the link provided below:

<https://nhsrcindia.org/practice-areas/cpc-phc/comprehensive-primary-health-care>

- 3) During Home visits, the Community Health Officers (CHO)/ANM/Staff Nurse may update in the Home visit case sheet as per Appendix (i)
- 4) After home visit the palliative care services shall be documented as per the format in Appendix (ii)

Home visit case sheet

1. Name: _____ Age: _____ Yrs / Sex: _____ Religion: _____

2. Date of first contact with family _____

3.

| | | |
|---|---|--|
| Address: _____ Other contact name & Address: _____ | Telephone _____ | Useful info/ remarks-route with distance, landmarks etc. |
|---|---|--|

4. Informant, if other than patient: _____

Relation to the patient: _____

5. Family tree: _____

Other relevant family related info: _____

6. Social background:

Occupation:

Current _____

Before Illness _____

No. of members in the family: _____

Earning family members: _____

Any other family member with chronic disease (details): _____

Other support _____

Primary care giver: _____

BPL / APL / Ayushman Bharat/ State Specific cards _____

Availability of government scheme cards _____

7.Diagnosis: [Include all the diseases/ disabilities]

8. Treatment Status:

Ongoing treatment:

Previous treatment/s for this condition:

ECOG performance status:

| | | |
|---|--------------------------------------|---------------------------------------|
| 0- Normal activity | 1- Ambulatory + Light work | 2- Ambulatory Self Care [No work] |
| 3- Limited Self-care / Confined to bed or chair mostly | 4- Completely disabled, No self-care | |

| | |
|-------------------|--|
| General condition | Fairly good / Poor / Debilitated / Very weak / Drowsy / Unconscious/ Terminal state |
| Communication | Easy / Occasionally / Withdrawn /Non- communicative |
| Main concerns | |
| Main concerns | |
| Sleep | Normal /Disturbed /Wakeful nights (reason) |
| Urination | Normal / Hesitancy/ Increased frequency / Incontinence / on catheter |
| Bowel | Normal /Diarrhoea / Constipation /Stoma |
| Malodour | Due to incontinence/ Infected ulcer |
| Appetite | Good / Fair / Poor / None |

Present symptoms: (by patient / informant)

| | | |
|-----------------------|------------------|----------------------------|
| Pain | Sore mouth | Itching |
| Nausea | Swelling | Agitation/ irrelevant talk |
| Vomiting | Ulcer/ Wound | Tiredness |
| Swallowing difficulty | Bleeding | Drowsiness |
| Heart burn | Lymphoedema | Others (List below) |
| Constipation | Pressure sores | |
| Loose motions | Urinary problems | |
| Cough | | |
| Breathlessness | | |

Most distressing symptoms:

Social and emotional issues:

Spiritual issues:

Psychological assessment:

| | Patient | Family |
|------------------------------|-------------------------|-------------------------|
| Insight about Disease | Complete / Partial / No | Complete / Partial / No |
| Insight about prognosis | Complete / Partial / No | Complete / Partial / No |
| Acceptance of the conditions | Complete / Partial / No | Complete / Partial / No |

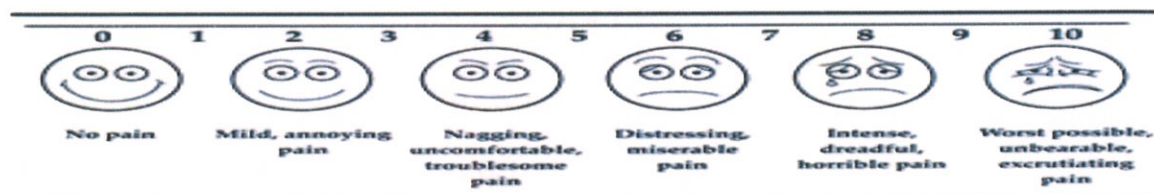
Pain Assessment:

- Patient has no pain.

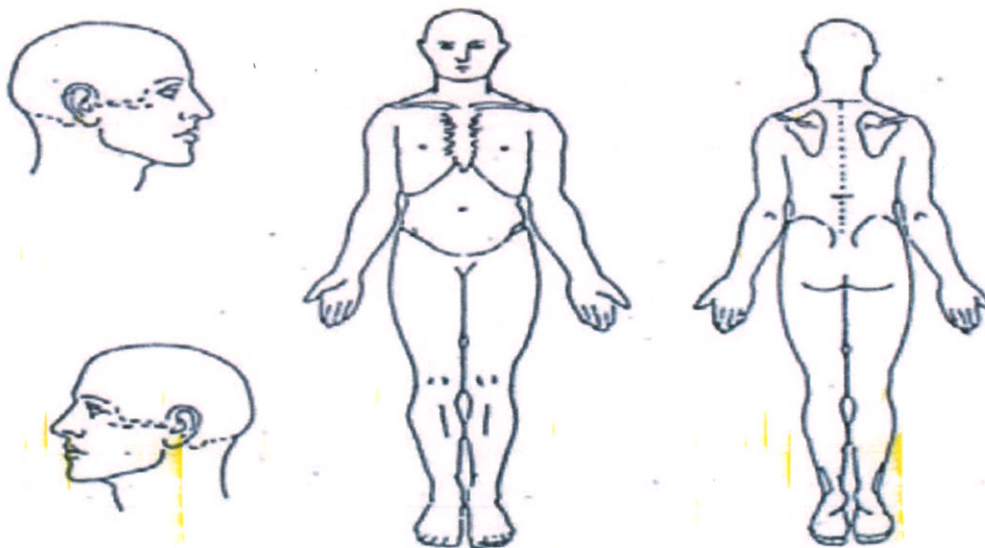
Effectiveness of present pain medicine: Good / Fair / Poor / not on any pain medication

| Site | Intensity (0-10) | Duration | Type (Constant/ Intermittent) | Character (Aching/ Throbbing / Burning / Pricking/ Lanciating) | Provoking/ Palliating factor |
|------|------------------|----------|-------------------------------|--|------------------------------|
| A | | | | | |
| B | | | | | |
| C | | | | | |
| | | | | | |

(A) Mark the pain intensity



(B) mark the location of pain (e.g., A,B,C,.....)



Brief Management Plan:

Action taken to alleviate the symptom

Appendix (ii)

Suggested format for documentation of Palliative Care Services

| | Home care visits | | | |
|---------|------------------|---------|-----------|---|
| Sr. No. | Name | Age/Sex | Diagnosis | Palliative Care services provided during home visit |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |