

NCCU CLINICAL GUIDELINES
SECTION: 19

TRANSFER AND DISCHARGE

Section 19: Transfer & Discharge
Home Visiting Nurse Service (HVN)
Date created: Aug 2006
Date revised: Feb 2014
Review date: Feb 2017

Neonatology Clinical Guidelines
King Edward Memorial/Princess Margaret Hospitals
Perth Western Australia
Authorisation and review by
Neonatal Coordinating Group

HOME VISITING NURSE SERVICE (HVN)

The Home Visiting Nurse Service aims to support the transition from hospital to community care for infants discharged within the home visiting area who are on the **Neonatal Follow-up Program (NFUP)**, or who are discharged with **identified special needs**. HVN cannot visit infants at home purely for social reasons. Referrals for these infants should be arranged by the social services department prior to discharge.

The HVN area covers metropolitan Perth, within approximately a 35km radius from KEMH. Infants for home visiting will be identified by the HVN at weekly ward rounds and family focus meetings.

The HVN will endeavour to discuss home visiting with the parents prior to discharge, explaining the role and the expected duration of visiting support. Nursery staff should encourage the parents to attend the parentcrafting talks and meetings and to room-in for 1-2 nights prior to discharge, as applicable. Parents are to be given HVN contact details on discharge.

Complete the **Home Visiting Referral Form** MR254, check address and phone contact details are correct and attach a sheet of bar-coded addressograph labels to the form.

ROUTINE REFERRALS FOR INFANTS:

- Born ≤ 32 weeks and/or ≤ 1500 gms (NFUP)
- Discharged with an oxygen dependency
- Neonatal abstinence syndrome (NAS) - on morphine
- HIE treated by therapeutic hypothermia (Cooled)
- Hyperbilirubinaemia treated with exchange transfusion

Note: Infants born at ≥ 33 weeks and ≥ 1501 gms who are discharged from the KEMH NICU or PMH NICU with other medical problems, feeding problems, weight concerns and palliative care infants should be discussed with the Clinical Nurse Consultant in the relevant area and/or the Home Visiting Nurse (HVN) prior to referral.

INTER-HOSPITAL TRANSFERS

- NFUP Infants that have been transferred to peripheral hospitals for parentcrafting will still be followed up. A HVN referral form must be completed at the time of transfer and placed in HVN file. The HVN will maintain contact with referral units, who will be asked to contact her when referred infants are discharged.
- The follow-up of non-program infants discharged after transfer to peripheral hospitals will be the responsibility of the discharging hospital.

DISCHARGE PLAN

- The first visit will be made, if possible, within 72 hours of discharge, and subsequent visits will be arranged with the parents as necessary. Infants will be handed over to care of their Child

Health Nurse once established at home, and phone contact maintained until after the NFUP clinic appointment (at or shortly after term). The HVN will maintain liaison with the paediatricians, social workers and other involved health professionals, and will provide them with feedback as necessary.

- After discharge home parents should be advised to contact HVN in office hours. However, it should be reinforced to parents that if they have any concerns regarding their infant they should attend their GP or their emergency department. Out of hours non-urgent contact from the parents for the home visiting nurse will be by means of the mobile phone which diverts to 2West (KEMH) when turned off. Nursing and/or medical staff will offer interim assistance as required and refer on to the HVN via the phone call documentation book. All phone calls received by the SCN are to be documented and signed. HVN will check the books daily. **PLEASE include all relevant information and reason for phone call.**

HOME VISITING NURSE SERVICE – SECURITY POLICY

1. PRE VISIT RISK ASSESSMENT

If factors are identified which would be considered unsafe for the HVN to visit this will be discussed with HVN, CNC and SW before visits are offered. The case will then be referred to appropriate agencies such as DCP and CHN/social supports will be notified of potential risk. Joint visits with social worker or community health nurses may be considered in borderline cases. HVN nurse will endeavor to meet with families before discharge.

Consider:

- Who is living in the house?
- Relationships among occupants in the house e.g. husband, wife, defacto, stepfather
- History of violence and by whom, intensity, nature and criminal activities e.g. assault, GBH +/- any restraining orders
- History of substance abuse
- Major mental disorder of any of the occupants
- Custody issues e.g. involving the Family Court system
- History of opposition to home visit
- Aggressive pets at home

IDENTIFY LEVEL OF RISK

Low risk - Family does not appear to be in immediate crisis - no current domestic violence, custody issues or personal issues (loss of employment, suspension from school) or justice system issues.

High risk - History of self-harm, aggression and/or violence, substance abuse, mental disorder or criminal involvement by any of the household occupants; restraining order against or requested by any of the household occupants; custody issues involving the justice system; ongoing conflict with neighbours.

2. PRE VISIT

HVN is to carry mobile phone that is in good working order. Phone to have pre-programmed numbers to the Police Department.

Weekly visiting schedule distributed to HV office, Nurse Manager, SCN reception and CNCs. Access to calendar on Outlook Express permitted for Nurse Manager, all CNCs, Area Manager and Nursing Director.

HVN to keep schedule updated, and to notify SCN reception of any deviations; or if phone will be off, or out of range, for any reason.

3. DURING VISITS

Consider safety issues and geographical location at all times.

External:

- Scan residence and neighbourhood and take note of:
- Entry and exit points eg: no through road, road back to main street, main door, gates, stairways, alleyways etc.
- Potential obstacles or obstructions that can impede departure in emergency eg: parked cars, parking distance from house.
- Observe for unusual or potentially hazardous signs, eg: animals, raised voices, any suspicious or antisocial behaviour by anyone near or around the house.
- Park car ready for an easy exit if necessary – if possible do not park in driveways to avoid being blocked in or blocking access.
- If any concerns that visit may not be safe leave the area, and contact CNC and/or SW to discuss the case and arrange alternative follow up.

Internal:

- Note exit points such as doors and windows
- Keep phone and car keys easily accessible
- Where possible position yourself where you can exit quickly eg: between client and exit door
- At any point during the home visit the HVN can make a judgement that the situation has become unsafe and decide to leave. Once this decision has been made leave immediately in a polite calm and orderly manner to minimize escalation of the situation. Avoid turning your back on the danger. "When in doubt, get out".

4. AFTER VISITS

- Report any concerns or critical incidents to CNC and/or social worker immediately, and ensure these are documented in progress notes, and AIMS forms if appropriate.
- Ensure any other potential home visiting agencies (eg community health nurses, Red Cross, Wanslea etc.) are warned of any risks as soon as possible.
- HVN to phone SCN reception on completion of days visits. Ward clerk will record call on fireboard. If HVN has not called in by the time ward clerk completes fireboard (4-5pm) she will call HVN on mobile and/or page 3343 to check safety. If unable to reach HVN, the ward clerk must notify CNC (or hospital manager if no CNC on duty).
- CNC (or hospital manager) will then try to contact by checking with scheduled visits, calling home phone, or by contacting nominated NOK.
- If unable to trace HVN the police are to be notified.