



CLINICAL PRACTICE GUIDELINE

Guideline coverage includes NICU KEMH, NICU PMH and NETS WA

Home Visiting Nurse (HVN) Service

This document should be read in conjunction with the [Disclaimer](#)

The Home Visiting Nurse Service aims to support the transition from hospital to home for infants discharged within the home visiting area who are part of the **Neonatal Follow-up Program (NFUP)**, which includes:

- Born < 32 weeks and/or < 1500gms
- Discharged with an oxygen dependency
- Neurological Conditions: HIE treated by therapeutic hypothermia, seizures, Meningitis
- Hyper bilirubinaemia treated with exchange transfusion.

The HVN area covers metropolitan Perth, within approximately a 35 km radius from KEMH. Infants for home visiting will be identified by the HVN at weekly ward rounds and in liaison with NFUP Co-ordinator.

The HVN will commence and insert the **Home Visiting Referral (MR254)** in the identified infant's clear folder with admission and discharge documents. Nursing staff are responsible for completing the **MR254**, checking the address and phone contact details are correct, signing and placing with a sheet of bar-coded addressograph labels in the HVN file kept in 2 West nursery, when the baby is discharged or transferred from KEMH.

If Medical or Nursing staff are considering home visits for any infants with identified special needs that are **not** part of the NFUP, this needs to be discussed with the Home Visiting Nurse (HVN) **prior** to referral. HVN cannot visit infants at home purely for social reasons. The HVN will organise the visiting schedule and will arrange appointments directly with parents. Other health professionals are not to inform parents that the HVN will visit on a certain day or frequency and duration of visits.

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

Inter-Hospital Transfers

- NFUP infants that have been transferred to peripheral hospitals for on-going care will still be followed up. An MR254 must be completed at the time of transfer and placed in HVN file. (This includes infants transferred to PMH). 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, at the earliest convenience and subsequent visits will be arranged with the parents as necessary. Infants will be handed over to care of their Child Health Nurse (CHN) 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 Neonatologists, NFUP Co-ordinator, CNCs 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 nearest 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 2 West Nurse, 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 book daily. **PLEASE include all relevant information and reason for phone call.**

Home Visiting Nurse Service - Security Policy

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 CPFS and the CHN will be notified of potential risks. Joint visits with the local CHN may be considered in some cases.

HVN nurse will endeavor to meet with families before discharge and discuss with Social Worker, CNC and bed side nurse to

Consider:

- Who is living in the house?
- Relationships among occupants in the house
- History of violence and by whom, intensity, nature and criminal activities e.g. Assault, +/- 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.

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 Area Manager, CNCs, NFUP Coordinator office, Nurse Manager, SCN reception and 2 West nursery office. Access to calendar on Outlook Express permitted for Area Manager, CNCs, Nurse Manager and Nursing Director.

HVN is to keep schedule updated, and to notify SCN reception and/or 2 West of any deviations or if phone will be off, or out of range, for any reason.

During Visits

Consider safety issues and geographical location at all times.

External:

Scan residence and neighbourhood and take note of:

- Entry and exit points e.g. No through road, road back to main street, main door, gates, stairways, alleyways etc.
- Potential obstacles or obstructions that can impede departure in emergency e.g. Parked cars, parking distance from house.
- Observe for unusual or potentially hazardous signs, e.g. 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 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 e.g. 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".

After Visits

- Report any concerns or critical incidents to CNC and/or social worker immediately, and ensure these are documented in progress notes, and CIMS /OSH forms if appropriate.
- Ensure any other potential home visiting agencies (e.g. Community Health Nurses, Red Cross, Wanslea etc.) are warned of any risks as soon as possible.
- HVN to phone 2 West on completion of days visits. If HVN has not called in by 5:30pm, 2 West Coordinator will call HVN on mobile to check safety. If unable to reach HVN, the coordinator must notify the CNC (or hospital manager if after hours or no CNC on duty).

- CNC (or hospital manager) will then try to contact by checking with scheduled visits, calling home phone or personal mobile, or by contacting nominated NOK.
- If unable to trace HVN the police are to be notified.

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