FAMILY WITH PRIORITY CASES AND INFECTION CONTROL IN THE HOME

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Aim and Purpose

To be able to provide professional family nursing care for families in direct and indirect care, by applying theories, concept and family care principals in promoting, preventing, curing and rehabilitating at all prevention level to improve family health status.
Family as a target priorities

In providing care to family, it is prefer to have it for families whose at risk by any cause that could lead to health problems; such as inability and less informed in helping their possible problems
WHO ARE THE PRIORITY FAMILIES? ??

Unable to provide health care

Unable to reach proper decision

Unable to provide/maintain healthy housings

Unable to use health facilities

Unable to identify problems

Family Health Problems
FACTORS AFFECTING TO FAMILY HEALTH

- **Physical factors**
  exp. Family dietary regularity

- **Psychological factors**
  exp. Fm as the supporting factor

- **Social and Economical factors**
  exp. This factor plays a major role in providing healthiness of fm.

- **Cultural factors**
  belief, family values, family role and communication pattern, family’s coping mechanism
Family interaction on sick-health range (Friedmann, Doherty and Sussman, 1998)

- **Health promotion**
  Family member as role model to other at any occasion.

- **Family interpretation to the illness**
  FM indicating its symptom as its health problem, seeking for its problem, and the effect/transmission to other.
Seeking care provider
FM indentifying its sickness and another FM identify it, so that an effort solve problems is then started.

Care referral
Initial contract of family member with health service and alternative therapist.
Acute responds to illness
Role is changing especially the sick person’s role; such as chronic illness to a mother so that the role is may temporary taken by father to their children.

Adaptation and healing
Family is now seeking help and health care service in coping their problem.
9 Role of Family Nurse

- Health Educator
- Coordinator (as connector)
- Care giver/provider
- Health provision (as home care and home visit)
- Consultant
- Collaborator
- Facilitator
- Case Founder
- Environment Modifier
Family Nursing Practice Level

1. **Family as Context**
   - Focusing on individual health service
   - Family as the background of member
   - Family as the biggest stressor and/or support system to family member

Example Ns’s dx:

2. **Family as a Group or Family Member Group of or Individual Member**

- Family defined as a group of or total of individual family member.
- Not only one of FM, the nursing care is also given to another member whom dealing with similar problem.
- Each of family level treated as separated units from interact unit.
- Health care is provided to all of family member.
- Model of this practice level represents the total practice in primary family nursing and community nursing (Friedman, 1998).
- A nursing diagnosis may take to provide next step in solving problem faced by some of family member whom dealing with same case.
- Exp: Bersihan jalan napas tidak efektif pd Tn. M (22 thn) dan an. D (3 th) di keluarga Tn. B (45) dengan ISPA.
Family’s subsystem as client

- Family subsystem became analysis unit and care.
- Problem faced by family more often about failure-success family in fulfilling family tasks in previous family’s developmental task level.
- As an example: Lack of attention on FM may lead to many case, such as drug user, marital cheating, etc.
Family as Client

- The focus of intervention to this level are dynamical rhythm of internal family, family structures and function, relation of family subsystem with external environment.
- Family became the front line in having nursing service, while family member to be the background where family is treated as interacting system.
- Problems which usually occur is an effect of failure-success to fulfill needs and present family tasks.
- Eg: childbearing,
Infection Control in the Home

- Many infectious diseases are relatively silent in initial manifestation of clinical signs and symptoms (Rice, 1996).
- Understanding how communicable disease is transmitted becomes the first step in implement and manage infection
ICEBERG PHENOMENON

Identified person with communicable disease

Unknown carrier: asymptomatic, not diagnosed, fears loss of confidentiality
MECHANISM OF INFECTION:

1. Contact transmission
   - Direct contact: by sexual activities, touching, biting (animal bites included). May also by means of tissue exposure to dust and contaminated soil
   - Indirect contact: infectious agent is introduce into susceptible host via food, water, blood products, med eq, dressings, etc.
2. **Droplet Infection**

- **Disease**
  - Droplet containing infectious agent is emitted by an infected host and contaminates a susceptible host
  - Such as: diphtheria, rubella, streptococcal pharyngitis, pneumonia, pertussis, mumps, mycoplasma pneumonia, etc.

- **Barrier protection**
  - Private room
  - Cohort patient
3. **Airborne Transmission**

<table>
<thead>
<tr>
<th>Disease</th>
<th>Barier protection</th>
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<tr>
<td>Requires the entry of microbial aerosols into respiratory tract.</td>
<td>Private room, negative airflow, mask.</td>
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<td>Could be transmitted by humidifiers, fans</td>
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<td>Eg. Chicken pox, pulmonary or laryngeal TB</td>
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4. **Vector-borne transmission**

- Usually agent is passed from a non-vertebrate host such as arthropods by bites, regurgitates, or deposits feces or other material containing the infectious agents through bite on wound or an open area of the skin.
STANDARD PRECAUTIONS

- Washing hands
- Gloves are worn when touching blood, fluids and other contaminated items
- Masks if the activities may generate splashes of body fluids
- Gown
- Proper clean procedure of care equipment
- Contaminated linen and sharp instruments should be treated properly
- Private room

SP apply to blood, all body fluids, secretions, excretions, nonintact skin and mucous membranes.
THANK YOU FOR THE ATTENTION

Semoga sukses dengan UAS, Mohon maaf apabila selama penyampaian kuliah terdapat kesalahan.