

DISCHARGE PLAN FOR A CHILD WITH CHRONIC RESPIRATORY FAILURE FROM THE TRANSITION TO THE HOME ENVIRONMENT

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The article describes the organization of parent education and the discharge plan for children with chronic respiratory failure. Education is an interactive process and is based on good communication. For successful education, it is necessary to set good goals that are aimed at laypeople and health professionals. The paper presents an educational plan and standardized approaches. The problem of parents being overburdened with constant care for a child with a tracheostomy and artificial ventilation at home is highlighted.

Descriptors: PARENT'S EDUCATION, CHILD, CHRONIC RESPIRATORY FAILURE

Introduction

Planning a patient's discharge from the hospital to the home environment is a process that begins immediately upon admission to the hospital. The entire healthcare team should be involved in planning. The goal of nursing care and health education is to bring the patient with a tracheostomy and their relatives to the highest possible level of self-care before discharge from the hospital (1).

Tracheostomy in paediatrics is no longer a rarity. Due to the progress of medicine, more and more children with chronic respiratory failure and tracheostomy are discharged to home care, where their parents and relatives take care of them. Nurses are responsible for providing parents

with the education necessary for a smooth, successful, and safe transition to home care. Parents have to deal, not only with the disease, but also with the burden of daily 24-hour care and functionality of the family. This creates stress for some families, leading to physical and mental exhaustion in parents (2, 3).

At University Clinical Centre Ljubljana, Paediatric Clinic, Department for lung diseases training parents to care for chronically ill children has a long history. We have started 25 years ago. We believe that parent education can begin when parents are prepared to take on the burden and full responsibility of caring for a chronically ill child. The scope of knowledge is planned based on the knowledge needs for safe care at home. It was determined on the child's needs. Education is carried out in an agreed medical team, and takes place in the clinical department.

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The process of education

Based on several years of monitoring children with chronic diseases, programs were created that are the starting point for the education process. It turned out that the parents were overwhelmed and asked for help at home. Cooperation with primary health care or community nurses proved to be the ideal solution (4, 5).

Education is a directed process of changing an individual's thinking in acquiring knowledge, skills and abilities. For successful education, it was necessary to initially set goals for laypeople and health workers. The nurse first presents the plan to the parents, then they begin teaching methods that include an explanation, discussion, demonstration and practical work on the manikin. When parents are ready, they start simulating the situations that require action with the child (1, 5). Learning the skills of parents of chronically ill children with long-term ventilation at home is divided into theoretical and practical part (5).

As part of the theoretical work, parents get to know and gain knowledge about: tracheal cannulas respirator, aspirator and accessories for safe care, possible complications and resolving complications and hygiene regime (washing and disinfecting hands, preparing the surroundings). When parents and nurse finish work on the theoretical part, nurse start with a practical demonstration of the work on the manikin. The practical part consists of: hygiene regime, aspiration, changing and attaching the tracheal cannula, changing the respiratory system, operation of the respirator and ventilation with a breathing balloon, and use of oxygen (5). On average, a nurse works with parents for 2 hours a day. After three weeks of learning, parents are qualified, some need more time. We adapt to their needs until they feel competent and ready to take care of a sick child themselves. A community nurse is included in the

treatment, who gets to know the patient in the clinical department, and special educational content is presented to her. The community nurse then visits them regularly in their home environment, provide help and monitors their condition (2, 5).

To achieve the goal of learning topics, we pay attention to the choice of learning methods. For teaching methods, we mainly choose explanation methods, demonstration methods, and immediate and final assessment methods for laypeople and health workers. We use medical devices and a teaching manikin when learning. The evaluation method is real-time and two-way. We consider the quality of competence to be the combination of theory and practice and manual skills. The live evaluation method allows us to provide feedback and further work planning (4, 5).

Conclusion

All members of the nursing team are involved in parent education, which leads to successful treatment. Previous experience has shown that the preparation of the patient and parents is a process that lasts from admission to discharge. The process takes place gradually, because each family is specific and their dynamics of life at home are different than in the hospital, so we prepare them for all possible complications and adjustments at home.

Literature

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