

PUBLIC HEALTH

The Public Health Nurses' Responsibility in a Family Health Service

By

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Family health service is involved in other community services, as well as the intelligence, the attitudes, the habits and customs, the economic situation and the home environment. The available clinics and hospitals, the environmental sanitation programme, legislation or regulations regarding the control of communicable disease and industrial health hazards, resources for meeting other social needs and the educational and recreational programmes are, perhaps, the more important community services the nurse must consider as she carries out her responsibilities.

Her entrance into the home is usually because of a need on the part of one or more individuals of the family. The visit may be at the request of a member of the family, a clinic or private physician, a friend or relative, a teacher or social worker; a foreman in a mill. It may be an investigation visit in relation to a communicable disease or a reported still birth, or because the nurse herself has observed some physical or environmental condition that will lead to ill health.

The first visit to the home is an important one and the nurse must establish a friendly and trustful relationship in order to aid the family in recognizing and understanding their needs, and in stimulating them to make plans for meeting the need according to their own abilities and resources when possible.

In the various services offered by Public Health Agencies the aims are to promote health and prevent defects, illness and diseases in order to prolong life, efficiency and happiness within

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one's own environment.

With this aim imbedded in her mind the good Public Health Nurse assumes the following responsibilities in giving health service to the families under her care :—

1. To help secure medical diagnosis and treatment for those who show signs of any abnormal condition of body or mind, and to encourage them to stay under supervision until care is no longer needed.

This care may be given in a hospital, a clinic, a home, a school, by a private physician or in the ambulance room of an Industrial Clinic.

When nursing care and procedures are to be carried out in the home, she must interpret these to the selected family attendants and through actual demonstration, and continuous guidance teach her to carry them out in a skilled and intelligent manner. Most families want to care for their own members, when they are sick and it is better for the patient also.

This care may vary from setting up an isolation unit in a two room village home to demonstrating a clean safe delivery to the family dai.

2. To teach the family members simple facts about why and how to practice good health habits, such as nutrition, personal cleanliness, posture, rest and recreation; and the value of immunizations for protection against infectious diseases.

This teaching must be done in a simple, positive way that will appeal to individuals of different age and intelligence levels, and it must be possible for them to carry it out. It does no good to teach a mother who has five children about the value of meat as a source of protein when she cannot afford more than ground nuts occasionally.

The older children might be stimulated to plant some ground nuts in their small garden plot or the agriculture worker may give them aid in planning a better garden.

3. To assist the family in improving their home environment; cleanliness, general sanitary measures for safe water and milk, food free from contamination and air free from smoke or dust. To carry out measures to prevent fires or accidents and to improve the attractiveness of the house and surroundings.
4. To guide the family in getting the necessary outside help with recognized social problems that are affecting the family's health when all family resources have been tried.

The nurse must avoid taking responsibility that is rightfully the families. If she does it will handicap her in her relationships and her ability to help them help themselves through an increased interest, learning,

and a sincere desire to improve through their own efforts.

Indirectly the nurse aids her families through being a good citizen in the community and taking an active part in developing programmes and facilities that deal with health and other forms of social welfare.

One nurse I know spends two evenings each week helping the adult men and women of her village learn to read and write. Now they are proud to be able to read the health messages on the clinic posters and the printed instructions the doctor sometimes gives to them. It has even aided one man in getting a refund from an over-paid debt. Fortunately he had kept all his receipts and had learnt some arithmetic as well as reading.

The nurse must keep herself informed. She is not only a health teacher but a student also. Each new development—agricultural, educational or industrial—will affect the village or city in which she works and she wants to be alert to the assets and liabilities of the programme in relationship to the families she serves.

Being a part of the Health Department team, and aiding in the learning of new and old members of this team is also of indirect help to the families. The vaccinator or sanitarian, the clerk who figures up statistics of births, deaths, and illnesses must be helped to realize their value and contribution to the work of the nurse as a family teacher of health.

In carrying out these responsibilities the nurse must retain her warmth of manner, her professional behaviour, and her vast amount of patience that is so necessary in working with lay people anywhere in the world.

You may now ask: what does the nurse get for carrying out all these responsibilities?

She gets the satisfaction in knowing from actual observation and experience

that she aided many individuals and families to a healthier, happier way of life.

The greatest compliment to a Public Health Nurse was one given by a boy in a rural school who was asked what a family was; His reply was

"It is my mother, father, us children, the dog and cat — and our nurse".

References :

1. N. O. P. H. N. Manual.
2. Public Health Nursing Practice — Ruth Fruman.
3. Personal Notes and Experiences.

My Notes & Procedures

By

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Ophthalmic Nursing Series (II)

Eye Therapeutics

Treatment of conditions of the eye may be both local and general.

Local Treatment.

1. Drugs may be used in the form of :—

Drops. These are applied to the lower fornix by gently pulling down the lower lid and instilling the drops on the inside of the lid.

Lotions. The eye is irrigated with lotion by means of an Undine. In the home, lotions may be applied by bathing the eye, using cotton wool.

Ointment. A smooth glass rod is used to apply ointment to lower lid; the lids are shut and the rod withdrawn allowing the lids to wipe off ointment.

2. Heat.

(a) **Moist Heat** must be applied with extreme care so as not to cause a scald; unless the case is a surgical one, it is advisable to let the patient (adult) carry out the treatment under supervision.

A satisfactory method is to use a cotton wool padded wooden spoon.

The spoon is dipped in the hot water, excess water removed by pressing against side of bowl, and then held near closed eye and as it cools sufficiently, the spoon is then pressed on the closed lid. The process is repeated for 10-15 minutes as ordered. *Note* if a metal spoon is used, special care must be exercised as the metal retains heat.

(b) **Dry Heat.** Prolong application of heat may be applied with a Maddox Heater which is a small electric heater. An eye pad is placed between the eye and the electric pad.

Medical Diathermy is also used to apply dry heat.

3. Cold.

An application of cold is sometimes used to control orbital haemtoma. An ice bag, or small pack, lightly filled with finely crushed ice is applied as ordered.

General Treatment.

Eye conditions are often manifestations of some general physical disease in which case general treatment is combined with local treatment of the eye.