

# Home Visit Patients and Family with Cleft Lip and Palate

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**Background:** The operating process for cleft care, requires continuity of care involving a multidisciplinary team. When the patient goes to hospital to receive surgery, parents and family feel nervous about their children and need to know how to take care of their children afterwards. Some patients will have operations into their teenage years. The scar on their face will give them low self esteem and feelings of isolation. Patients and family need information and encouragement. Home visit should be a good process to convey information and encourage patients and family.

**Objective:** Of this project were to convey information and encourage patients and family and to evaluate patients/family problems and needs as well as to promote networking.

**Material and Method:** A team meeting took place to decide about the families to be visited. After selection the family nurse coordinator contacted them by telephone, as well as contacting the primary care unit near to the family and then travelled to visit the family. The collected data was by questionnaire, observation and in-depth interview.

**Results:** 2 families were visited before and after operation, 8 families were visited 2-3 days after operation. The families have better knowledge, more confidence and can take better care of their children. Unfortunately health care professionals in primary care unit were too busy to join with the team.

**Conclusion:** Home visit is a good process to convey information and find patients and family problems/needs because they are more relaxed than in hospital, so can better understand and talk more easily. The families are happy to see the home visit team and are more confident to take care of their children after visit.

**Keywords:** Home visit, Patients and family, Cleft lip and palate

**J Med Assoc Thai 2011; 94 (Suppl. 6): S109-S113**

**Full text. e-Journal:** <http://www.jmat.mat.or.th>

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Approximately 2.5 of every 1,000 children in North East of Thailand are born with cleft lip and cleft palate<sup>(1)</sup>. Srinagarind Hospital has 150-200 cases of cleft lip and palate each year<sup>(2)</sup>. The operating process for cleft care requires continuity of care involving a multidisciplinary team<sup>(1)</sup>. When the patient goes to hospital to receive surgery, parents and family feel nervous about their children and need to know how to take care of their children after operation<sup>(3,4)</sup>. Some

patients will have operations into their teenage years<sup>(4)</sup>. The scar on their face will give them low self esteem and feelings of isolation<sup>(5)</sup>. Patients and family need information and encouragement<sup>(6)</sup>. Going to hospital each time takes quite a lot of time and money for patients and family, sometimes the parents are busy with other family members or do not have enough money for transportation. Home visit should be a good process to convey information and encourage patients and family.

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**Objective**

1. To convey information and encourage patients and family.
2. To evaluate patients/family problems and

needs.

3. To promote networking.

### **Home visit**

Home visit is a part of continuity of care and involves a interdisciplinary team and planned to maximize effectiveness and efficiency of care<sup>(7)</sup>. This process can help health care professionals with home evaluation, can reduce the burden of transportation, as well as provide comprehensive assessment such as performance based functional, observation of activity during daily living, better understanding of environmental factors and promote health care professional-patient relationship<sup>(8)</sup>.

### **Objective of home visit<sup>(8)</sup>**

1. To better understand and know patients and family.
2. To promote holistic care.
3. Self care assessment of patients and family.
4. Provide health care service to patients and family.

### **Home visit process<sup>(8)</sup>**

Home visit has 3 steps: before visit, visiting, and after visit. In the first step the health care professional will prepare data and material. The second is the actual visiting to assess, make relationship between nurse and family, conference about health problem and problem solving. The last step is data recording and evaluating for future plan. Each step has detail thus:

#### ***Before visit***

##### ***The team need to prepare:***

- Objective setting, make a plan
- Learn about the patient's community.
- Try to get more information about patients and family from medical history record
- Research any necessary background knowledge, decide and prepare any tools to carry.

#### ***Visiting***

Team should be respectful of their culture and beliefs, have good observation skills, use simple language, the questions should be easy and not too long.

#### ***After visiting***

This step is recording for follow-up and making a future plan.

Home visit can be provided in 4 groups<sup>(7,8)</sup>.

### **Illness home visit**

Visit patients who cannot come to the hospital or in cases where doctor order admitted at home, patient not responding to therapy, elder mistreatment and caregiver burnout. In these cases doctor or nurse will go to visit at home to assess psychosocial, provide wound care in patients with paralysis etc.

### **Dying patient home visit**

Palliative care: sometimes patients need to spend terminal life at home. The health care professional will go to see and help prepare patient and family. The team needs to have knowledge, skill to help patients and family to reduce suffering in that difficult situation.

### **Assessment home visit**

To assess related health status factors that can help health professionals to know and understand patients and family in other dimension.

### **Hospitalization follow-up home visit**

In this group health care professionals will follow patients who were admitted in hospital such as after operation, accident, newborns/moms breastfeeding assessment. The aim of this visit, part of the continuing care service is to see if patients can adapt to family or family can take care of patients and if they have any problem.

The visiting nurse should have good knowledge, communication skill to make good relationship with the patients and family and use INHOMESS guide<sup>(9)</sup>, as follows:

#### ***I = Immobility***

Assess that care giver has the ability to take care of their children or if need some help from the others.

#### ***N = Nutrition***

Assess about patients nutrition, milk feeding because it may have effect on patients readiness for operation, wound healing and growth.

#### ***H = Home environment***

Home environment is the factor that affect patients and family health such as pollution and germs.

#### ***O = Other people***

Relationship between family members or

relationship with neighbours. If they can help each other when have any problem.

#### ***M = Medications***

Assess about health history, medication including evaluation of parents/care giver drug administration for patients and other source in community.

#### ***E = Examination***

Physical examination, wound care, feeding such as how well patients sucking milk and other health problems.

#### ***S = Safety, Spiritual Health***

Assess culture, health belief, attitude, values and socioeconomic factors that affect patients and family that can help the health care professional understand patients and family health behavior better.

#### ***S = Service***

Assess provision of health care service and problems, patients and family feeling regarding health care service system.

#### **Material and Method**

This project is the one part of Nursing care system development for patients with cleft lip-palate and craniofacial deformity in Srinagarind Hospital. The period of the present study from October 2008-September 2009. The team visited patients and family with cleft lip and palate who were admitted in Srinagarind Hospital, Faculty of Medicine, Khon Kaen University 1 time per month, before and or after operation. Collected data was by observation and interview.

#### ***The process of this project***

1. A team meeting took place to decide about the families to be visited.
2. After selected the family nurse coordinator contacted family by telephone.
3. Contact was made with the primary care unit near the family by telephone.
4. Find maps and get driving directions.
5. Prepare document and assessment forms.

#### **Results**

The team visited 2 families before operation, 8 families after operation, 7 cases of cleft lip and 3 cases of cleft palate. In 2 cases parents could not dress their

childrens wound and nurse demonstrated it again. In one case parents had some mental problem and their relative can take care of patients. 4 families had neighbours with them on the visit day. All of these families are farmers. The families felt satisfied with the team and felt more confident. The families have more knowledge and the home visit help them take better care of their children. Health care professional in primary care unit had no time to join with team. From indepth interview we quote some comments as follows:

#### ***Pre operative care***

“Nurse told me be careful if baby get cold, if the baby have fever then can not operation”.

“I am not sure now if when the baby can get operation, because just breastfeeding probably last week and weight gain very slow”.

“My child cannot take milk as good as other children”.

#### ***Post operative care***

“It is very long time for breast feeding sometime about 1 hour, but nurse said breast feeding is good for baby so have to be patient”.

“The wound not quite clean, but I am not sure about dressing, so wait for his mother to comeback from work”.

“I would like to get more operation on nose, it is not balanced now”.

“After meal sometime he did not take water, because he did not want to do”.

“The wound still wet, is it a problem?” “what can I do with that”.

#### ***Opinion about team visitor***

“very glad to see all of you”

“Would like team come to visit again, feel more confident”

“I felt a little bit worried to take care of my child, but when see all of you I feel better”

“When your team visit we have more knowledge and can help us take better care of my child”.

“In hospital everybody seem very busy, have no time to talk, but at home we have more time to talk, and ask each other”.

“local nurse sometime they are busy and cannot come to visit us”.

#### **Discussion and Conclusion**

Home visit is a good process to convey information and find patients and family problems/

needs because they are more relaxed than in hospital, so can better understand and talk more easily. The family are happy to see home visit team and more confident to take care of their children after visit. Some family have neighbours with them on the visit day because they like to share about health care with team. Team visitor understands more about patients and family life style, so can adapt the process to their life style and have some feed back from family to improve the process in future.

#### **Acknowledgement**

The authors wish to thank Nursing Division Srinagarind Hospital, Faculty of Medicine Khon Kaen University Khon Kaen Thailand and Center of Cleft Lip-Cleft Palate and Craniofacial Deformities, Khon Kaen University in Association with “Tawanchai Project” for supporting this project.

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## การติดตามเยี่ยมบ้านผู้ป่วยปากแห้งเพดานโหว่และครอบครัว

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**ภูมิหลัง:** กระบวนการในการดูแลผู้ป่วยปากแห้งเพดานโหว่ เป็นกระบวนการรักษาที่ต่อเนื่อง และเกี่ยวข้องกับสหสาขาวิชาชีพ เมื่อผู้ป่วยต้องได้รับการผ่าตัดผู้ป่วยครองมีความรู้สึกกังวล กลัว และต้องการทราบว่าต้องดูแลผู้ป่วยอย่างไร ผู้ป่วยบางคนได้รับการผ่าตัดจนเข้าสู่วัยรุ่น การมีบาดแผลบริเวณใบหน้า เป็นสิ่งที่ทำให้ผู้ป่วยเกิดความรู้สึกสูญเสียภาพลักษณ์ มีปัญหาในการเข้าสังคม ผู้ป่วยและครอบครัวต้องการข้อมูลและกำลังใจ การเยี่ยมบ้านเป็นช่องทางหนึ่งที่สามารถช่วยเหลือผู้ป่วยและครอบครัวในการให้กำลังใจ และคำแนะนำต่างๆ

**วัตถุประสงค์:** เพื่อให้ข้อมูล และให้กำลังใจแก่ครอบครัวของผู้ป่วยปากแห้งเพดานโหว่ เป็นการประเมินปัญหาการและความต้องการของผู้ป่วยและครอบครัว รวมทั้งเป็นการสร้างเครือข่ายในการดูแลผู้ป่วยกับหน่วยงานในพื้นที่

**วัสดุและวิธีการ:** ทีมเยี่ยมบ้านมีการประชุมและตัดสินใจในการเลือกบ้านที่จะออกเยี่ยม หลังจากนั้นพยาบาลประสานงานติดต่อครอบครัวและสถานีนามัยไกลบ้านที่จะออกเยี่ยม เก็บข้อมูลโดยการสัมภาษณ์ และการสอบถามเชิงลึก

**ผลการศึกษา:** มีการเยี่ยมผู้ป่วย ก่อนผ่าตัดและหลังผ่าตัด 2 ราย เยี่ยมผู้ป่วยเฉพาะหลังผ่าตัด 2-3 วันจำนวน 8 ราย พบว่า ผู้ปกครองมีความรู้ ความมั่นใจในการดูแลผู้ป่วยมากขึ้น แต่อย่างไรก็ตามเจ้าหน้าที่อนามัยในพื้นที่ไม่มีเวลาในการออกเยี่ยมบ้านรวมด้วย

**สรุป:** การเยี่ยมบ้านเป็นแนวทางที่ดี ในการให้ข้อมูล และค้นหาปัญหา ความต้องการของผู้ป่วยและครอบครัว เนื่องจากผู้ป่วยและผู้ปกครองมีความรู้สึกผ่อนคลายมากกว่าอยู่ในโรงพยาบาล ดังนั้นสามารถพูดคุยสอบถามข้อสงสัย ได้มากกว่าครอบครัวผู้ป่วยมีความพอใจในการเยี่ยมของทีม และรู้สึกมั่นใจในการดูแลบุตรมากขึ้นหลังการเยี่ยมบ้าน

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