

Course 4.

The peculiarities of treatment in family medicine

Home health care

TREATMENT IN FAMILY MEDICINE

Treatment is an essential component of the family doctor's medical record. The therapeutic aims are: maintaining the state of health, restoring the state of health, preventing diseases and their complications.

The purpose of therapy in family medicine is to maintain the functions of the body, to correct the disturbed mechanisms, to restore the biological balance state, to achieve an adequate system of socio-professional and family reintegration.

The therapy, in FM, has a prophylactic character (defense by means of hygiene, nutrition, physical education) and a curative character, which imposes complex, complete, individualized measures, etiologically and pathogenically targeted.

The effectiveness of the therapy is influenced by

- ☐ the patient's condition
- ☐ trust in the doctor
- ☐ administration in appropriate doses, having maximum therapeutic effects and minimal or absent side effects.

The administration of medicines implies the responsibility of the doctor, of the healthcare staff performing the administration, of the patient and / or of the family members of the respective patients.

The monitoring or monitoring of the therapeutic effects is performed on different criteria: clinical, paraclinical or morphological. The evaluation of the efficiency of the therapy is evaluated according to the evolution of the disease, on clinical, biological or morphological criteria. The therapeutic prognosis can be good, mediocre or bad.

Drug associations

- ☐ will be done by knowing and anticipating drug interactions
- ☐ the interactions can be synergistic, antagonistic, indifferent or dangerous.
- ☐ drug interactions can lead to multiple therapeutic effects for the same disease, effects combined in different (concomitant) conditions or to amplification or reduction of effects
- ☐ the interferences can be pharmacokinetic or physico-chemical (precipitated, inactivated solutions).

I. The therapeutic measures prescribed by the family doctor

1. The therapeutic measures of etiological character are aimed at the triggering factors (germs, intoxications, etc.). They must have maximum efficiency, aspect conditioned by the selection and the use of the drug (route of administration, rhythm, duration). The etiological therapeutic measures may be influenced by the combination of other therapies (symptomatic, functional, dietary hygiene, etc.).

2. Symptomatic therapeutic measures

These are often used to relieve a symptom of the disease (fever, pain, etc.).

They are applied with caution in order not to mask the evolution of the disease and not to prevent the establishment of an etiological or pathogenic diagnosis by alleviating the clinical symptoms.

Symptomatic measures are used in certain periods until a diagnosis is established, but also in the terminal pathological states. They will accompany the other therapies, being recommended for the relief of some annoying symptoms. Sometimes, in the absence of confirmation of the etiological diagnosis, the MF may try an "ex juvantibus" treatment, with the role of verifying the diagnostic assumption by therapeutic response.

3. Pathogenic therapeutic measures

It is recommended when the mechanism of production and maintenance of the disease is multifactorial or when the etiological pathogen is unknown.

Pathogenic therapy has the following characteristics:

- ☐ it has a functional role, it addresses some disturbed functions
- ☐ has a substitute effect, addresses the functional deficiencies
- ☐ it has an active psychic effect, of confidence, of the patient's optimism
- ☐ it changes the reactivity of the organism, influencing the evolution of the disease for good
- ☐ it has a hygienic-dietary component, purifying (eliminating some metabolism), roborant and resuscitation.

II. Application of therapy in MF

The application of therapy in family medicine implies its adaptation to a number of factors, therapeutic measures with higher efficiency.

1. The adaptation of the therapy in the family medicine is made in relation to:

- ☐ the etiology of the disease
- ☐ the pathophysiological mechanisms involved
- ☐ the evolutionary stage of the disease
- ☐ the pathological cumulation of the patient
- ☐ drug interaction
- ☐ the initial favorable therapeutic result or not

2. The application of therapeutic measures in family medicine requires:

- ☐ individualization of therapy for each case
- ☐ specifying the character of the therapy (attack, background, maintenance)
- ☐ ensuring an adequate duration of treatment
- ☐ respecting the administration mode: path, doses, techniques, rhythm
- ☐ knowledge of the drug (mechanism of action, effect on the disease, useful, effective doses).

3. The effects of the medication are validated according to:

- ☐ the bioavailability of the patient
- ☐ the route of administration
- ☐ the pace of administration
- ☐ duration of administration
- ☐ the drug association
- ☐ applied doses, rationalized to the patient's metabolism and elimination capacity
- ☐ form of pharmaceutical presentation
- ☐ interference
- ☐ incompatibilities
- ☐ synergy, drug antagonisms
- ☐ relationship with food: recommended or forbidden foods, administration either before, during or after eating.

III. Treatment supervision in FM

All medicines can also have some negative effects, which is why the prescribed treatment should be supervised carefully.

1. The peculiarities of the supervision of the treatment in the family medicine

The supervision of the treatment is much easier to perform in the hospital, where the patient is followed all the time, compared to the ambulatory, where the permanent supervision is almost impossible to perform. Therefore, the patient should be informed as clearly as possible about the administration of medicines, the favorable effects, the side effects and the contraindications of the medication.

The patient must know the benefits of the therapy and the risks he assumes if he does not follow the treatment. The patient need to know:

- how to follow the treatment
- how long to follow the treatment
- the influence of diet and alcohol on therapy
- the effects of drugs on its socio-professional activity.

2. The types of supervision of the treatment in the ambulatory

A. Ordinary (ordinary) supervision, which is applied in most cases, is performed by monitoring compliance with the treatment prescribed by the patient, which is called compliance.

Sometimes the treatment can be refused by the patient because of the unpleasant taste or the pain caused by some injectable drugs (important aspect in children). Very complicated treatment schemes can be interrupted, modified, or even given incorrectly.

When it is necessary to start treatment with attack doses (digitalis, antibiotics), followed by their reduction, it is possible that the patient may mislead the treatment.

Mistakes can also be made when changing one drug with another.

Often the patient stops treatment when they notice the disappearance, or the improvement of the symptoms, without the doctor's opinion and without the disease being cured.

B. Extraordinary supervision is applied in the case of patients at risk or in the use of medicines where the difference between the effective dose and the toxic dose is small, thus there is the risk of intoxication.

1. Surveillance of patients at risk is addressed to the following categories: newborns, old people, pregnant women, patients with renal or hepatic impairment.

- in newborns: the risk of relative overdose,
- in those with renal impairment: the medicines are not properly disposed of through the urine and can accumulate.

2. Surveillance of risk medicines.

- There are drugs, such as tonicardiacs, antiepileptics and anticoagulants, at which the therapeutic and toxic doses are close.
- The follow-up of these therapies will be done by the FM not only on clinical criteria
- Biochemical and pharmacokinetic criteria obtained through laboratory investigations will be used, which will more precisely assess the effectiveness of these therapies.

3. Drug addiction

Dependence is a chronic intoxication, characterized by the need to continue the administration of the drug or the respective toxicity, in the absence of justifying symptomatology. Addiction can be mental or physical.

A. Psychological dependence is determined by the pleasant effect of the drug, which relieves pain, fights anxiety or creates a state of euphoria. Some drugs, such as morphine, alcohol, barbiturates, tranquilizers, cocaine, caffeine, and nicotine, can cause mental dependence.

B. Physical dependence is determined by the progressive diminution of the efficacy of the drug and the need to increase the dose to achieve the expected effect and thus to avoid unpleasant disorders, which occur in the absence of the dose increase. Physical dependence can occur on morphine, barbiturates, alcohol, cocaine, nicotine, caffeine, etc.

4. Surveillance of tolerance to medication

Treatment should be carefully monitored because certain features of patients, diseases, latent organic deficiencies can influence drug absorption, metabolism and elimination.

Therefore, some medicines may be more difficult to tolerate for certain categories of patients.

A number of side effects may be expected (bleeding complications of anticoagulants or headache after nitrates), others not (allergic reactions after antibiotics or anti-inflammatories).

Some undesirable effects may occur early, (vasodilator headache), others may occur late (chloramphenicol - anemia, amiodarone - secondary retinopathy).

5. Monitoring the effectiveness of the therapy

A. Clinical surveillance. The clinical observation of the patient is the simplest way to monitor the effectiveness of the treatment.

B. Paraclinical surveillance.

Ex: In diabetes mellitus, chronic hepatitis requires paraclinical investigations of liver or renal function to assess therapy.

The family doctor cannot properly evaluate the effectiveness of an antidiabetic treatment, without determining blood glucose, glycosuria and ketone bodies.

In addition to the positive effects, through paraclinical supervision, negative effects produced by medication, for example on liver or renal function (appearance of hepatocytolysis or renal failure) can be sought.

In all these cases, the investigations will be carried out after a periodicity characteristic of each disease, the results being compared with those before the beginning of the treatment.

6. Characteristics of the application of therapy in family medicine:

- ☐ therapy is a component of the medical act, necessary to maintain human health and integrity and / or to fight diseases
- ☐ the therapeutic act must be carried out with the direct, active and conscious participation of the patient and / or the patients
- ☐ the treatment aims to recover the health status with family and socio-professional reintegration
- ☐ the treatment is applied after a complete and systematic consultation of the patient which ends in the elaboration of a correct diagnosis.
- ☐ the efficiency of the treatment is followed throughout the disease, in all the evolutionary periods of the disease until the terminal period
- ☐ preventive treatment in MF has a higher weight than curative, it can slow the evolution of the disease and / or prevent the occurrence of complications
- ☐ the specific treatment of the disease will be individualized on symptomatic, etiological and functional-pathogenic criteria
- ☐ the therapy will be administered according to scientific criteria: doses, rhythm, route of administration and duration
- ☐ the therapy is applied according to the individual particularities of the patient, age, biological status, weight, material possibilities
- ☐ the application of the therapy is made in specific conditions of place (home, work place), time (reduced), material conditions (reduced) and human, with little information
- ☐ the therapeutic techniques in the MF will be gentle, adapted to the needs, possibilities and compliance
- ☐ the psycho-therapeutic factor (trust in his family doctor) can well influence the organ-functional regulation and adaptation processes of the organism contributing to the increase of the efficiency of the therapy.

THE PARTICULARITIES OF TREATMENT IN FM

I. The particularities of the treatment determined by the limited possibilities of the FM:

- ☐ Need to provide medical care in different conditions
- ☐ Need to provide first aid in all emergencies
- ☐ The obligation to carry out a continuous treatment of chronic diseases
- ☐ Confronting some cases beyond the FD possibilities
- ☐ Need to care for patients who do not have the necessary minimum conditions
- ☐ Dependence of the treatment on the cooperation of the patient and his family
- ☐ FD obligation to care for the patient in all his integrity
- ☐ obligation to treat family
- ☐ Need of cooperation with other specialists

A. Disease that requires hospitalization:

- ☐ Diseases that endanger the patient's life imminently
- ☐ diseases that seriously affect the vital functions
- ☐ Diseases that require imminent surgery
- ☐ diseases requiring continuous monitoring
- ☐ Serious diseases, where there is no certainty diagnosis
- ☐ Diseases that involve an unfavorable evolution, which can involve serious complications
- ☐ Diseases that require special investigations and treatments
- ☐ Mental illness serious
- ☐ Some infectious diseases

II. The peculiarities of treatment of patients determined

A. Patients who cannot be treated outpatient:

- ☐ Patients with debilitated
- ☐ Patients with a special reactivity
- ☐ Allergic patients
- ☐ Patients who do not cooperate
- ☐ Some patients with serious mental illness
- ☐ Patients who do not have minimum conditions for home care
- ☐ Patients from disorganized families
- ☐ Patients left alone

III. The particularities of the treatment related to the need to intervene in emergencies

1. Emergencies that can be treated at home, without requiring the hospitalization of the patient

- ☐ Bronchial asthma crisis
- ☐ Angina pectoris in crisis
- ☐ Renal colic
- ☐ Biliary colic
- ☐ Acute enterocolitis
- ☐ Acute tonsillitis
- ☐ Sprains
- ☐ Viral pneumonia
- ☐ Acute lumbago

2. Emergencies to be hospitalized:

- ☐ Asthma
- ☐ Myocardial infarction
- ☐ Acute urine retention

- ☐ Digestive bleeding
- ☐ Acute cholecystitis
- ☐ Intestinal occlusion
- ☐ Tonsil abscess
- ☐ Fractures
- ☐ Acute respiratory failure
- ☐ Paralyzing Lombosciatica

Family doctor emergency kit

- Sanitary instruments and materials
 - stethoscope
 - sphygmomanometer
 - thermometer
 - tourniquet
 - syringes and cotton
 - sanitary alcohol, iodine
 - splint
 - needles and thread, surgical staples
 - EKG

- Drugs
 - Adrenaline, Algocalmin
 - Distilled water, Bromine calcium, Glucose calcium, Ephedrine, Insulin, Heparin, Hemisuccinated hydrocortisone, Myofilin
 - Phenobarbital, Glucose 33%, Propranolol, Verapamil, Phosphobion
 - Lanatoid C, Digoxin, Furosemide, Papaverine, Scobutyl, Atropine
 - Sulphate, Magnesium Sulphate, 1% Xyline, Penicillin, Ampicillin
 - Tablets: nitroglycerin, scobutyl, papaverine, aspirin, paracetamol, algocalmin, several antibiotics, nifedipine, captopril, propranolol.

IV. Particularities related to the need for collaboration with specialists

In order to solve the cases that exceed his professional competence the family doctor will collaborate with the other specialists of profile.

He collaborates with almost all specialists, so that he must have a thorough knowledge of the other specialties.

If FD does not have this thorough professional knowledge, he / she will not be able to practice his / her profession at an appropriate level nor will he be able to collaborate effectively with the other profile specialists.

V. Particularities related to the need for complete treatment of the patient:

- ☐ Taking into account all the diseases the patient suffers
- ☐ Establishing the etiopathogenic links between diseases
- ☐ The hierarchy of diseases from a therapeutic point of view

- ☐ Considering the life conditions of the patient
- ☐ Elaboration of a therapeutic synthesis
- ☐ Elaboration of optimal therapeutic behavior
- ☐ Avoidance of drug interactions and adverse effects

VI. Particularities related to the need for continuous patient care

Chronic diseases are specific to family medicine, which will ensure the continued care of its patients. He will appeal to specialists only in situations that exceed his professional competence, such as in acute episodes of chronic diseases or a case of complications of chronic diseases.

The FD must notify in time when he has to send a chronic patient to the specialist, to determine for each patient the rhythm in which he must monitor him at the office or at his home.

HOME VISITS

I. The stages of home visits

1. Reception of the patient's request

- the chronological record of the requests, the recording of the time and the person who received the request
- correct scoring on identity,
- address of the assisted person,
- the motivation for requesting the consultation.

2. Identification of the person requesting the home visit.

The family doctor will identify the person (whether or not he / she has a file in the office, is known or not, has special problems or not, has requested or not visited at home, has certain medical or social problems).

3. Hierarchizing the requests according to: requests, their nature, priorities, their dispersion on the ground, the means of transport available and the possibilities for solving them.

4. Preparing and performing the visits: medical kit prepared with tools and medicines to solve the patient's accusations, to ensure the means of transport, to establish the route, to evaluate the available time, the need and efficiency of the movement, to inform the work team, to record the movement in the register home calls, traveling alone or as a team.

5. Carrying out the home consultation requires ensuring the right conditions at home related to: space, light, clothing, bed position, the patient, the maneuverability of the assisted person, the collaboration with the entourage.

The consultation involves the evaluation of:

- ☐ living conditions: brightness of the house, heating, ventilation, water supply, pollution sources, hygienic-sanitary condition, presence of medicines;
- ☐ the socio-economic factors of the patient expressed by the standard of living, the level of culture,
- ☐ patient's condition: displaceable or not, vicious positions, facies appearance, presence of physical disabilities.

The FD will take the decision to:

- ☐ home treatment
- ☐ treatment delay until the patient is investigated,
- ☐ referral to a specialized unit, ambulatory or hospital for situations that exceed its competence

The FD will make assessments regarding the prognosis and the evolution, will schedule other controls at home or in the medical office. It is important to train the family to support the patient and to apply the indicated therapeutic programs, as well as the training of the patient, then the recording, coding, centralization, reporting and hoarding of data.

II. Situations that require the MF to grant the consultation at home

Categories of patients to be consulted at home

- ☐ Children under one year
- ☐ The immovable elders
- ☐ Dispensary patients
- ☐ Contacts with patients with contagious pathology
- ☐ Patients with social problems
- ☐ Patients with behavioral disorders

Diseases of the patient requiring a home consultation:

- Major emergencies for non- immovable patients
- Acute diseases with a general altered state, which do not allow to travel to the office
- Acute episodes of chronic diseases (eg, asthma, paroxysmal dyspnoea, or epileptic seizure)
- Complications of chronic diseases
- Chronic debilitating diseases (eg cancer, liver cirrhosis, chronic lung failure, congestive heart failure)
- Diseases of the locomotor system (eg acute lumbago, arthritis, sprains, dislocations or bills).
- Chronic diseases of the nervous system (eg spinal cord compression, cerebellar syndrome)

- Mental illness. (eg psycho-motor agitation, confusional state, suicide attempt or drug use)
- Sequels of diseases. (eg the sequelae of vascular accidents, in which the patient may remain with paresis or hemiparesis, the sequelae of vicious consolidated fractures, the sequelae of burns).
- Terminal states and death
- The appearance of infectious diseases. (food poisoning, diphtheria, typhoid fever, or trichinellosis)
 - o MF must carry out an epidemiological investigation to find out in good time all the cases of illness, which requires the home visit
 - o In case of food poisoning, the doctor will detect the source of the infection, the food incriminated and the other members of the family or community contaminated.
- Presence of risk factors (air, water pollution in the respective territory)
- Chronic patients who have abandoned treatment
- Home visit for family medical problems.

Families to be visited by MF at home

- ☐ dysfunctional families, with problem patients
- ☐ families with children with problems, presenting contagious diseases, at which risk factors at home are suspected
- ☐ patients who have inappropriate life habits and socio-economic problems

III. Problems elucidated on home visits:

1. Diagnosis of the patient

- ☐ Which disease is the most important
- ☐ What is the connection between the diseases presented by the patient
- ☐ What is the state of vital functions
- ☐ What is the prognosis of the patient

2. The familial situation of the patient.

- ☐ Whether the patient is married, whether he has children or not.
- ☐ What is the family atmosphere.
- ☐ If the family is cooperative
- ☐ What is the socio-economic and cultural level of the family

3. The socio-economic situation of the patient

- ☐ If the house is isolated or is in an inhabited area, where it is located
- ☐ How many rooms it has, its hygienic state
- ☐ If the house is adequate, if it has a kitchen, bathroom, toilet
- ☐ If the patient has a separate room

- ☐ If the house has running water
- ☐ If it has heating, electricity, etc.
- ☐ What are the patient's relations with the neighbors.

4. If the patient is mobile or immobilized in bed

- ☐ Degree of mobility
- ☐ If he can move to the toilet
- ☐ If he can take a bath alone
- ☐ If you can dress yourself
- ☐ If you can feed yourself
- ☐ If he can leave the house

5. If the patient is feeding normally

- ☐ If you are on a special diet
- ☐ What is the patient's diet composed of?
- ☐ If he can buy the food he needs for his life alone
- ☐ How the patient keeps food
- ☐ If they prepare their own food
- ☐ If someone else prepares food

6.If the patient undergoes a drug treatment

- ☐ If the treatment has been prescribed by the doctor or if it is taken on its own initiative
- ☐ If he can get the necessary medicines
- ☐ If he has who to administer his medicines correctly

7. If the patient is faithful

- ☐ What religion has, if it leads a spiritual life
- ☐ If it has links with the religious community
- ☐ If the patient has particular religious concerns or passions

8. If the disease allows treatment at home

- ☐ If the patient has the opportunity to obtain the necessary medicines.
- ☐ In the case of drug treatment, who gives the patient the correct medication.

PARTICULARITIES OF THE HOME VISIT

1. Particularities of home diagnosis

- ☐ The obligation to work with clinical diagnoses
- ☐ Obligation to establish an early diagnosis
- ☐ Difficulty confirming the clinical diagnosis
- ☐ Lack of possibilities for paraclinical investigation of the patient

- ☐ Difficulty establishing an etiopathogenic diagnosis
- ☐ Problems related to the therapeutic decision

The decision to take care of the patient at home

Diseases that can be treated at home

- ☐ Diseases that do not immediately endanger the patient's life
- ☐ Diseases that do not seriously affect the vital functions of the patient
- ☐ Diseases that do not require imminent surgery
- ☐ Diseases that do not require permanent monitoring
- ☐ Diseases that do not involve unfavorable evolution
- ☐ Diseases for which a diagnosis of certainty has been established
- ☐ Diseases in the treatment of which MF has a good therapeutic experience
- ☐ Diseases that can be optimally monitored at home
- ☐ Diseases whose carriers cooperate well with the family doctor
- ☐ Diseases in patients who have home care conditions

2. Particularities of home treatment

- ☐ The treatment depends on the degree of cooperation of the patient
- ☐ Treatment depends on the degree of cooperation of the family
- ☐ The treatment depends on the socio-economic conditions of the patient
- ☐ Treatment cannot be permanently monitored
- ☐ Sometimes not all diseases presented by the patient can be treated at home
- ☐ Not all patients can be treated at home

3. Organization of home health care

The skills needed to perform the home consultation

- ☐ The ability to carry out a consultation and treatment at home
- ☐ The ability to understand the seriousness of the case
- ☐ The ability to determine which cases can be treated at home and which cases require hospitalization
- ☐ The ability to communicate in the interest of caring for the patient with the patient and his family

Training the team and organizing the home consultation service

- The FD will train its team on the modalities of home health care,
- will organize the taking over of requests,
- will have a register of applications at home,
- record of the chronic patients to be visited at home
- emergency medical kit