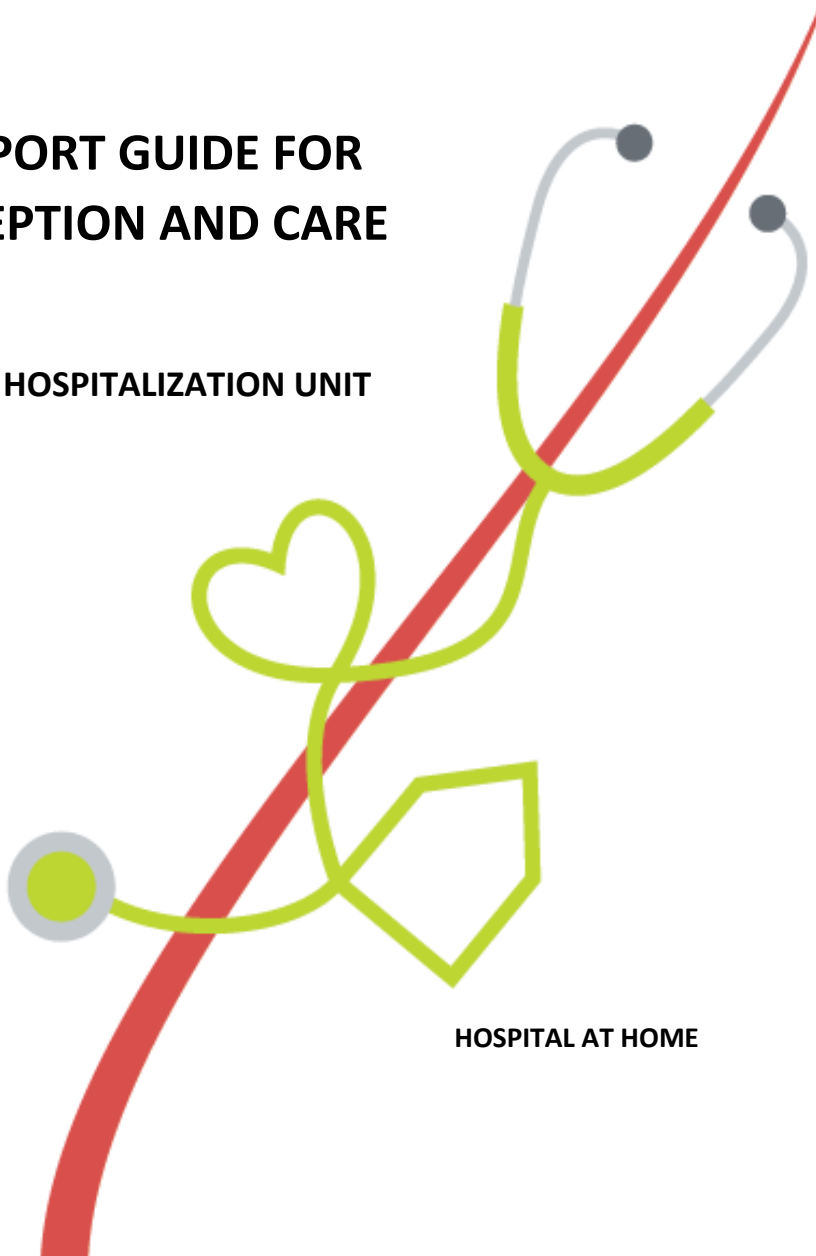


SUPPORT GUIDE FOR RECEPTION AND CARE

HOME HOSPITALIZATION UNIT



HOSPITAL AT HOME

The Home Hospitalization Unit ensures timely care for patients, within high standards of quality, efficiency and humanization, by a multidisciplinary health team that will be responsible for your treatment.

This Guide is intended for you, the user, caregiver or family member of a patient admitted to the Home Hospitalization Unit (UHD) of the Local Health Unit of the Leiria Region (ULSRL).

It contains essential information for you and those who care about your well-being and want to receive the best care. The healthcare team is at your disposal for any clarification.

Home Hospitalization is a model of hospital care for acute patients, which is characterized by the provision of hospital-level care at home. You will be cared for at home by a multidisciplinary health team that will be responsible for your treatment.

Admission is voluntary and an informed consent form must be signed.

The existence of a “Caregiver” is required, a person designated by the patient or legal representative family member or not, who ensures coordination between the patient and the UHD.

Index

1. THE HOME HOSPITALIZATION UNIT	4
1.1. CLINICAL INFORMATION.....	4
1.2. ACCESS TO CLINICAL PROCESS DATA	4
1.3. TRANSFER OF CARE AFTER DISCHARGE FROM UHD.....	4
1.4. SERVICE PORTFOLIO.....	4
1.5. NUTRITION AND DIETETICS UNIT.....	7
1.6. SOCIAL SERVICE.....	7
1.7. VOLUNTEER TRANSLATORS' GROUP.....	7
1.8. RIGHTS/DUTIES.....	7
1.9. EVALUATION OF CARE PROVISION.....	9
2. THE VISIT.....	4
3. THE CAREGIVER.....	11
4. ENVIRONMENT.....	12
5. PREVENTION OF PRESSURE ULCERS.....	12
5.1. RISK FACTORS.....	13
5.2. PREVENTION MEASURES.....	14
6. FALLING PREVENTION.....	15
7. DEVICES.....	15
7.1. HOME TELEMONTORING.....	16
7.2. VENOUS CATHETER.....	23
8. MEDICATION.....	24
9. HAND WASHING.....	26

1. THE HOME HOSPITALIZATION UNIT

UHD guarantees the preservation of the patients' intimacy and privacy at all stages of healthcare provision, the confidentiality of information obtained regarding each patient and the right to a second medical opinion, in which case you will be provided with the reports/results of the complementary diagnostic tests carried out.

All clinical cases of hospitalized patients are discussed in a Multidisciplinary Meeting to adapt the best treatment strategy for each patient, following current international standards and guidelines.

1.1. CLINICAL INFORMATION

Clinical information regarding the patient's clinical progress is provided in person during the medical visit, in the presence of family members/carers, at your request. Exceptionally, information may be provided by telephone after identification of the family member (through the Clinical Secretary).

1.2. ACCESS TO CLINICAL PROCESS DATA

All patients have the right to access clinical information in their Clinical File (Law nº 26/2016 de 22nd August e o RE.CHL.009 – “Regulamento de Acesso aos Documentos Administrativos” (RADA)). Please contact the Clinical Secretary at UHD.

1.3. TRANSFER OF CARE AFTER DISCHARGE FROM UHD

At the time of discharge, the patient/caregiver is given a Discharge Letter with relevant information about the hospitalization. The UHD

team works with the Family Doctor and Nurse/ECCL to transfer the patient's care.

1.4. SERVICE PORTFOLIO

a) Typology of care provision:

- Initial assessment of the patient after referral from conventional hospitalization, outpatient consultation, emergency department or external entities;
- Assessment of the caregiver as a care provider;
- Definition and implementation of medical, nursing, social and nutritional care plans;
- Daily provision of home care;
- Clinical investigation through complementary diagnostic methods (MCDT - Complementary Means of Diagnosis and Treatment);
- Assessment and registration of vital signs;
- Administration and registration of medication;
- Assessment of the needs of the patient and caregiver, intervening in their education;
- Preparing for discharge by interacting with other caregivers from the beginning of hospitalization;
- Ensure return to conventional hospitalization in case of exacerbation of symptoms or if the patient so requests.

b) Type of patients to be admitted:

- Acute infectious pathology with indication for intravenous antibiotic therapy;
- Acute or decompensated chronic pathology;

- Patients in a terminal/palliative stage who temporarily require complex care and therapeutic procedures that are the exclusive responsibility of the hospital.
- c) Diagnostic and therapeutic procedures that can be performed at the patient's home or at the unit's base**
- d) Home visits**
- e) Consulting for other specialties and the performing of MCDT's**
- f) Medical Consultations**
- g) Rehabilitation nursing:**
 - Provide therapeutic interventions that aim to improve residual functions, maintain or recover independence in daily life activities, and minimize the impact of existing disabilities, particularly in terms of neurological, respiratory, cardiac or orthopedic functions and other impairments and disabilities.
- h) Technical assistant (clinical secretary):**
 - Management of administrative procedures: organization of the patient's computerized administrative process in the computer version (Patient Management Service computer program) and on paper: admissions, transfers and discharges, appointments, bookings and cancellations and declarations of presence or hospitalization.
- i) Coordination between different health units, especially those of a local nature, to ensure continuity of care for users.**

1.5. NUTRITION AND DIETETICS UNIT

The Nutritionist assesses nutritional status, establishes a nutritional diagnosis and prepares an individual nutritional plan, with subsequent monitoring whenever necessary, for patients at nutritional risk or with special dietary needs, as well as promoting nutritional education for the patient and/or caregiver, together with the multidisciplinary team.

1.6. SOCIAL SERVICE

The UHD Social Worker explains the rights and benefits that may profit you in illness, dependency or disability, identifying community resources, in terms of social support that you may use, and providing you with psychosocial support in your situation of illness.

1.7. VOLUNTEER TRANSLATORS GROUP

The ULSRL has a translators team who facilitate communication between patients who do not speak Portuguese and their healthcare team. The SOS Immigrant Line is also available - 808 257 257 (or 21 8106191 via telephone). Translation can also be done using mobile phone applications.

1.8. RIGHTS/DUTIES

According to articles 4, 5 and 6 of dispatch 9323-A/2018, patients admitted to UHD and their family members/caregivers have the following rights and duties:

Patient rights

- a) Choice of health care services and providers, within the available resources;
- b) Declare freely and clearly your consent or refusal to receive healthcare at home;
- c) Receive care within the scope of UHD, adapted to the complexity of the situation and the person's needs;
- d) To be informed about your clinical condition, if that is your wish;
- e) Receive objective and rigorous information about hospitalization and/or home care conditions;
- f) Participate in decisions about the care provided to you, in particular for the purposes of determining conditions, limits or interruption of treatments;
- g) To ensure your privacy and the confidentiality of your personal data;
- h) Request a second medical opinion, in which case all reports/results of the complementary diagnostic tests carried out will be provided;
- i) Continuity of care and coordination between providers;
- j) Religious assistance, regardless of the religion you profess;
- k) Be accompanied by a family member and/or caregiver, in accordance with the law.

All intentions and wishes verbalized by the patient or registered in your Living Will (available on RENTEV) will be considered and valued.

Family and/or caregiver rights

- a) Participate in the choice and decision regarding access to UHD;
- b) Receive information about the patient's clinical condition, if that is the patient's wish;
- c) Participate in decisions about health care;
- d) Receive objective and rigorous information about UHD operating conditions.

Duties of the patient and caregiver

- a) Provide healthcare professionals with all the information necessary to obtain a correct diagnosis and appropriate treatment;
- b) Respect the rights of other patients;
- c) Collaborate with healthcare professionals, respecting the instructions given to you and freely accepted;
- d) Respect the operating rules of health services with a view to guaranteeing the common good;
- e) Use health services appropriately and actively collaborate in reducing unnecessary expenses.

1.9. EVALUATION OF CARE PROVISION

- a) Inpatient Satisfaction Survey: in order to improve the functioning of the UHD, a survey is given to all patients upon admission to assess the level of satisfaction of users/caregivers during hospitalization, and for which we would appreciate an honest response. Patients with telemonitoring can do so on the tablet;

b) Complaints Book: All users/carers have the right to submit Suggestions, Complaints and acknowledgements, which are monitored by the Social Service and UHD Coordinators, in order to implement the most appropriate improvement actions. This can be done in person at the Citizen's Office or any other hospital service with public service or by email: gabinete.cidadao@ulsrl.min-saude.pt

2. THE VISIT

During your home hospital stay, a multidisciplinary team will provide you with hospital care at your home.

Mostly, visits take place daily. They may be individual visits, if only one member of the team is involved, or multidisciplinary visits, if two or more members are involved. You will be notified in advance, by telephone, of the visit to your home. The number of daily visits is adapted to the needs of each patient.

Please, have all the documentation provided at the time of admission with you. Ask your doctor for all the information about your clinical situation during your visit. Nurses will be available 24 hours a day on the mobile number indicated on the back of the leaflet. The doctor will be contacted whenever necessary.

ATTENTION: the number available 24 hours a day is the one indicated on the back of this leaflet.

3. THE CAREGIVER

The presence of a patient with permanent needs at home significantly changes the caregiver's routines and priorities. The caregiver's role becomes especially important in this context, as they will be the link between the patient and the healthcare team.

Therefore, we leave you with some advice:

- Make time for the patient;
- Encourage him to speak, don't censor him;
- Encourage him to participate in family activities and self-care;
- Provide for your comfort and well-being;
- Set aside some time for yourself and worry about your health;
- If you have any questions, contact your healthcare team or make a list of all your questions to clarify during our daily visit.

The Family Member/Caregiver must be present during the daily home visit in order to help with care, provide important information, clarify doubts and receive appropriate education.

4. ENVIRONMENT

The most suitable place for the patient is where he spends most of his time and where he receives care.

The essential characteristics of the environment surrounding the patient are:

- It is important that this is a safe and comfortable place;
- It must be comfortable, clean, airy and spacious;
- There should be no objects that could be obstacles to providing care (furniture, carpets, among others);
- There must be an area where the patient can keep their personal items;
- Place a table close to the patient (that they can reach), allowing them some autonomy.
- You must reserve a space in your home, close to the patient, so that the team can use it during the visit.
- The patient may not leave his home, except for rare exceptions, with medical authorization.

5. PREVENTION OF PRESSURE ULCERS

Pressure ulcers are localized lesions in the skin and/or underlying tissue, usually over a bony prominence, that result from pressure from the body's own weight.

5.1. RISK FACTORS

EXTERIORS	PERSONNEL
Skin care	Advanced age
Inadequate bedding and clothing	Inadequate nutritional status
Bad positioning of the patient	Immobility
	Decreased sensitivity
	Urinary or fecal incontinence
	Altered state of consciousness
	Degenerative diseases

Table 1: Risk factors that can cause pressure ulcers

The following figure shows the most common locations for pressure ulcers. Pay attention and follow the care instructions explained to you by the home hospitalization unit team.

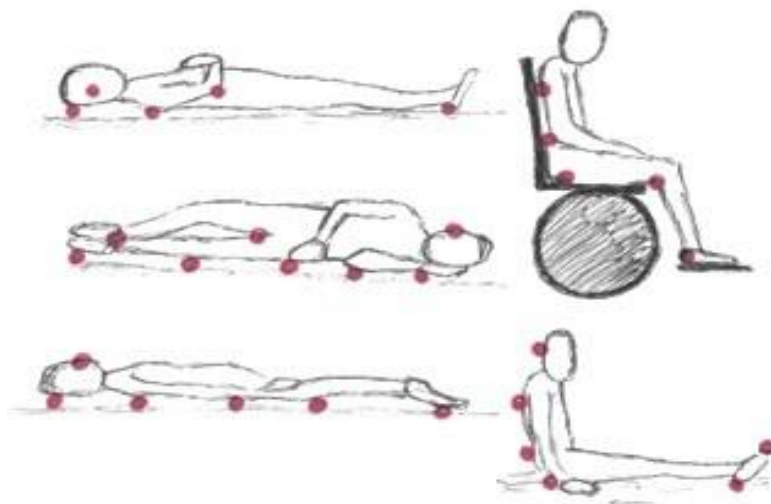


Figure 1: Most frequent pressure zones

5.2. PREVENTION MEASURES

- Keep your skin clean and dry;
- Check your skin carefully at least once a day;
- Clean without friction, with warm water and neutral soap daily;
- Use soft towels and moisturizer, that should be applied until absorbed;
- If urinary or fecal incontinence occurs, the skin should be cleaned and dried frequently and use a non irritatable protection to the skin;
- When mobilizing the patient never drag him/her on the bed (friction causes skin lesions);

- Change the patient's position frequently and use pillows to relieve pressure on the body.

If a red area of skin appears that does not go away after the pressure is released, INFORM your healthcare team.

6. FALLING PREVENTION

If there is a risk of falling, consult the leaflet provided by the home hospitalization unit team.



Figure 2: Flyer - Mod. DO 367 Fall Prevention

7. DEVICES

To monitor your health status, you may need to use different devices, listed below.

It will be necessary to assess blood pressure, pulse/heart rate, peripheral oxygen saturation, temperature and pain. The team will

provide and explain how the equipment works as many times as necessary for your learning.

7.1. HOME TELEMONITORING

Telemonitoring uses technology to monitor remotely, in your home, allowing the wireless transmission of clinically important information.

This consists of a tablet with charger, blood pressure monitoring device, oximeter, thermometer and glucometer (if necessary). If you notice that any of this devices is not working properly, shows an error message on the display and/or requires batteries, inform your healthcare professional.



Figure 3: Telemonitoring kit

The frequency of monitoring vital parameters is determined by the unit's physician and whenever justified.

On your tablet, to access the telemonitoring program, click on the “InTouchCare” icon. A page with several icons will then open.



Figure 4: Telemonitoring Icons

To assess oximetry, first click on the “OXIMETRIA” icon, place the oximeter on your finger and wait for the device to assess the parameters. Make sure your fingers are warm. After the SpO2 (oximetry), PR (pulse rate) and RP (respiratory cycles) values appear, remove it from your finger and the value will automatically be transferred to the tablet.



Figure 5: Oximeter

To check your blood pressure, first click on the “PRESSÃO ARTERIAL” icon, put on the cuff according to the image, and click on the button: **I** After the Blood Pressure and Heart Rate values appear, click on the button again **I** for the data to be automatically transferred to the tablet.



Figure 6: Blood Pressure Assessment Device


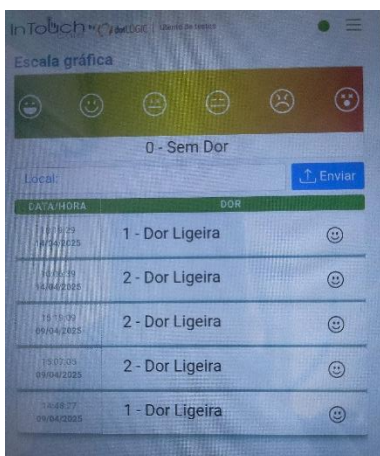
To assess the temperature, first click on the “TEMPERATURA” icon, turn on the device using the key  , bring it approximately 5 cm close to the patient's forehead and click on the SCAN key, wait for the temperature value and confirm that it has been transferred to the tablet.



Figure 7: Thermometer

To assess pain, click on the “DOR” icon and use the graphic scale displayed and describe the location of the pain, if necessary.



The screenshot shows the 'Escala gráfica' (Graphic Scale) for pain assessment. At the top, there are six smiley face icons representing a scale from 0 to 5. Below the icons, it says '0 - Sem Dor' (0 - No Pain). There is a 'Local:' field and an 'Enviar' (Send) button. Below this is a table with columns 'DATA/HORA' (Date/Time) and 'DOR' (Pain). The table contains five entries, each with a date, time, and a pain level (1 or 2) followed by 'Dor Ligeira' (Mild Pain) and a smiley face icon.

DATA/HORA	DOR
15:15:59 09/04/2025	1 - Dor Ligeira
15:16:59 09/04/2025	2 - Dor Ligeira
15:17:59 09/04/2025	2 - Dor Ligeira
15:07:05 09/04/2025	2 - Dor Ligeira
15:08:27 09/04/2025	1 - Dor Ligeira

Figure 8: Pain Assessment Scale

If any of the values do not pass automatically, it is possible to set the parameters manually, by clicking on each of the parameters and then on the icon shown in Figure 9.

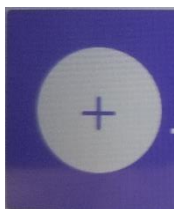




Figure 9: Icon for manual recording of parameters

For patients who do not have telemonitoring or in the event of a computer failure for those who do, a vital signs recording sheet will be provided.



**UNIDADE LOCAL DE SAÚDE
REGIÃO DE LEIRIA**



Unidade Hospitalar
Domício

Etiqueta de Identificação do Utente

SINAIS VITAIS

Preencha a tabela de acordo com as indicações da equipa de saúde

DATA	HORA	SATURAÇÃO O ₂ (> 95%)	TENSÃO ARTERIAL (Máx. < 160, Min. < 95)	PULSO (60 a 100bpm)	FREQ. RESP. (14 a 20)	DOR	TEMP. (< 37°C)	OBSERVAÇÕES
						Registrar a hora da avaliação da dor		

O Hospital em sua casa.

Figure 9: Vital Signs Record Sheet

Pain should be recorded when recording vital signs (5th vital sign), or in SOS, on the sheet, using the following pain scales.

Qualitative Scale

No pain	Mild pain	Moderate Pain	Intense Pain	Unbearable Pain
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Numeric Scale

No pain	1	2	3	4	5	6	7	8	9	10	Unbearable pain
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Figure 10: Pain rating scales

Rate the intensity of the pain on a scale of 0 to 10, with 0 corresponding to “no pain” and 10 corresponding to “maximum pain”.

If your clinical situation justifies it, it may also be necessary to monitor your Capillary Blood Glucose levels. The frequency of the assessment is determined by the Unit's doctor and whenever justified.

To assess capillary blood glucose, click on the “GLICÉMIA” icon. Make sure your hands are clean, place the strip in the glucometer provided, prick your finger with the prick, and wait for the value to appear. This will automatically be transferred to the tablet. If this does not happen, enter the value manually. If you have any questions or need more blood glucose test strips and/or pricks, inform your healthcare professional.

Figure 12: Capillary Blood Glucose Recording Sheet

7.2. VENOUS CATHETER

The venous catheter is a flexible device (tube) in polyurethane that the nurse places in a vein, to administer intravenous medication. You should monitor the area, and CONTACT THE TEAM if there is:

- Pain at the puncture site or in the limb where the catheter is placed;
- Change in skin color near the puncture site (redness);
- Edema (swelling) or blistering;
- Warm skin near the puncture site;
- Signs of fluid or blood extravasation.



Figure 13: Peripheral venous catheter

Only the healthcare team can handle the catheter and administer medication through this route.

If the catheter becomes externalized (comes out of the vein), do not panic. Use the “KIT DE EXTERIORIZAÇÃO DE CATETER” provided upon admission. Apply compresses to the site, press for

5 minutes and apply adhesive tape over the compresses.

When bathing, use cling film or a plastic bag to protect the catheter area.



Figure 14: Peripheral venous catheter wrapped in cling film for protection during bathing

8. MEDICATION

The hospital is responsible for dispensing the medication necessary to treat the acute illness that led to hospitalization, but the patient/caregiver will be responsible for storing the medication so that it remains effective.

Medication conservation rules:

- Medicines must be kept away from light, humidity and high temperatures;
- Store them in the coolest areas of the house (less than 25°C), preferably in a cupboard inaccessible to children, avoiding places near heaters, fireplaces, other heat sources or sun exposure (keep away from windows);

- Some medicines require additional storage care and should be stored in the refrigerator (do not place them in the refrigerator door or in the freezer);
- If you notice a change in the color or consistency of your medication, contact the UHD team;
- Only remove the medicines from the medication packaging (provided by the healthcare team) and their respective wrappers when taking them;



Figure 15: How are drugs supplied to the patient

- Confirm the medication, dosage, posology and route through the Therapeutic Reconciliation provided daily by the Health Team. If you notice any inconsistency, notify the team.

9. HAND WASHING

Hands are a huge factor in the transmission of microorganisms, whether to others or to ourselves. When we do not wash our hands or wash them incorrectly, we increase the risk of infection.

When should you wash or sanitize your hands? Before and After...

- Take/Give medication;
- Provide care such as hygiene, feeding, positioning, assistance with urinary or intestinal elimination;
- Contact with medical devices such as venous catheters, urinary catheters, feeding tubes, among others.


 Length of time to spend washing: 40-60 seconds



Figure 16: How to wash your hands correctly

REMEMBER:

**Home Hospitalization means
you must stay at home**



During your stay at UHD, you will be assigned:

Assigned doctor: _____

Assigned nurse: _____

Our support is available
24 hours a day. For any
questions don't hesitate
to contact the UHD team:

Secretary: 244 817 074

UHD Extension: 5110

UHD Email: sec.uhd@ulsrl.min-saude.pt

Team mobile

924 458 364