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Primary health care tasks related to the care of chronically ill children

Zadania podstawowej opieki zdrowotnej związane z opieką nad dziećmi przewlekle chorymi

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Abstract

An intensive increase in the occurrence of chronic diseases in the population of children and adolescents is observed. These diseases may disturb the child's psycho-physical development process and the education process. Early diagnosis and coordinated therapy at the level of primary care may limit these disorders. The work of a nurse in the teaching and upbringing environment, which is a communication link between the health care system and the school environment, is invaluable. Its full range of services allows early detection of disorders in the development and health of the child and development of an individual childcare plan with the parent and teachers taking into account the teaching process.

The aim of the work was to present the tasks of the primary care system in the provision of care for chronically diseases children.

Key words: chronically ill, primary health care, nurse

Streszczenie

Obserwowany jest intensywny wzrost występowania chorób przewlekłych w populacji dzieci i młodzieży. Choroby te mogą zaburzać proces rozwoju psychofizycznego dziecka oraz proces edukacji. Wczesna diagnostyka i terapia koordynowana na poziomie podstawowej opieki zdrowotnej może te zaburzenia ograniczyć. Nieoceniona jest tutaj praca pielęgniarki środowiska nauczania i wychowania, która jest łącznikiem komunikacji między systemem opieki zdrowotnej a środowiskiem szkolnym. Jej pełny zakres świadczeń pozwala na wczesne wykrycie zaburzeń w rozwoju i zdrowiu dziecka oraz opracowanie z rodzicem i nauczycielami indywidualnego planu opieki nad dzieckiem uwzględniającego proces nauczania.

Celem pracy było przedstawienie zadań systemu podstawowej opieki zdrowotnej w realizacji opieki nad dziećmi przewlekle chorymi.

Słowa kluczowe: choroba przewlekła, podstawowa opieka zdrowotna, dziecko, pielęgniarka

Introduction

Among the health problems in the population is dominated by chronic diseases, which according to the World Health Organization are responsible for 60% of deaths. This problem is grown extensively in the developmental age. According to a study conducted in 2009 by the Polish Central Statistical Office (GUS) "European survey of health research" (EZAB) among children aged 0-4 years, 23% had a chronic disease, at the age of 5-9 years and 30% aged 10-14 year, 29% of children had chronic disease [1]. Both in the age group 15 years and above, most children are allergic diseases, including asthma, then spine disease, anxiety, depression, cardiovascular disease and heart, kidney, urinary tract, epilepsy, diabetes and other [1 2].

The disease is a chronic problem for both the child and his parent / guardian. In the presence of the child's chronic disease brings with overlapping symptoms associated with the disease process and the child's psychophysical development process preschool and school.

Primary health care is a major part of the health care system that provides health benefits for the general population in the outpatient, home, and educational environment.

Priorities care of the child population were included in the National Health Program (NHP) from 2016 to 2020 [3]. The strategic goal of NHP is to extend the life of Poles in the health, quality of life-related to health and the reduction of social inequalities in health. In accordance with the provisions of (NHP) operational objective is directed to every age group, including children. The achievement of the strategic objective requires implementation of the operational objectives, and those objectives by filling in the details. One of the aims is to improve the diet, nutritional status and physical activity of society. In relation to the specific objectives, kids take record of promoting natural stone, increasing physical activity among children, combating obesity, mental health promotion, prevention of addictions.

Healthcare chronically ill child to the age of 18 in Poland realized on three levels of organization of the system:

- ✓ basic (implemented within the framework of primary health care PHC)
- ✓ specialist
- ✓ highly specialized.

The child is the direct beneficiary of primary care (PHC). The PHC is implemented in the field of health services: prevention of diseases and health promotion, diagnosis, treatment, rehabilitation, and care. All children have monitored the development of psycho-physical. It is important early diagnosis of disorders, deviations in the development and health. It is crucial at this stage of disease prevention implemented by health promotion, health education and active prevention of infectious diseases by filling mandatory Immunization Program (PSO). Benefits

realized PHC team, composed of a doctor, a nurse, and a midwife POZ. Health benefits for children and young people up to the age of 18 have Polish citizenship and is living in Polish territory are governed by the Act on health care services financed from public funds. [4] In order to benefit from the benefits of the PHC is the submission by the child's parents / guardians declaration choice provider: doctor, nurse, and midwife POZ. Current provisions concerning primary care in the health system include coordinated care model and indicate GP as coordinator of patient care [5]. Childcare at PHC is performed on an outpatient basis, in justified cases at home. Children and young people of school age are also subject to preventive health care in the educational environment. In accordance with Order No. 50/2016 of the President of the National Health Fund PHC doctor and nurse may have been taking care of up to 2,500 beneficiaries. [6] POZ midwife covers your care for women and 6600 infants of both sexes to 8 weeks of age. Every patient has the right to free two times a year to choose a different provider. Direct healthcare provider caring for a child / pupil can be a nurse / hygienist / midwife education environment. In terms of their benefits, among others, the nurse has to take care of students with chronic diseases and disabilities, including the implementation of nursing services and solely on the basis of the order and in consultation with a medical doctor PHC, whose list of beneficiaries is a student, treatments and medical procedures necessary for the implementation of student while in school. [7] The number of pupils involved in the care of nurses is conditioned by the profile of the school (the school of apprenticeship 700 students, primary school gymnasiums, 880 secondary schools - 1,100 students). In schools for children with varying degrees of mental retardation and the physical number of pupils may be within the range of 30 to 150 students. Realization of the benefits of the PHC is provided from Monday to Friday 8.00-18.00.W hours from 18.00 to 8.00 and public holidays provides benefits from December 1, 2017 years Christmas night and healthcare, which is widely available [7]. Primary school gymnasiums, lyceums 880 - 1100 students). In schools for children with varying degrees of mental retardation and the physical number of pupils may be within the range of 30 to 150 students. Realization of the benefits of the PHC is provided from Monday to Friday 8.00-18.00.W hours from 18.00 to 8.00 and public holidays provides benefits from December 1, 2017 years Christmas night and healthcare, which is widely available [7]. Primary school gymnasiums, lyceums 880 - 1100 students). In schools for children with varying degrees of mental retardation and the physical number of pupils may be within the range of 30 to 150 students. Realization of the benefits of the PHC is provided from Monday to Friday 8.00-18.00.W hours from 18.00 to 8.00 and public holidays provides benefits from December 1, 2017 years Christmas night and healthcare, which is widely available [7].

Health problems that occur in children vary according to their age, stage of development and environmental considerations. Among infants and small children is dominated by upper respiratory tract infections. Children who were identified with developmental problems and require expanded health diagnosis and specialist treatment and are directed by a health insurance physician specialists within the specialist health care. Patients whose health requires a special range of services and advanced medical care may be covered by the scope of the benefits of long-term nursing home care, palliative care and hospice care.

The aim of the study was to present tasks of the primary health system in the implementation of care for chronically ill children.

Primary health care for a child / student with a chronic illness

The coordinator of child care is chronically ill POZ doctor who is responsible for the entire treatment process. In the exercise of care, it uses the recommendations issued during periodic visits to a sick child specialists. The effect of treatment is dependent on the exchange of information between the team and the therapeutic co-parent. The frequency of consultation with specialist doctors is dependent on the health of the child. Visits to the GP held in connection with a chronic illness in the context of coordinated care and to continue the monitoring of health and child development and preventive vaccination. GP range of services regulated by the Regulation of the Minister of Health of 20 October 2005 on the tasks of a doctor, nurse and midwife primary care [8].

Active participation in the care of chronically ill child also serves as a family nurse. In accordance with their competence take the professional tasks included the role of a health educator and promoter, implements the provision of preventive, diagnostic, treatment, care and rehabilitation. Currently, also we have the power to prescriptions for drugs and medical supplies to [9].

Detailed range of benefits nurses POZ comprises [8]:

1. The benefits in terms of health promotion and disease prevention, which include: identification, assessment and prevention of health threats; identifying care needs of patients; health education; counseling on healthy lifestyles; implementation of health programs; preventive measures in patients at risk of health; organization of support groups; monitor the development of the child; disease prevention in childhood and education in the field of immunization.

2. Care benefits, ie. Patient care in various states of health and disease; performing treatments; preparation for self-care and self-care in sickness and disability.
3. The diagnostic benefits, including interviews environment; physical examination; vital signs measurements and their interpretation; evaluating the overall condition of the patient; quality of life; detecting abnormalities of development; performing diagnostic tests; download material for diagnostic tests; pain assessment and monitoring; performance evaluation of nursing care of the family.
4. Medicinal benefits, implemented in accordance with separate regulations, include first aid in life-threatening conditions; administration of medication prescribed by a doctor; -casting; catheterization of the urinary bladder in women; rinsing the bladder; performing an infusion / instillation for rectal administration; to perform nursing and medical treatments; removing the stitches; performing inhalation; treatments with heat and cold; cupping; establishing nutrition diet chronically ill; selection breeding techniques depending on the condition of the patient; ad hoc modification of doses of painkillers in consultation with a doctor and a nurse under the privilege.
5. Rehabilitation benefits are bedside rehabilitation, improving mobility, orientation and movement of the patient in bed, postural drainage and respiratory gymnastics and general improvement exercises.

Medical benefits are financed by social insurance NFZ. Childcare chronically ill, the disabled require large financial outlays. Resort participates in social partially covering the cost of care for a person / child chronically ill, the disabled. Parents and children can enjoy the benefits: nursing allowance in the amount of 153 zł per month, providing care for a parent in the amount of 1406 zł subject to indexation and a special care allowance, which in 2017 amounted to 520 zł per month. [10] The financial support is related to the fact that children with carers give up work or cannot take paid work because of the need for child care.

An important part of preventive care for a child is chronically ill prevention active, performing vaccinations. Each child vaccine is preceded by a qualification for vaccination, which consists of the evaluation of the physical development carried out by a nurse and a health assessment done by the GP. Chronically ill child because of their health status and applied therapy can be delays in the implementation Immunization Program [11].

In the care of the chronically ill child is an important condition of the oral cavity and teeth. Dental care is guaranteed in the framework of guaranteed benefits until age 18 Regulation of the Minister of Health of 16 December 2016. [12]. According to the above legal act dental care

is already provided for small children to complete 6 years of age as the adaptive visit. The benefit is granted without any connection with other benefits guaranteed.

Persons 18 years of age can take advantage of rehabilitation in hospital, outpatient, home and other such. Living center or branch Rehabilitation at least 2 times a year [13]. Children covered by the multidisciplinary health care in the first year of life have a consultation with a specialist physiotherapist every 3 weeks [14].

Children and adolescents up to 18 years of age can also make use of the spa treatment based on a referral issued by the health insurance physician. At the age of 3 to 6-year-old children, they can be directed to a spa treatment under the care of an adult or alone. Spa treatment is free for children, while caregivers take full payment for accommodation and food in the village. Staying guardian takes place in the framework of the holiday. The amount of fees paid by the supervisor is determined by the provider and is not subject to financing by the NHF. Children attending kindergartens, schools are directed to a spa treatment throughout the year (NHF is not obliged to provide the spa treatment-free period of study), while the young people of secondary schools in the period of free education.

A parent of a child without a doctor's referral health insurance can take advantage of specialized services: gynecologist and obstetrician, oncologist, psychiatrist, dentist, venereologist [15].

Child / student with a chronic illness at school

Children with chronic illnesses and disabilities have the right to attend public kindergartens and schools. Learning these children should take into account their individual developmental and educational needs. That gives the child the opportunity to attend the class / school integration and individual course of learning in school. Children with mental disabilities benefit from education in a special school. Teaching in a special school takes into account the degree of mental retardation and / or socially maladjusted and is subject to legal regulations [16,17]. Starting schooling precedes health assessment conducted by the school maturity doctor POZ. In relation to children with mental retardation is assessed by psychological and pedagogical school susceptibility.

For each of the forms of education (tuition, school / class integration, special school) medical certification is required and the judgment issued by the psychological and pedagogical and form of education and its duration. Regulation of the Minister of National Education of 2017 years [18] indicates the place where the classes are held in classroom teaching within the individual (family home, in a foster family, in a family home child care facility in the educational institution or a regional care-therapeutic). According to the above legal act and request student's

parent or an adult student and on the basis of accompanying the request a medical certificate, which shows that the health of the student enables school attendance, school director ceases organization of individual teaching and notify the clinic, in which the team operates, which made the award, and the school authority.

Concerned about the social development of the child / pupil, its integration with the environment, tuition should be implemented only where necessary.

The school-aged child is covered preventive healthcare provided in the offices of preventive health care for children and youth in the educational environment, that operate in schools. The direct health care provider is the nurse / midwife / hygienist School [19]. The number of pupils involved in the care of a nurse is determined by the Regulation of the Minister of Health from 2013 and is dependent on the type of school [7]. The recommended number of pupils in primary school, middle school, high school profiled (without learning workshop) is 880- 1,100 students per one-time nurses. In schools where learning takes place practical profession (workshops) the number of students under the care of a nurse is reduced due to the higher risk of injury and is 700 students. The integration classes and schools to determine the number of students on time nurses used conversion factors, which vary depending on the degree of mental retardation and student mobility. For children with mental retardation in the light and physically fit, with mobility disabilities, visually impaired and blind, hard of hearing and deaf, chronically ill (requiring additional health benefits during school) - the rate is 7, for children with mental retardation in the light and the physically disabled and mentally disabled moderate or severe and physically disabled - ratio is 10, and for children with mental retardation moderately or severely physically disabled, and - rate of 30 [7].

In special schools for children and youth number of students per school nurse or hygienist, it depends on the type and degree of disability and the specificity of the students and the school should be determined individually before entering into a contract for the provision of health care:

a) type A - students with mental retardation mild, physically fit, partially sighted and visually impaired, hard of hearing and deaf, chronically ill (including those in schools for children and young people socially maladjusted) - 150 students,

b) type B - students with mental retardation and mild physically disabled and mentally disabled moderate and physically fit - 80 students

c) type C - students with mental retardation moderate and students with mental retardation severe and physically disabled - 30 students [7].

Regardless of the type of school nurse realizes benefits guaranteed in accordance with the previously mentioned already Minister of Health from 2013 years [7], which includes:

- the performance and interpretation of screening tests,
- directing the after screening proceedings and caring for pupils with positive test results,
- active counseling for students with health problems,
- caring for pupils with chronic diseases and disabilities, including the implementation of nursing services and solely on the basis of the order of medical and in consultation with your doctor PHC, whose list of beneficiaries is a student, treatments and therapeutic procedures necessary for the implementation of the student while in school.
- providing first aid in case of sudden illness, injury and poisoning.
- advice to the school principal on the conditions of the safety of students, the organization of food and sanitary conditions in the school,
- education in the field of oral health,
- carrying out of primary school students (class I-VI) in areas where the level of fluoride in the drinking water does not exceed 1 mg / l, the group fluoride prevention method of supervised tooth brushing preparations fluoride six times per year at intervals of 6 weeks.
- participation in the planning, implementation and evaluation of health education.

The nurse at the school for the child chronically ill, disabled take active counseling, which may include prevention of disease, lifestyle, limitations resulting from health and developmental disorders, and participation in therapy. This guidance active requires close cooperation between nurses environmental taught and upbringing of the child and his parents, with teachers, with other children from the child's environment and above all with your doctor PHC, which under the Law on Primary Health Care from 2017 was the coordinator of the process of treatment and care of a patient [20].

It should be made to the draft law on school medicine. There's a record of that in school preventive health care would provide nurse education environment or hygienist school, located at the primary care level, outside the team POZ. Nurse education environment or hygienist school also proposes to entrust the task to coordinate and monitor the care. In order to fulfill this task, the nurse education environment or hygienist school she will work with the team, and POZ dentist. An important element of the complexity of preventive care for pupils is to strengthen dental care for children and youth. Responsible for monitoring and coordinating the care would nurse education environment or hygienist school. In the case of chronically ill children, that during his stay in school require a drug or perform other activities, in addition to the consent of the legal representative, it would have required the consent of the teacher who

has to provide such assistance. This does not apply to save lives. It is assumed that the school staff, especially teachers and educators, will be organized training on how to proceed against the disciples of the chronically ill or disabled, and the scope of training determined by the minister responsible for health matters in consultation with the minister responsible for education. Training could carry PHC doctor and nurse education environment or hygienist school. Guidance on how to conduct with a child chronically ill and disabled will develop the Institute of Mother and Child [21].

Summary

Chronic disease is the very unfavorable phenomenon in the life and development of the child. It requires the implementation of specialized medical treatment, rehabilitation, the strong commitment of medical staff, parents and the patient himself. In many cases, chronic disease limits the proper functioning of the child in his family environment, school and peers. Child / student with a chronic illness in the school curriculum needs to adapt its features psychophysical determined the disease process and treatment. Ensuring favorable conditions for the functioning of a child with a chronic disease in school requires the involvement of a parent, child, teachers and nurses learning environment and education cooperating with the team POZ.

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