Types of home care: respite, long-term, hospice, and elderly. 
Supplies: equipment, transportation, medical, and special needs. 
Rise in travel costs for care providers. 
Home healthcare agency franchises (increase in profits). 
Seniors choosing to live at home and receive care. 
Hospice care training for care providers. 

Working as a Home Care Nurse has drawbacks, such as having fewer opportunities to consult with colleagues about changes than in other settings such as a hospital. The median annual salary of Home Care Nurse is below the median hospital nurse’s salary. The rewards of being a Home Care Nurse far outweigh any disadvantages. Having one-to-one client interaction fosters an authentic and personal nurse/client relationship. Those CHNs working with community groups can affect the health of many and have input about how scarce resources are used. On the practical side, Home Care Nurse have a more flexible work schedule than hospital-based nurses and more independence. Home Care Nurse is challenging, rewarding, and filled with professional and personal satisfaction.

As a result of advances in communication and medical technology, a lot of interventions that could earlier take place only in hospital settings are now becoming possible in the home environment. Specialty home health care will be a key element of patient-centric care in the coming years. The task of understanding the complexities of the home health care environment so that high quality and safe care can occur must be met. As the demand increases for home healthcare a care tracking solution is needed. The system must accommodate patients who have a history of hospitalization and chronic care needs. The system must also have a specialized team of nurses with expertise in home healthcare to assist patients in managing their health. The system must be capable of integrating with other healthcare providers to ensure seamless care coordination. The system must also be scalable to accommodate an increasing number of patients. The system must also be secure to protect patient privacy. The system must also be easy to use for both patients and nurses.

Life expectancy is increasing significantly in India, home health care is becoming mandatory. As a result of advances in communication and medical technology, a lot of interventions that could earlier take place only in hospital settings are now becoming possible in the home environment. Specialty home health care will be a key element of patient-centric care in the coming years. The task of understanding the complexities of the home health care environment so that high quality and safe care can occur must be met. As the demand increases for home healthcare a care tracking solution is needed. The system must accommodate patients who have a history of hospitalization and chronic care needs. The system must also have a specialized team of nurses with expertise in home healthcare to assist patients in managing their health. The system must be capable of integrating with other healthcare providers to ensure seamless care coordination. The system must also be scalable to accommodate an increasing number of patients. The system must also be secure to protect patient privacy. The system must also be easy to use for both patients and nurses.
trend was noticed. The population has increased by 15.0% during the decade while the rate of suicides has increased by 5.7% in 2013 over 2003(from 10.4 in 2003 to 11.0 in 2013), hence showing a mixed trend in incidents of rate of suicides during the decade (2003-2013).34

In India, about 46,000 suicides occurred each in 15-29 and 30-44 age groups in 2012 - or about 34% each of all suicides. Poisoning (33%), hanging (31%) and self-immolation (9%) were the primary methods used to commit suicide in 2012. The high rate of suicides was seen among students admitted to professional courses under management quota in Puducherry. Death of 41 students in three years has taken place and the fact that the Union territory’s suicide rate is three times greater than that of the national average. Puducherry recorded 35.6 suicide deaths per lakh population against the national average of 11 in 2013.

### Common Risk Factors among Adolescents:

- A personal or family history of suicide attempts
- A family history of suicide attempts or completed suicide
- A personal or family history of severe anxiety, depression, or other mental health problem, such as bipolar disorder (manic-depressive illness) or schizophrenia
- An alcohol or drug problem (substance abuse problem), such as alcoholism
- Previous suicide attempts
- Alcohol and substance abuse in family
- History of mental illness
- Poor self-control
- Hopelessness
- Recent loss (loved one, job, relationship)
- Family history of suicide
- History of abuse
- Serious health problems

### Suicide prevention through S.A.V.E:

Operation S.A.V.E. will help you act with care and compassion if you encounter a Veteran who is suicidal.35

### S - Signs of suicidal thinking

- A - Ask questions
- V - Validate the Student’s experience
- E - Encourage treatment and Expedite care/getting help

### 1. Signs of Suicidal Thinking: Acute Warning Signs and Symptoms:

- Threatening to hurt or kill self
- Looking for ways to kill self
- Seeking access to pills, weapons or other means
- Talking or writing about death, dying or suicide

### Additional Important Warning Signs:

- Hopelessness
  - Rage, anger, seeking revenge
  - Acting reckless or engaging in risky activities
- Feeling trapped
- Increasing drug or alcohol use
- Withdrawing from family, friends, society
- Anxiety, agitation
- Dramatic changes in mood
- Feeling there is no reason for living, no sense of purpose in life
- Difficulty sleeping or sleeping all the time
- Giving away possessions
- Dramatic changes in mood
- No reason for living, no sense of purpose in life
- Difficulty sleeping or sleeping all the time
- Giving away possessions
- Increase or decrease in spirituality.

### 2. Ask Questions:

**DO** ask the question in such a way that is natural and flows with the conversation.

**DON’T** ask the question that gives “no” answer.18

The steps to consider when you talk with the person:

- Remain calm
- Listen more than you speak
- Maintain eye contact
- Act with confidence
- Do not argue
- Use open body language
- Limit questions to gathering information casually
- Use supportive and encouraging comments
- Be as honest and “up front” as possible19

### 3. Validate the Student’s experience:

**Validation Means:**

- Showing the person that his/her problems are listened to
- Accepting their situation for what it is.
- Not passing judgments.
- Let them know that their situation is serious and deserves attention.
- Acknowledge their feelings
- Let him or her know that there are people to help.20

### 4. Encourage treatment and Expedite care/getting help:

1. Explain that there are trained professionals available to help them.
2. Explain that treatment works.
3. Explain that getting help for this kind of problem is not different than seeing a specialist for other medical problems.
4. Tell them that getting treatment is his or her right.
5. If they tell that they have had treatment before and it has not worked, try asking.

- Any time a person has a weapon or object that can be used as a weapon - “call for help”.
- If a person tells that they have overdose on pills or other drugs or there are signs of physical injury - “call for help”.
- In addition to “calling for help”, if confronted with a hostile or armed person, leave the area and attempt to isolate the person. If the person leaves the area, attempt to observe his or her direction of movement from a safe distance and report the observations as soon as authorities arrive on scene.21

### Role of Mentors in Suicide Prevention:

- Promote awareness that suicide is a public health problem that is preventable.
- Develop broad-based support for suicide prevention.
- Develop and implement strategies to reduce the stigma associated with being a consumer of mental health, substance abuse and suicide prevention services.
- Develop and implement community-based suicide prevention programs.
- Promote efforts to reduce access to lethal means and methods of self-harm.22
- Implement training for recognition of at-risk behavior and delivery of effective treatment.
- Develop and promote effective clinical and professional practices.
- Increase access and community linkages with mental health and substance abuse services.24
- Improve reporting and portrayals of suicidal behavior, mental illness and substance abuse in the entertainment and news media.
- Promote and support research on suicide and suicide prevention.
- Improve and expand surveillance systems.25

### Suggestions:

- Periodic counseling sessions to be hosted.
- Good healthy professional relationship with the mentor-mentee.
- Early Identification of student’s with behavioral change.
- Every three months once parents meet with mentor to be conducted.
- Students should be encouraged to participate in Co-Curricular and Extra-Curricular Activities.
- Problems of the student’s should be identified then and there.

### Conclusion:

The growth of nation is determined by the knowledge and development of the students. Students are the pillars of our nation. They are in the hands of teachers like clay, who are to be molded Physically, Psychologically and Socially. Prevention of suicide among students is a major role which is to be done by the teachers to save the younger generation and our nation from destruction. They should save students from suicide through S.A.V.E.

### References

**Book References**

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Avoid use of loaded language

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**References**

NURSE LED WARD ROUNDS – A VALUABLE CONTRIBUTION TO NEUROLOGICAL PATIENTS

Renuka.K Hemapiya.S, Anbu.M *

Abstract

Nurses are integral part of the multidisciplinary team, providing care from planning, implementing and evaluating patient’s condition. Neurological patients which includes stroke, head injury, paralyzed patients, post operative craniotomy patients, seizure and coma patients are totally dependent on the care giver. Therefore it is imperative for the nurses to have keen rounds and care for these patients towards recovery. The nurse led ward rounds delineates three phases which depicts the activities that, a nurse should carry out before, during and after nurse led ward rounds. The nurse takes up multiple roles such as Advocates, Chaperone, Transitor, Informator, Organizer and Nurse centered. Although it is important to have inter-professional staff collaboration for successful patient management, nurse-physician collaboration during rounds occur infrequently. To improve the way nurses manage neurological patients in an acute setting, a nurse-led ward round helps to ensure patient care and safety.

Key words: Nurse led Ward Rounds, Neurological Patients, Communication, Advocacy

Introduction:

Ward round has been a historical clinical method of inter-professional collaboration to support inpatient care by exchanging information and discussing plan of care, treatment goals, and discharge plans for the patient. Although traditional ward rounds offer the opportunity for doctors to spend quality time with patients, reports indicate the experience to be brief for patients, with little opportunity to ask questions, etc. For example, nurses generally spend more time at the bedside of patients and their families, and therefore observe behaviors that doctors do not see at first hand during their brief rounds.17

There fore, we believe that improvements in the conduct of ward rounds may lead to better patient-centered care. Hence, the inclusion of nurses in ward rounds can align professional priorities and facilitate a shared understanding of the patient’s needs.18

Nurses have a crucial role on ward rounds, not only sharing key information between the patient and the healthcare team, but also supporting patients in articulating their views and preferences. Absence of a nurse at the bedside has clear consequences for communications, ward-round efficiency and patient safety.18

Scope of Nurse Led Ward Rounds:

- Nurses have a vital role in ward rounds and should make it a priority to attend. 
- Nurse led Ward rounds provide a link between patients’ admission to hospital and their discharge or transfer elsewhere.
- Ensure the continuity of care provided to the patients.
- It eliminates many misconceptions between physician and the nurse.
- It enables the nurse to rectify the doubts of the patients and give them assurance.
- It ensures the involvement of patient and care takers in clinical decisions.
- It helps the new comers in the ward such as the nursing students to know about the patients and their conditions.