

SCOPE: National

Inclusion Criteria	Exclusion Criteria
<p>Patient has clear diagnosis of intestinal failure and is medically stable.</p> <p>Over 13 years, suitable for adult dosing and not under the care of a paediatrician.</p> <p>Has been deemed cognitively and mentally able to understand and participate in education around aseptic technique.</p>	<p>Co-existing medical condition requiring hospital admission or complex multiple co-morbidities (eg diabetes, immuno-compromised).</p> <p>Evidence of life threatening electrolyte imbalance.</p> <p>Evidence of unstable blood sugar levels, prior to discharge from hospital (before admission to Silver Chain).</p> <p>Pregnancy.</p>

PATHOLOGY WORK-UP

- Baseline urea and electrolytes, including magnesium, phosphate, creatinine full blood picture. Blood Sugar Level (BSL). LFTs, Bilirubin, PT.
- Weekly Urea and Electrolytes, including magnesium, phosphate, Creatinine, LFTs, bilirubin BSL, FBP, PT.
- Other bloods as indicated in the parenteral nutrition manual for adults - Dieticians Association of Australia.

MEDICATIONS

- Patients must be discharged with Information on Home TPN, including current formula being prescribed.
- The medical governance/hospital intestinal failure team are responsible for sending TPN updates through to Silver Chain. These can be faxed to (08) 9444 7265.
- Prior to discharge patients must have received education regarding the safe storage of the TPN and all supplies received from Baxter.

MEDICAL GOVERNANCE

- Medical governance will be maintained by the hospital consultant in collaboration with the HATH GP consultant, however in the first instance for any issues relating to the patient, the on call HATH governance doctor should be consulted
- For all suspected intravenous access infections, the hospital consultant must be contacted and the patient returned to the hospital for further management.
- The Hospital consultant will review the patient regularly in clinic and update Silver Chain.
- The HATH governance Doctor will arrange for the pathology tests as per Parenteral Nutrition guidelines for adults (see above) as appropriate in time for the review appointment and liaise with the intestinal failure consultant.

EQUIPMENT AND SAFETY

- All TPN equipment is to be supplied to the patient by the hospital. The patient should have received basic training on the pump and an introduction to the principles of aseptic technique.
- The hospital staff should deem the patient safe to be discharged home with the knowledge that the patient has a good understanding of the treatment plan and care interventions required.

DAILY CARE

- The patient will be visited as per form *Total Parenteral Nutrition (TPN) Patient Competency Document CC-FRM-773*.

REFERENCES

- Digestive Health Network. Home Enteral Nutrition Model of Care. Department of Health Government of Western Australia 2010.
http://www.healthnetworks.health.wa.gov.au/modelsofcare/docs/Home_Enteral_Nutrition_Model_of_Care.pdf Accessed 15/05/2017.