BC Home Parenteral Nutrition (HPN) Program
INFORMATION ABOUT APPLICATION AND PROGRAM (Adult Patients)

Please read this information before completing an application to the program.

The BC HPN Program provides nutrition to patients who require medium to long-term TPN but are otherwise capable of living in the community. The BC HPN Program consists of a multidisciplinary team, including a gastroenterologist, dietitian, pharmacist, nurse, coordinator and administrative support. The team reviews all referrals to the program. Patients who are accepted to the program are followed on an ongoing basis by the team in liaison with their primary physician.

DOES YOUR PATIENT QUALIFY FOR THE PROGRAM?

Your patient must meet the following prerequisites for admission into the BC HPN Program.

Answering YES to all questions below indicates an appropriate referral to the BC HPN Program.

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<td><strong>1.</strong></td>
<td>Patient is unable to receive adequate nutrition via oral and/or enteral routes.</td>
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<td><strong>2.</strong></td>
<td>Patient and/or designated caregiver has the capacity to perform HPN:</td>
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<td><strong>a)</strong></td>
<td>Cognitive capacity <em>(e.g. must be able to follow steps in procedure and troubleshoot pump alarms)</em></td>
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<td><strong>b)</strong></td>
<td>Manual dexterity <em>(e.g. must be able to remove caps from small bottles)</em></td>
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<td><strong>c)</strong></td>
<td>Visual acuity <em>(e.g. must be able to read small print on medication bottles)</em></td>
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<td><strong>d)</strong></td>
<td>Reading comprehension of English language <em>(e.g. must be able to read infusion pump)</em></td>
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<td><strong>3.</strong></td>
<td>Patient is medically and functionally stable and their need for parenteral nutrition is the only care requirement keeping them in the hospital.</td>
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<td><strong>4.</strong></td>
<td>Patient is not taking parenteral anti-emetics or narcotics. Oral anti-emetics, oral narcotics and fentanyl patches are acceptable.*</td>
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<td><strong>5.</strong></td>
<td>Patient and/or caregiver has a desire to be a part of the Program and is willing to be actively engaged in the full requirements of the Program <em>(refer to Patient and/or Caregiver Agreement)</em>.</td>
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<td><strong>6.</strong></td>
<td>Patient will have an anticipated, minimum of 3 months of quality life on HPN.</td>
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<td><strong>7.</strong></td>
<td>Patient and/or caregiver has received teaching on all non-HPN related tasks as relevant <em>(e.g. ostomy, fistula, wound and diabetic care)</em>.</td>
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*Under very exceptional circumstances, some terminally ill patients who are on parenteral narcotics may be considered. Consultation with and approval by the BC HPN Program Medical Director is required.

If the patient does not meet the criteria listed above, they are not appropriate for referral. We recognize that a patient’s status might change over time. Please ensure that your patient is medically and functionally stable before submitting an application. You are welcome to contact the Program Coordinator with questions at any point in the application process.

PROGRAM INFORMATION

Once all documentation is received and a patient has been assessed to be medically appropriate for HPN, the Program will contact the referring facility and the patient and/or family to complete an assessment and determine the patient’s teach-ability for HPN.

We acknowledge that the application for HPN is lengthy; however, given the complexity of these patients, it is critical that the program has an adequate understanding of the patient’s medical and social situation. Given the intricacy of both HPN administration and patients with intestinal failure, HPN teaching is approximately two to three weeks in duration and is only provided out of St. Paul’s Hospital.
BC Home Parenteral Nutrition (HPN) Program

Length of time between application and transfer to St. Paul's Hospital:
If the patient is found to be ready for teaching, the Program will contact the referring physician to indicate when we will be ready to accept the patient at St. Paul’s Hospital. The length of time for this process depends on how quickly the Program receives all the application documentation, the medical and functional stability of the patient and the number of patients currently on the waiting list. Depending on the length of time from the application, an updated physician transfer summary may need to be sent to the BC HPN Program at time of transfer.

Prior to transfer to St. Paul’s Hospital:
The Program appreciates any simplifying of treatment for these patients – specifically around IV medications and narcotics. The Program strongly discourages patients receiving intravenous (IV) medications for the following reasons: (1) the Program does not pay for IV medications or supplies required to inject the IV medications, and most IV medications and administration supplies are not covered by PharmaCare; (2) the Program discourages frequent access of the patient’s vascular access device due to the risk of line breakage and/or line sepsis; (3) some IV medications lead to extreme drowsiness, thus compromising patient safety; and (4) to avoid the risk of IV narcotic abuse. Many HPN applicants have pain issues and these should be addressed at the local hospital. Treatment of the underlying condition to alleviate the pain and avoidance of analgesics is desirable; when not practical, either oral analgesics or transdermal analgesics should be used. Weaning patients from parenteral medications will facilitate the transfer process to St. Paul’s Hospital and will help the patient to get home sooner. Under very exceptional circumstances, some patients with terminal conditions, whose pain control requires parenteral narcotics, may be considered for admission; these cases must be discussed with the Medical Director.

Any ostomy, fistula, wound management, diabetes or other non-HPN related teaching that the patient requires prior to discharge, must be completed at the referring facility before transfer to St. Paul’s Hospital.

Day of transfer to St. Paul’s Hospital:
On the day of transfer, the HPN program requires updated medical, nutrition and laboratory information. A checklist is provided and the patient will not be accepted for transfer unless the information is complete. This helps to ensure that patients can be safely cared for during the transition period.

Discharge from St. Paul’s Hospital:
Once the HPN teaching is complete, patients are often discharged home directly from St. Paul’s Hospital. Patients are responsible for their own transportation home. If there are any complicating medical conditions preventing the patient from being discharged home, and the referring facility is capable of caring for the patient, the patient will be returned to the referring facility per the 48-hour repatriation policy. When the patient is ready for discharge home, the HPN team will liaise with the referring care providers for discharge planning.

If it becomes apparent during the training process that a patient will not be safe to administer TPN at home, the referring facility will be notified and the patient will be transferred back to the referring facility per the 48-hour repatriation policy.

PLEASE CONTACT US WITH ANY QUESTIONS:

Medical Director  604-688-6332  - extension 226  Fax 604-689-2004
Program Coordinator  604-806-9353  - extension 6  Fax 604-806-8044
Dietitian  604-806-9353  - extension 4  Fax 604-806-8044
Nurse/Patient Educator  604-806-9353  - extension 3  Fax 604-806-8044
Secretary  604-806-9353  - extension 5  Fax 604-806-8044
Pharmacist  604-682-2344  - extension 62545
BC Home Parenteral Nutrition Program
PROGRAM APPLICATION (Adult Patients)

Date of Application: ________________________

PATIENT INFORMATION:
Name: (Last) __________________________ (First) __________________________ (Middle) __________________________
DOB: __________________________ PHN: __________________________ Gender: □ Male □ Female
Address: (Street, Apt, Buzzer #) __________________________
City: __________________________ Province: __________________________ Postal Code: __________________________
Home phone: __________________________ Alternate phone number: __________________________
Alternate Contact: __________________________ Relationship: __________________________ Phone: __________________________
Health Benefits: □ First Nations & Inuit Health Benefits □ BC Palliative Care Benefits □ Other: __________________________

PATIENT'S CURRENT LOCATION: □ Home □ Hospital
Facility: __________________________ Ward/Room #: __________________________
Phone: __________________________ Extension: __________________________ Fax: __________________________

CURRENT NUTRITION TREATMENT:
TPN Access: □ No CVC in situ □ PICC □ Hickman □ Implanted □ Groshong □ Implanted
Diet: __________________________ Diet teaching done: __________________________
Describe any dietary modifications that have been tried and their results: __________________________

Has enteral nutrition been trialed?
□ Yes Formula: ____________ Rate: ________ Results: __________________________
□ No Why not? __________________________
Patient’s Height: ____________ Weight: ____________ % weight loss: ____________ Time frame: __________________________

ISOLATION REQUIREMENTS: □ MRSA □ VRE □ TB □ Other: __________________________

OTHER: Are there any psychosocial/family issues that may contraindicate home TPN for this patient?
__________________________________________________________

PROFESSIONAL CONTACT INFORMATION:
Current Dietitian: __________________________ Phone: __________________________
Family Physician: __________________________ Phone: __________________________

REFERRING PHYSICIAN: __________________________ Phone: __________________________
Address: __________________________ Fax: __________________________
Signature: __________________________ MSP #: __________________________

By signing this form, you agree to the 48-hour repatriation policy and will accept the patient back if there are any complicating medical conditions preventing the patient and/or caregiver from being trained.

See Page 2 for required APPLICATION DOCUMENTATION CHECKLIST
BC Home Parenteral Nutrition Program
PROGRAM APPLICATION (Adult Patients)

In order to ensure that patients are capable of safely administering their own TPN at home, all of the following documents must be provided in order for the patient to be assessed for admission into the BC HPN Program.

**APPLICATION DOCUMENT CHECKLIST**

Ensure ALL of the following documents are included as part of the application:

- [ ] Fully completed PATIENT APPLICATION (page 1)
- [ ] Up to date DICTATED PHYSICIAN MEDICAL SUMMARY which includes the following required components:
  - Summary must be “Up to Date” (within the past week)
  - In your dictated summary, please comment on each section and number as follows:
    1. Indication for Home Parenteral Nutrition/cause of intestinal failure, including primary GI diagnosis
    2. If the patient has short bowel syndrome (SBS), estimated length of remaining small bowel
    3. History of previous bowel resections
    4. Current ostomy output and/or other GI losses. Please describe any attempts/successes to decrease GI losses
    5. Concomitant medical illnesses – liver, kidney, heart disease, etc.
    6. Narcotic usage – please note, PO or transdermal are the preferred route for narcotic administration for HPN patients. As previously elaborated, patients using IV/SC narcotics will only be accepted under very exceptional circumstances
    7. Other IV medications – please note, parenteral medications are not covered under this program and are strongly discouraged
    8. Previous drug or alcohol abuse
    9. Any concerns the medical staff may have about the patient going home (e.g. social support, cognitive impairment, manual dexterity, medical issues precluding training and/or discharge home)
- [ ] Patient and/or Caregiver Agreement reviewed and signed by patient (PHC-OP101) (Patient should retain a copy)
- [ ] ALL Operative Notes of abdominal surgery
- [ ] If the patient has a central line, report of central line insertion, including: device location, device tip location, brand/size, insertion date and name of physician who inserted the line.
- [ ] Copy of Medication Administration Record (MAR)
- [ ] Copy of current TPN prescription
- [ ] Information on isolation requirements  (e.g. MRSA, VRE, TB, etc.)
- [ ] Copy of Caution Sheet or a list of allergies

**Please fax all required documents to the BC Home Parenteral Nutrition Program**
Fax Number: 604-806-8044

**RECEIPT OF APPLICATION**
Within 1 to 2 business days of receiving the application, the Program Coordinator will acknowledge receipt of the application by fax. This fax will be sent on St. Paul’s Hospital letterhead to the referring physician and hospital ward, as appropriate. **If you do not receive this acknowledgement, then the application was not received.**

Please call the Program Coordinator at 604-806-9353 (extension 6) if you would like to discuss the application or confirm receipt of the application.
BC Home Parenteral Nutrition (HPN) Program  
**PATIENT and/or CAREGIVER AGREEMENT**  
(Adult Patients)

This letter is to be reviewed and signed by the patient AFTER they have been informed about the BC HPN Program and TPN in general.

※ If a caregiver is required to assist the patient with HPN procedures, they must also read and agree to participate in all aspects of the program.

There are many skills that you will need to learn in order to give yourself HPN. Learning these skills takes time and practice. Each day you will have teaching sessions with a nurse. Before you leave St. Paul’s Hospital you will need to show that you can do all the skills on your own.

You will be responsible for the following:

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<tr>
<th>Patient’s Initials</th>
<th>Caregiver’s Initials (if applicable)</th>
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- Coming to St. Paul’s Hospital for a 2 to 3 week teaching program.  
(1 to 2 teaching sessions daily, Monday to Friday between 08:00 and 16:30)  
※ If applicable, caregivers must also be available for scheduled sessions

- Learning to care for a central line and give yourself nutrition fluid through a tube into your vein (intravenous nutrition)

- Having regular visits with your family doctor and your HPN doctor

- Having bloodwork done at least every month

- Having regular telephone contact with the BC HPN Program

- Ordering your HPN supplies

- Making arrangements for returning home after HPN training is complete

- Devoting adequate time to be educated in the safe practices related to central line care and intravenous infusions. You will need to learn the following skills:
  - Hand washing
  - Cleaning of work area and setting up of work area and supplies
  - Being confident and safe with needles and syringes
  - Keeping supplies organized and CLEAN on work area - maintaining aseptic technique
  - Flushing of central line; unhooking TPN
  - Accessing implanted central line with an access needle (if applicable)
  - Changing central venous catheter dressing and positive pressure cap weekly
  - Adding Multitamins to TPN bag
  - Adding Vitamin K to TPN bag (if applicable)
  - Programming of TPN pump, priming TPN tubing, and infusing of TPN with use of pump
  - Using gravity method of infusion for hydration

I have read the expected responsibilities and agree to participate in the BC HPN Program. I also understand that while HPN supplies are funded by the BC HPN Program, I am responsible for paying for all non-HPN related supplies such as ostomy, fistula, wound and diabetic supplies, if required for my care.

**PATIENT**

Signature: ___________________________  
Printed name: ___________________________

Date: ___________________________

**CAREGIVER**

Signature: ___________________________
Printed name: ___________________________

Date: ___________________________
BC Home Parenteral Nutrition (HPN) Program

PATIENT UPDATE FOR DAY OF TRANSFER
(Adult Patients)

Patient name: ____________________________________________
DOB: ____________________________________________________
Transfer date: ____________________________________________

This information must be received by the BC HPN Program prior to the patient arriving at St. Paul’s Hospital.

Fax to the BC HPN Program on the Day of Transfer - Fax: 604-806-8044.
Also, send a copy of this information with the patient when they are transferred.

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<th>Faxed to HPN</th>
<th>Copy sent with patient</th>
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<tr>
<td>1.</td>
<td>Physician Transfer Summary, written within one week of transfer – updated if appropriate.</td>
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<tr>
<td>2.</td>
<td>Current Medication Administration Record (MAR) attached</td>
<td></td>
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<tr>
<td>3.</td>
<td>Current TPN prescription attached</td>
<td></td>
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<tr>
<td>4.</td>
<td>IV fluid order: ____________________________ PO fluid intake: ____________________________</td>
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<tr>
<td>5.</td>
<td>Estimate of the patient’s daily fluid losses: Urine: ____________________________ Ostomy: ____________________________ Drain(s): ____________________________</td>
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<tr>
<td>6.</td>
<td>Patient’s weight: __________ kg Date: ____________________________</td>
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<td>7.</td>
<td>Attach laboratory results, including most recent results. Have the following bloodwork done the day before transfer: Electrolytes (Na, K, Cl, CO₂) Liver Enzymes (AST, ALT, Alk Phos) Urea Total Bilirubin Creatinine Triglycerides (non-fasting) Magnesium Albumin Phosphorus Pre albumin Calcium Random Blood Glucose</td>
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Please indicate if blood is drawn from the central line or peripherally.

Signature: ____________________________ Printed name: ____________________________
Contact number: ____________________________ Hospital: ____________________________