

**Medical Order Form
Protocol for Home Parenteral Nutrition (PPN or TPN)
for the Adult Population**

Contact HCCSS HNHB at 1-800-810-0000

Patient Name _____

HCN _____ VC ____ DOB _____

Address _____

City _____ Postal Code _____

Phone _____

Contact Name _____ Phone _____

Medical Information

Primary Diagnosis _____ Secondary Diagnosis _____

Vascular Access Device (VAD) Insertion Information

Date of Insertion _____ Type of Device _____ Valved or Non-Valved

Total Length of Catheter _____ External Length _____ Gauge _____ Number of Lumens _____

Use device for blood work Yes No Tip Placement Confirmed Yes No Location _____

Insertor's Name _____ Insertion Institution Name _____

Flushing Solution

Flush VAD with sterile preservative free 0.9% sodium chloride solution as per maintenance protocol on page 2

Final Locking Solution

Lock VAD with the following solution using appropriate technique to maintain VAD patency:

2 mL KiteLock 4% sterile catheter lock solution per lumen unless otherwise indicated

If unable to aspirate KiteLock prior to flushing, KiteLock can be flushed followed by flushing solution

If unable to aspirate KiteLock prior to flushing, KiteLock can be flushed into VAD

Other: _____

Dressing Change

Maintain sterile dressing on VAD to protect site:

Chlorhexidine-based dressing : change every 7 days Curo caps

Other: _____

Securement device:

Sutureless securement device or securement dressing to limit movement of device (CVADs including PICCs): change every 7 days and prn

Sutures post tunneled CVAD insertion. **Remove as ordered unless dissolving:**

Tunneled CVAD: tracking site in _____ days, exit site in _____ days if applicable

Home Parenteral Nutrition Specific Orders

1. Start date _____

2. TPN _____ mL to infuse @ _____ mL/hr x _____ hours overnight from _____ to _____ hours.

3. ADD Multivitamins 10ml daily to parenteral nutrition pre-infusion

4. ADD Vitamin K _____ mg weekly (Wednesday) to PN pre-infusion

5. PRN 0.9% sodium chloride solution 1 litre IV over 4-6 hours to prevent dehydration. Monitor for low BP, tachycardia, shortness of breath and decreased urine output. Six litres 0.9% sodium chloride solution to be available in the home at all times.

See Page 2 for Additional Orders and Signatures

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Vascular Access Maintenance Protocol

1. Assess patency of VAD by flushing and aspirating blood without resistance
2. Flush VAD and confirm patency at established intervals:
 - Immediately prior to starting infusion
 - CVAD (including PICCs): at least every 7 days when not in regular use
3. **Flush VAD with sterile preservative free 0.9% sodium chloride solution:**
 - when accessing VAD
 - between incompatible solution and/or medication
 - before and after blood sampling, and
 - after disconnecting an infusion, medication or parenteral nutrition
4. Flush VAD with 10mL **barrel-sized** single-use pre-filled syringe per lumen using pulsatile or “push-pause” technique. Do not apply excessive force to flush. Flush with 3 x10mL sterile preservative free 0.9% sodium chloride solution pre and post PN infusion. Note: If CVAD is double lumen and only running PN, alternate lumens weekly.
5. Employ appropriate sequence for flushing, clamping, and disconnecting, as determined by the style/type of needle-free connector being used:
 - Negative displacement: maintain pressure on syringe while closing clamp(s)
 - Positive displacement: clamp after syringe removal
 - Neutral displacement: not affected by clamping sequence

Other:

Medical Supervision

All community nursing agencies have standing medical directives for the administration of epinephrine if needed. Patient/family will be taught treatment protocol.

Family Practitioner (MD/NP) _____ Referring Practitioner _____
Signature _____ Date _____
Practitioner (MD/NP) to contact for any VAD complications _____
Contact Information _____
Faxed by _____ Date _____ Contact Number _____