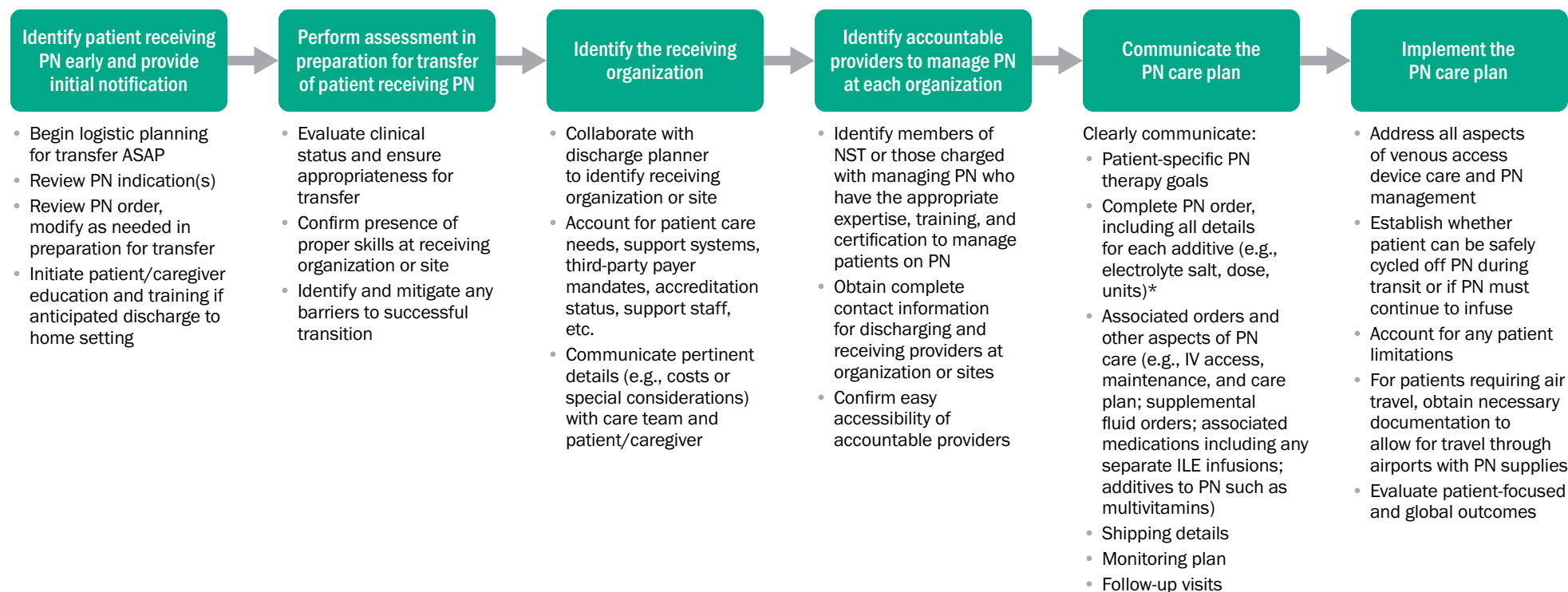


Safe Care Transitions for Patients Receiving Parenteral Nutrition

- Transitions of care (TOC) occur between all healthcare environments and home.
- Safe TOC for patients receiving parenteral nutrition (PN) require coordination and communication.
- Poor communication during TOC can negatively affect health outcomes and increase economic costs.
- Key steps and considerations for smooth and safe TOC for patients receiving PN are diagramed below.

Transition Process: Key Steps and Considerations



Summary of key steps and considerations in the transition process for patients receiving parenteral nutrition.

The figure describes the key steps in transition and summarizes the major points for consideration at each transition between care settings. This figure should be used in conjunction with the complete explanations and expansion of thought provided in [Adams S, et al.](#) The steps and points summarized above are intended to be repeated and reiterated each time a transition between care settings occurs.

The asterisk denotes that electronic orders are preferred to limit risk of error.

ASAP, as soon as possible; IV, intravenous; NST, nutrition support team; PN, parenteral nutrition.

Safe Transition Parenteral Nutrition (PN) Checklist

This Safe Transition PN Checklist is one tool that can be used to facilitate smooth transitions. At each step, the responsible interdisciplinary team member(s) should be identified to assist with the transition.

	Day of Admission	Subsequent Days	Day of Discharge	Post Discharge
Indication for PN <ul style="list-style-type: none"> PN coverage/reimbursement is verified Patient is determined to be stable for discharge Decision to cycle PN or not is determined and communicated Patient is deemed appropriate candidate for PN Appropriate IV access is in place Goals of PN therapy are identified 				
Identification of caregiver(s) <ul style="list-style-type: none"> Contact information for caregiver(s) is recorded Caregiver(s) is determined to be able/willing to manage PN Home environment is assessed to be safe 				
PN formula and other home IV therapies <ul style="list-style-type: none"> PN formula is transmitted to home infusion provider, home health agency Orders are received for other home infusion therapies 				
Medication safety <ul style="list-style-type: none"> Current medications are reviewed, updated, and documented Allergies are reviewed, updated and documented 				
Follow up <ul style="list-style-type: none"> Physician/service following patient identified and documented Labs, including long-term micronutrient assessments, are ordered Discharge summary is forwarded to primary care provider Follow up appointments with following service/physician are scheduled 				
Home Care/Alternate Site Care <ul style="list-style-type: none"> Home care infusion provider is identified Home Health Agency is identified Patient information is transmitted to home care infusion provider, home health agency 				
Education <ul style="list-style-type: none"> Catheter care and management of complications are reviewed and understanding is demonstrated Details of PN administration are reviewed and understanding is demonstrated Considerations for travel while on PN are reviewed and understanding is demonstrated Monitoring complications of PN are reviewed and understanding is demonstrated Monitoring of fluid intake and losses are reviewed and understanding demonstrated 				

IV: intravenous; PN: parenteral nutrition

Additional Considerations for Safe TOC

- Confirm availability of all necessary products and make any necessary adjustments to PN order to ensure a smooth transfer. Clearly communicate any changes with care team members; formulary difference and/or product availability (potentially due to shortages) between organizations or sites may differ.
- Implement safe procedures for PN order entry into automated compounding device (ACD).
- Establish plans for prevention and management of central line-associated blood stream infection.
- Create and communicate plan for potential readmission.
- Maintain awareness of clinical and financial ramifications of poorly planned transitions and mitigate these potential consequences by following these considerations.

Reference

Adams SC, Gura KM, Seres DS, et al. Safe care transitions for patients receiving parenteral nutrition. *Nutr Clin Pract.* 2022 Jun;37(3):493-508.