# **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**

### Identify patient receiving PN early and provide initial notification

- Begin logistic planning for transfer ASAP
- Review PN indication(s)
- Review PN order. modify as needed in preparation for transfer
- Initiate patient/caregiver education and training if anticipated discharge to home setting

## Perform assessment in preparation for transfer of patient receiving PN

- Evaluate clinical status and ensure appropriateness for transfer
- Confirm presence of proper skills at receiving organization or site
- Identify and mitigate any barriers to successful transition

## Identify the receiving organization

- Collaborate with discharge planner to identify receiving organization or site
- Account for patient care needs, support systems, third-party payer mandates, accreditation status, support staff,
- Communicate pertinent details (e.g., costs or special considerations) with care team and patient/caregiver

## Identify accountable providers to manage PN at each organization

- Identify members of NST or those charged with managing PN who have the appropriate expertise, training, and certification to manage patients on PN
- Obtain complete contact information for discharging and receiving providers at organization or sites
- Confirm easy accessibility of accountable providers

## Communicate the PN care plan

#### Clearly communicate:

- Patient-specific PN therapy goals
- Complete PN order, including all details for each additive (e.g., electrolyte salt, dose, units)\*
- Associated orders and other aspects of PN care (e.g., IV access, maintenance, and care plan; supplemental fluid orders; associated medications including any separate ILE infusions; additives to PN such as multivitamins)
- Shipping details
- Monitoring plan
- Follow-up visits

# Implement the PN care plan

- Address all aspects of venous access device care and PN management
- Establish whether patient can be safely cycled off PN during transit or if PN must continue to infuse
- Account for any patient limitations
- · For patients requiring air travel, obtain necessary documentation to allow for travel through airports with PN supplies
- Evaluate patient-focused and global outcomes

#### 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.



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## **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  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)  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 PN formula is transmitted to home infusion provider, home health agency Orders are received for other home infusion therapies				
Medication safety  Current medications are reviewed, updated, and documented  Allergies are reviewed, updated and documented				
Follow up  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  • Home care infusion provider is identified  • Home Health Agency is identified  • Patient information is transmitted to home care infusion provider, home health agency				
Education     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				

# **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.

IV: intravenous; PN: parenteral nutrition

