

<b>Medical Order Form</b> <b>Protocol for Home Parenteral Nutrition (PPN or TPN)</b> <b>for the Adult Population</b>  Contact Ontario Health atHome at 1-800-810-0000	Patient Name _____ HCN _____ VC ____ DOB _____ Address _____ City _____ Postal Code _____ Phone _____ Contact Name _____ Phone _____
<b>Medical Information</b>	
Primary Diagnosis _____ Secondary Diagnosis _____	
<b>Vascular Access Device (VAD) Insertion Information</b>	
Date of Insertion _____ Type of Device _____ <input type="checkbox"/> Valved or <input type="checkbox"/> Non-Valved	
Total Length of Catheter _____ External Length _____ Gauge _____ Number of Lumens _____	
Use device for blood work <input type="checkbox"/> Yes <input type="checkbox"/> No Tip Placement Confirmed <input type="checkbox"/> Yes <input type="checkbox"/> No Location _____	
Inserter's Name _____ Insertion Institution Name _____	
<b>Flushing Solution</b>	
<input type="checkbox"/> Flush VAD with sterile preservative free 0.9% sodium chloride solution as per maintenance protocol on page 2	
<b>Final Locking Solution</b>	
<b>Lock VAD with the following solution using appropriate technique to maintain VAD patency:</b>	
<input type="checkbox"/> 2 mL KiteLock 4% sterile catheter lock solution per lumen unless otherwise indicated	
<input type="checkbox"/> If unable to aspirate KiteLock prior to flushing, KiteLock can be flushed followed by flushing solution	
<input type="checkbox"/> If unable to aspirate KiteLock prior to flushing, KiteLock can be flushed into VAD	
<input type="checkbox"/> Other: _____	
<b>Dressing Change</b>	
<b>Maintain sterile dressing on VAD to protect site:</b>	
<input type="checkbox"/> Chlorhexidine-based dressing : change every 7 days <input type="checkbox"/> Curo caps	
<input type="checkbox"/> Other: _____	
<b>Securement device:</b>	
<input type="checkbox"/> Sutureless securement device or securement dressing to limit movement of device (CVADs including PICCs): change every 7 days and prn	
<input type="checkbox"/> Sutures post tunneled CVAD insertion. <b>Remove as ordered unless dissolving:</b>	
<input type="checkbox"/> <b>Tunneled CVAD:</b> tracking site in _____ days, exit site in _____ days if applicable	
<b>Home Parenteral Nutrition Specific Orders</b>	
1. Start date _____	
2. TPN _____ mL to infuse @ _____ mL/hr x _____ hours overnight from _____ to _____ hours.	
3. <input type="checkbox"/> ADD Multivitamins 10ml daily to parenteral nutrition pre-infusion	
4. <input type="checkbox"/> 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\*\*\*

<b>Medical Order Form:</b> <b>Protocol for Home Parenteral Nutrition</b> <b>(PN or TPN)</b>	Patient Name _____ HCN _____ VC _____ DOB _____
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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 \_\_\_\_\_