Technologic advances in the past century have led to the ability to safely deliver parenteral nutrition (PN) to hospitalized patients. Key breakthroughs included the development of saline and glucose infusions, infusion pumps, macronutrients (lipids, dextrose, and amino acids), and central venous catheters” Hurt and Steiger (2018).

Abstract:

Technologic advances in the past century have led to the ability to safely deliver parenteral nutrition (PN) to hospitalized patients. Key breakthroughs included the development of saline and glucose infusions, infusion pumps, macronutrients (lipids, dextrose, and amino acids), and central venous catheters. In the 1960s, centrally delivered PN was performed in short-term hospitalized patients by Lincoln James Lawson (North Staffordshire Royal Infirmary, United Kingdom) and long-term patients by Stanley Dudrick (University of Pennsylvania, United States). These early studies showed that a system was needed that would allow patients with intestinal failure to be discharged from the hospital and receive home PN (HPN).

You may also be interested in...

Home parenteral nutrition care in the Czech Republic
Quality outcomes of paediatric home parenteral nutrition
Laboratory monitoring of children on home parenteral nutrition

In the late 1960s and early 1970s, Belding Scribner, Maurice Shils, Khursheed Jeejeebhoy, Marvin Ament, Dudrick, and their teams discharged patients from the hospital who then self-administered HPN. Shortly after these early cases of HPN, multidisciplinary centers were established first in North America, and later in Europe, to manage these complex cases. The current article describes the patients treated by these early HPN pioneers, in addition to subsequent case series reported by them and others.
Reference: