



Patients receiving long-term home parenteral nutrition (HPN) and clinicians managing their care face complex challenges not fully addressed by existing clinical practice guidelines” Kumpf (2019).

Abstract:

Patients receiving long-term home parenteral nutrition (HPN) and clinicians managing their care face complex challenges not fully addressed by existing clinical practice guidelines. This review aims to increase awareness of some of the challenges encountered when managing patients receiving HPN and provide strategies for management. The ability to optimally manage these patients starts with involvement of a qualified team of clinicians, which is sometimes difficult to find. There are unique challenges related to the parenteral nutrition (PN) prescribing and compounding process that are not typically encountered with inpatient use. Clear communication is required between the HPN prescriber/team and the home infusion pharmacist to prevent errors related to misinterpretation of the order and PN product shortages. Dependency on HPN and living with chronic disease create a number of psychosocial, financial, and other lifestyle restrictions that can negatively impact a patient’s quality of life. HPN nonadherence is a challenge that complicates the clinician’s ability to accurately assess and make appropriate adjustments to therapy. HPN adherence may be improved by incorporating a patient-centered approach to care that allows patients to prioritize those issues most meaningful and valuable to them. Patient-centered care also encourages self-care and relies on a high level of HPN education. Clinicians are encouraged to use an interactive interview style when engaging patients to prioritize goals of care and

make self-motivated decisions for change. In spite of challenges, HPN therapy has allowed patients the ability to maintain adequate nutrition and thrive in the home setting when the oral/enteral route fails.

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Reference:

Kumpf, V.J. (2019) Challenges and Obstacles of Long-Term Home Parenteral Nutrition. Nutrition in Clinical Practice. February 4th. .

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