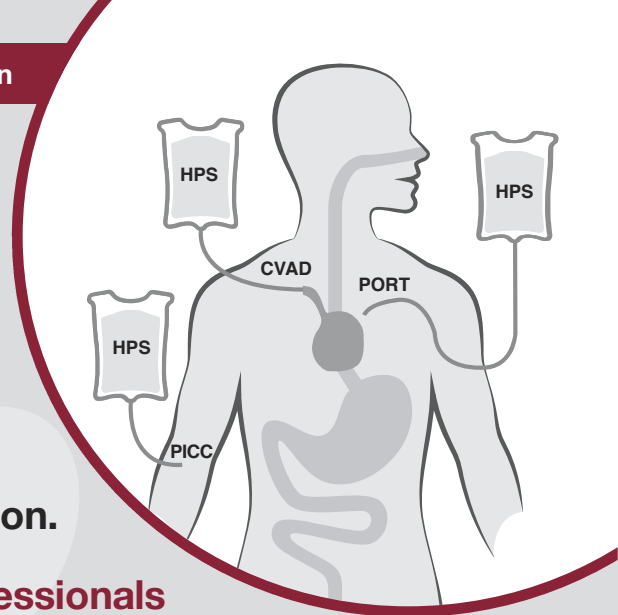


Home Parenteral Support (HPS)

My SAFETY

HPS is an umbrella term including parenteral nutrition (PN) and intravenous fluid administration.



Information for Healthcare Professionals

Speak to me about my condition(s), my treatment regimen and my tunnelled central venous access device (CVAD) such as a Hickman™ line, peripherally inserted central catheter (PICC), or totally implanted port.

All interventions to my CVAD have to be done using ANTT (Aseptic Non-Touch Technique), which includes decontamination of hands, disinfecting the needlefree connector with pressure and friction for a minimum of 15 seconds, using a 2% Chlorhexidine in 70% IPA (Isopropyl alcohol) wipe and allowing 30 seconds to air dry before accessing. My CVAD should only be used for my HPS, and only used for blood sampling, with my consent, if peripheral access fails.

Fluid Balance! I may have an unstable fluid balance and need IV fluids. If my HPS is more than 2 litres a day it is unlikely that asking me to drink more will help me and can be dangerous.

Electrolyte Levels! These need to be maintained especially if I am not having my HPS. The volume and electrolyte content of my HPS may need to be matched with the replacement IV fluids.

Talk to my Nutrition Support Team (NST) to make them aware of my admission and to find out more about me. You can ask my NST for advice regarding my treatment or if a change to my HPS is needed.

You have the responsibility to ensure ALL the above is adhered to so that I receive safe and appropriate care.

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