Guidance for Parenteral Nutrition Supply from Aseptic Units

PASG would like to re-inforce the guidance issued by the Department of Health and Social Care regarding the provision of Parenteral Nutrition following the recent reduced capacity in the commercial sector.

Inpatient Parenteral Nutrition

The following actions should be undertaken by all trusts, irrespective of the PN supplier used:

- *Review all inpatients and consider need for parenteral nutrition*
- *Consider if any outsourced parenteral nutrition compounding can be safely brought in house. This is subject to suitable facilities and capacity being available – (seek Regional QA advice if unsure)*
- *Consider if any patients on bespoke PN bags can be safely and effectively changed to a multi chamber bag (MCB) with vitamins and trace elements only.*
- *Change appropriate patients from trust bespoke PN to a MCB. This should be a MCB with vitamins and trace elements only, unless these are added within the trust aseptic unit.*
- *Consider working with other trusts within your region for the provision of PN. (Refer to regional QA if required)*
- *Do not change PN suppliers, unless this has been agreed by your regional pharmacy procurement specialist.*

Home Parenteral Nutrition (HPN)

The following actions should be undertaken by all trusts who use Calea to supply their homecare service. Trusts who do not use Calea have no further actions to undertake at this time:

- *Do not change PN suppliers, unless this has been agreed by your regional pharmacy procurement specialist.*
- *Identify all patients that could have temporary non-manipulated MCB bags for a 1 – 2 week period. Liaise with Calea to implement this*
- *New patients: please reconfirm with your nutritional team to establish that HPN is essential, in light of the current situation. Liaise with HPN suppliers to identify those capable of accepting new patients. Please be aware that there may be longer lead times than anticipated*
- *Consider if the trust can compound HPN for any of the patients safely. (Refer to regional QA if required)*
- *Identify patients likely to stop HPN in the near future and consider expediting the process if it is clinically appropriate.*

Any outsourced PN (even for 1 patient) brought in house will have a positive impact on the available capacity in the commercial sector so please consider this if it is safe to do so.

Ensure any local changes to PN provision are discussed with the Chief Pharmacist, and at Trust board level if deemed appropriate. Impact assess and identify risks and necessary actions via your change control process.

It is likely that local management of this situation will need to be managed via the Trust risk register.

Additions to PN outside of the aseptic unit MUST NOT be made.

The separate infusion of PN components is considered to be high risk and is not supported by PASG, except where this is accepted practice due to stability considerations eg where neonates or paediatrics have separate lipid and aqueous components.

If any NHS licensed NHS units have capacity to prepare products for other Trusts please email Richard Bateman at richard.bateman2@nhs.net.