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# PARENTERAL NUTRITION STUDY

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)  
Advisor Assessment Form (AF)

Questionnaire number

## INSTRUCTIONS FOR COMPLETION

Please complete all questions with either block capitals or a bold cross inside the boxes provided. If you make a mistake, please "black-out" the box and re-enter the correct information. Unless indicated, please mark only one box per question.

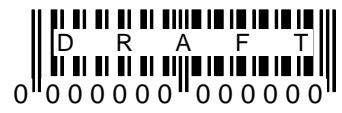
### A. PATIENT AND ADMISSION DETAILS

1. Age at time of admission    years  
 If less than 2 years old   months   weeks   days  
 If premature baby Gestation   weeks   days
2. Gender:  Male  Female
3. Date of admission   /   /      
                                 d d           m m                   y y y y  
 Day of week    (MON, TUE, etc)

### B. INDICATION FOR PN

4. Time PN first administered (24hr clock)   :    
   h h           m m                   Date   /   /      
   d d           m m                   y y y y  
 Not recorded                   Day of week    (MON, TUE, etc)
5. a. Was adequate consideration given to using enteral nutrition as an alternative to PN?  
 Yes  No  
 Unknown  ID

5. b. If no please expand on your answer?





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- 11.** Was there adequate nutritional and biochemical assessment of the patient prior to commencement of PN?  Yes  No  
 Unknown  ID

- b.** If No what was missing?
- |  |  |
|--|--|
| <input type="checkbox"/> Clinical assessment   | <input type="checkbox"/> Tricep circumference/skin fold thickness  |
| <input type="checkbox"/> Biochemical review    | <input type="checkbox"/> Grip strength   |
| <input type="checkbox"/> Weight                | <input type="checkbox"/> Other <input style="border: 1px solid black; width: 150px; height: 20px;" type="text"/> |
| <input type="checkbox"/> Mid-arm circumference | (please specify)   |

- 12.** What type of PN was first given?
- Multi-chamber bag ('Off the shelf')
  - Multi-chamber bag ('Off the shelf') with additives e.g. vitamins or electrolytes
  - Tailored bag

- 13.** Was this appropriate for the patient's needs?  Yes  No  
 Unknown  ID

If No please expand on your answer

- 14. a** Were the patient's PN requirements documented in the casenotes?  Yes  No  
 ID

- 14. b** If Yes please were these of adequate detail?  Yes  No

- 14. c** If No to 14b, what additional information should have been included?

- 15.** Was the PN prescription documentation adequate for the nursing staff to commence the PN infusion?  Yes  No  
 Unknown  ID

- 16. a.** Was a treatment goal for PN documented?  Yes  No  
 ID

- 16. b.** If Yes was it appropriate for the patient's needs?  Yes  No  
 ID

- 16. c** If No to 16b, please expand on your answer



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22. a. Was position of the CVC tip documented in the casenotes?  Yes  No

ID

22. b. If Yes was the tip in an appropriate position?  Yes  No

23. a. Was the insertion of the CVC adequately documented in the casenotes?  Yes  No

ID

23. b. If No which details were missing

24. a. Is there evidence of inappropriate CVC care?  Yes  No

ID

24. b. If Yes please expand on your answer

25. a. Is there evidence of the CVC being used for purposes other than PN?  Yes  No

ID

25. b. If Yes what other purposes was the line used for

26. a. Did the patient develop any CVC-related complications?  Yes  No

ID

26. b. If Yes which complications?  Line misplacement  Line fracture/rupture

Suspected line infection  Venous thrombosis

Confirmed line infection  Pneumothorax

Phlebitis  Haemothorax

Accidental removal  TPN-oma/extravasation

Line occlusion  Neuropraxia

Other

26. c. Were any of the complications avoidable?  Yes  No

Unknown  NA

26. d. If Yes please expand on your answer

26. e. Were the complications managed appropriately?  Yes  No

Unknown  NA

26. e. If No please expand on your answer



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- 27. a.** Did the patient develop any metabolic complications?  Yes  No  
 ID
- 27. b.** If Yes which complications?  Hypophosphataemia (without re-feeding syndrome)  Hypermagnesaemia  
 Hypomagnesaemia  Hyperphosphataemia  
 Hypokalaemia  Hyperkalaemia  
 Hyponatraemia  Hyperglycaemia  
 Hypernatraemia
- 27. c.** Were any of the complications avoidable?  Yes  No  
 Unknown  NA
- 27. d.** If Yes please expand on your answer
- 27. e.** Were the complications managed appropriately  Yes  No  
 Unknown  NA
- 27. f.** If No please expand on your answer
- 28. a.** Did the patient develop abnormal LTF's  Yes  No  
 Unknown  ID
- 28. b.** If Yes, in your opinion was this related to overfeeding?  Yes  No  
 Unknown  ID
- 29. a.** In your opinion was the patient at risk of re-feeding syndrome?  Yes  No  
 Unknown  ID
- 29. b.** If Yes was this documented by the clinical team?  Yes  No  
 ID
- 29. c.** If Yes to 29a, were adequate precautions taken to prevent re-feeding syndrome?  Yes  No  
 ID
- 29. d.** If No please expand on your answer
- 29. d.** Did re-feeding syndrome occur?  Yes  No  
 ID





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### I. OVERALL ASSESSMENT

31. Overall assessment of care for this patient (please select one category only)

- Good practice - a standard of care you would expect from yourself, your trainees and your institution
- Room for improvement: aspects of **clinical** care that could have been better
- Room for improvement: aspects of **organisational** care that could have been better
- Room for improvement: aspects of **clinical and organisational** care that could have been better
- Less than satisfactory: several aspects of **clinical and/or organisational** care that were well below a standard that you would expect from yourself, your trainees and institution
- Insufficient data

Please provide reasons for assigning this grade:

Are there any particular issues which you feel should be highlighted in the final report?

 Yes No

If yes, please specify:

#### Cause for concern cases

Occasionally NCEPOD will refer cases that have been identified as 5 (Less than satisfactory) when it is felt that further feedback to the Trust concerned is warranted. This is usually due to an area of concern particular to the hospital or clinician involved, and not for issues being highlighted across the body of case notes. In cases that are referred, the advisors have concerns that the pattern of practice fell below a standard, which indicates that the practitioner or team or Trust is likely to put future patients at risk, if not addressed. This process has been agreed by the NCEPOD Steering Group and the GMC. The Medical Director of the Trust is written to by the Chief Executive of NCEPOD explaining our concerns. This process has been in operation for four years and the responses received have always been positive in that they feel we are dealing with concerns in the most appropriate manner.

If you feel that this case should be considered for such action please check this box:

