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

☐ Not recorded

Date ☐☐ / ☐☐ / ☐☐☐☐
d d m m y y y y

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?

6. What indication for PN was documented (answers may be multiple)?

- ☐ Immaturity of GI function
- ☐ Congenital anomalies; gut
- ☐ Congenital anomalies; non gut
- ☐ Necrotizing enterocolitis
- ☐ Non functioning gut
- ☐ Perforated/leaking gut
- ☐ Short bowel
- ☐ Dysphagia
- ☐ Obstruction
- ☐ Dysmotility
- ☐ Fistulae
- ☐ Malabsorption
- ☐ Pre-operative nutrition
- ☐ No access for enteral nutrition
- ☐ Failure of enteral nutrition
- ☐ Radiation enteritis
- ☐ GVHD
- ☐ Infection (e.g. C. difficile)
- ☐ Chemotherapy
- ☐ Post-surgical complications
- ☐ Volvulus
- ☐ Crohn's disease
- ☐ Cancer
- ☐ Radiation damage
- ☐ Post-op ileus

☐ Other (please specify

☐ No indication documented ☐ Insufficient data

7. Was the PN administered for an appropriate indication? ☐ Yes ☐ No ☐ Unknown ☐ ID

If No please expand on your answer

8. Was there an unreasonable delay in recognising that the patient required PN? ☐ Yes ☐ No ☐ Unknown ☐ ID

If Yes please expand on your answer

9. Was there an unreasonable delay between the decision the patient required PN and the commencment of PN? ☐ Yes ☐ No ☐ Unknown ☐ ID

If Yes please expand on your answer

10. Was the PN started at a reasonable time of day? ☐ Yes ☐ No ☐ Unknown ☐ ID

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?

☐ Clinical assessment
☐ Biochemical review
☐ Weight
☐ Mid-arm circumference
☐ Tricep circumference/skin fold thickness
☐ Grip strength
☐ Other

(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

17. a. Was there adequate monitoring of the patient during PN? ☐ Yes ☐ No ☐ ID

17. b. If No what were the deficiencies?

- ☐ Constitution of PN
- ☐ Biochemical review
- ☐ Glucose
- ☐ Fluid balance
- ☐ Mid-arm circumference
- ☐ Clinical status
- ☐ Tricep circumference/skin fold thickness
- ☐ Grip strength
- ☐ Vascular access
- ☐ Weight
- ☐ Other (please specify)

18. a. Following intiation of PN did the patient have clinical reviews of their underlying condition? ☐ Yes ☐ No ☐ ID

18. b. If Yes was the frequency of reviews adequate? ☐ Yes ☐ No ☐ ID

18. c. If Yes were the number of senior reviews adequate? ☐ Yes ☐ No ☐ ID

19. a. Was the type of central venous catheter (CVC) documented in the casenotes? ☐ Yes ☐ No ☐ ID

19. b. If Yes was this appropriate? ☐ Yes ☐ No

19. c If No to 19b please expand on your answer

20. a. Was the site of insertion documented in the casenotes? ☐ Yes ☐ No ☐ ID

20. b. If Yes was this appropriate? ☐ Yes ☐ No

20. c If No to 20b please expand on your answer

21. a. Was insertion of the CVC performed by an appropriate healthcare professional? ☐ Yes ☐ No ☐ Unknown ☐ ID

21. b If No please expand on your answer

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

27. a. Did the patient develop any metabolic complications? ☐ Yes ☐ No ☐ ID

27. b. If Yes which complications?

- ☐ Hypophosphataemia (without re-feeding syndrome)
- ☐ Hypomagnesaemia
- ☐ Hypokalaemia
- ☐ Hyponatraemia
- ☐ Hypernatraemia
- ☐ Hypermagnesaemia
- ☐ Hyperphosphataemia
- ☐ Hyperkalaemia
- ☐ Hyperglycaemia

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

30. a. Were fluids given in addition to the PN? ☐ Yes ☐ No ☐ ID

30. b. If Yes was this for an appropriate indication? ☐ Yes ☐ No ☐ ID

30. c. If No to 30b please expand on your answer

30. d. If fluid was given, was the type given appropriate? ☐ Yes ☐ No ☐ ID ☐ NA

30. e. If No to 30d please expand on your answer

30. f. If fluid was given, was the volume given appropriate? ☐ Yes ☐ No ☐ ID ☐ NA

30. g. If No to 30f please expand on your answer

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 trainess 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: ☐