NCEPOD Enquiry into the care of hospital patients receiving parenteral nutrition- the neonatal perspective

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on behalf of the British Association of Perinatal Medicine
Neonatal TPN - messages

• Essential for the survival of the smallest and sickest babies
• Mostly <3 weeks “bridging the gap” until full enteral feeds
• Often delayed
• Sometimes inadequate
• Metabolic complications frequent
• Line complications common
Does it matter?

- Low phosphate/sodium/glucose common in this group hence monitoring is vital and correction essential
- Too little amino acid/lipid – important to monitor tolerance and consider the enteral input
- What about the babies who should have got TPN but did not?

Only 23% care represented “good practice” and 4.5% was “less than satisfactory”
What was missing?

- Quality control of the manufacturing process
- Information about enteral feeds
- Assessment of prescribing practice
- Use of antifungal prophylaxis
Messages

• National standards on PN constituents and prescribing
• National standards re PN monitoring
• National standards for “clean” manufacture
• Better documentation and management of long lines
• Advice on catheter use, and antifungal prophylaxis
• Coupled with advice on enteral feed institution – a nutritional package