A. PATIENT AND ADMISSION DETAILS

1. Age at time of admission: 
   - Years: 
   - Months: 
   - Weeks: 
   - Days: 
   If less than 2 years old: 
   - Months: 
   - Weeks: 
   - Days: 
   If premature baby: 
   - Gestation: 
   - Weeks: 
   - Days:

2. Gender: 
   - Male 
   - Female

3. a. Weight: 
   - Grams: 
   - Kilograms: 
   - Not documented

   b. Height: 
   - Centimeters: 
   - Not recorded

4. a. Date of admission: 
   - Day: 
   - Month: 
   - Year: 
   - Day of week: 
   - (MON, TUE, etc)

   b. Was the admission: 
   - A planned admission 
   - Inter-hospital transfer 
   - An emergency admission 
   - Unknown

   c. Time of first medical assessment (24hr clock): 
   - Hours: 
   - Minutes: 
   - Date: 
   - Day: 
   - Month: 
   - Year: 
   - Day of week: 
   - (MON, TUE, etc)

5. a. Grade of above doctor: 
   - FY1 
   - Consultant 
   - FY2 
   - Other 
   - SHO/ST1-2 
   - Not documented 
   - FTSTA 
   - SpR/ST3 or higher

   b. Specialty of admitting doctor: 

B. INDICATION FOR PN

6. a. Under what specialty was the patient when the decision was made to commence PN? 
   - Not documented

   b. Under what specialty was the patient when the PN administered? 
   - Not documented

7. Had the patient previously been given PN? 
   - Yes 
   - No 
   - Unknown
Immaturity of GI function
Congenital anomalies; gut
Necrotizing enterocolitis
Non functioning gut
Congenital anomalies; non 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)

In your opinion was the PN administered for an appropriate indication?
Yes
No
Unknown

If No please expand on your answer

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

If Yes please expand on your answer

Was there an unreasonable delay between making the decision that the patient required PN and the commencement of PN?
Yes
No
Unknown

If Yes please expand on your answer

On what type of ward was the PN initially administered?
Adult Medical
Adult Surgical
Adult Critical Care
Paediatric Medical
Paediatric Surgical
Paediatric Critical care
Neonatal unit (SCBU)
Dedicated Nutrition ward/area
Other
Unknown

What level of care was this ward?
Level 1
Level 2 (e.g. HDU)
Level 3 (e.g. ICU)
Unknown

Was an indication for PN documented in the case notes?
Yes
No

If yes what was documented (answers may be multiple)?

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

If Yes please expand on your answer

Was there an unreasonable delay between making the decision that the patient required PN and the commencement of PN?
Yes
No
Unknown

If Yes please expand on your answer

What level of care was this ward?

On what type of ward was the PN initially administered?
<table>
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<tr>
<th>12. a. Time PN first administered (24hr clock)</th>
<th>Date</th>
<th>Day of week</th>
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<td>d / d</td>
<td>(MON, TUE, etc)</td>
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<tr>
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</table>

b. Was the PN started at a reasonable time of day?  
- Yes  
- No  
- Unknown

13 a. Was a treatment goal documented?  
- Yes  
- No

b. If yes what was this? e.g. optimisation of nutrition pre-surgery

14. a. Had the patient received any kind of enteral feeding in the week prior to the decision to commence PN?  
- Yes  
- No  
- Unknown

b. If Yes, what:  
- Oral supplements  
- RIG  
- Nasogastric feeding  
- PEG-J  
- Naso-jejunal feeding  
- Surgical jejunostomy  
- PEG  
- Distal feeding

c. Why was it not possible to continue to feed the patient enterally?  

15. a. Did the patient have an assessment made for the need for PN?  
- Yes  
- No

b. If Yes what did the assessment involve?  
- Clinical assessment  
- Tricep circumference/skin fold thickness  
- Grip strength  
- Micro biochemical review  
- Macro biochemical review  
- Trial of enteral nutrition  
- Weight  
- Other  
- Other

c. In your opinion was this adequate for the patient  
- Yes  
- No

C. PATIENT ASSESSMENT

15 a. Did the patient have an assessment made for the need for PN?  
- Yes  
- No

b. If Yes what did the assessment involve?  
- Clinical assessment  
- Tricep circumference/skin fold thickness  
- Grip strength  
- Micro biochemical review  
- Macro biochemical review  
- Trial of enteral nutrition  
- Weight  
- Other  
- Other

c. In your opinion was this adequate for the patient  
- Yes  
- No
d. If No what was missing?

- Clinical assessment
- Micro biochemical review
- Macro biochemical review
- Weight
- Mid-arm circumference
- Tricep circumference/skin fold thickness
- Grip strength
- Trial of enteral nutrition
- Other

16. a. Who made the decision that PN should be commenced (answers may be multiple)?

- Nurse
- Dietitian
- Pharmacist
- Doctor
- Specialty
- Grade

b. Were they members of the nutrition team?

- Yes
- No

17. a. 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
- Bespoke bag
- Single chamber bag
- Other

b. Was this appropriate for the patient's needs?

- Yes
- No

18. a. Were the patient's PN requirements documented in the casenotes?

- Yes
- No

b. If yes were these of adequate detail?

- Yes
- No

19. a. Who reviewed the patient with respect to their PN (answers may be multiple)?

- Nurse
- Dietitian
- Pharmacist
- Doctor
- Specialty
- Grade

b. 

- Yes
- No

- Unknown
20. a. How often was the patient reviewed with respect to PN?

- Daily (7 days)
- Daily (working week)
- 3-5 days/week
- 1-2 days/week
- <1 day/week
- Unknown

b. What was reviewed (answers may be multiple)?

- Constitution of PN
- Biochemical review
- Clinical status
- Ongoing need for PN
- Weight
- Mid-arm circumference
- Tricep circumference/skin fold thickness
- Grip strength
- Vascular access
- Other

In your opinion was there adequate monitoring of the patient during their PN?

- Yes
- No
- Unknown

d. If no what were the deficiencies (answers may be multiple)?

- Constitution of PN
- Biochemical review
- Clinical status
- Ongoing need for PN
- Weight
- Mid-arm circumference
- Tricep circumference/skin fold thickness
- Grip strength
- Vascular access
- Other

D. VENOUS ACCESS/LINE CARE

21. a. Was the type of central venous catheter (CVC) or peripheral line documented in the casenotes?

- Yes
- No

b. If Yes, was this appropriate?

- Yes
- No

22. a. Was the insertion of the CVC documented in the casenotes?

- Yes
- No

b. If yes did this include a description of the insertion technique?

- Yes
- No

c. If Yes what was the designation of the operator?

- Not documented

d. Was the position of the tip documented?

- Yes
- No

e. If documented, was the tip in an appropriate position?

- Yes
- No

f. How was the position of the catheter verified?

- Image intensifier at time of insertion
- Post insertion CXR
- ECG
- Ultrasound
- Unknown
- Not documented

23. a. Is there evidence of inappropriate CVC care?

- Yes
- No

b. If Yes please expand on your answer
24. a. Is there evidence of the lumen being used for purposes other than PN?
   □ Yes □ No
   b. If Yes what other purposes was the line used for

25. a. Did the patient develop any CVC-related complications?
   □ Yes □ No
   b. If Yes which complications?
   □ Line misplacement □ Accidental removal □ Pneumothorax
   □ Suspected line infection □ Line occlusion □ Haemothorax
   □ Confirmed line infection □ Line fracture/rupture □ TPN-oma/extravasation
   □ Phlebitis □ Venous thrombosis □ Neuropraxia
   □ Other
   c. Were any of the complications avoidable?
      □ Yes □ No
   d. If Yes please expand on your answer
   e. Were the complications managed appropriately
      □ Yes □ No
   f. If No please expand on your answer

E. METABOLIC COMPLICATIONS

26. a. Did the patient develop any metabolic complications?
      □ Yes □ No
      b. If Yes which complications?
         □ Hypophosphataemia (without re-feeding syndrome) □ Hypermagnesaemia
         □ Hypomagnesaemia □ Hyperphosphataemia
         □ Hypokalaemia □ Hyperkalaemia
         □ Hyponatraemia □ Hyperglycaemia
         □ Hypermagnesaemia □ re-feeding syndrome
      c. Were any of the complications avoidable?
         □ Yes □ No
         □ Unknown □ NA
      d. If Yes please expand on your answer
      e. Were the complications managed appropriately
         □ Yes □ No
         □ Unknown □ NA
      f. If No please expand on your answer

27. a. Did the patient develop abnormal LFT's
      □ Yes □ No
      b. If Yes, in your opinion was this related to overfeeding?
         □ Yes □ No
28. a. In your opinion was the patient at risk of re-feeding syndrome?

☐ Yes ☐ No ☐ Unknown ☐ NA

b. If Yes was this documented by the clinical team?

☐ Yes ☐ No

28. c. If Yes to 28b what precautions were taken to prevent re-feeding syndrome?

☐ IV vitamins
☐ IV phosphate infusion
☐ Reduced intial rate of feeding
☐ Other
☐ None
☐ Unknown

28. d. If No to 28c please expand on your answer

☐ No indication for fluids documented

29. a. Were IV fluids given in addition to the PN?

☐ Yes ☐ No ☐ Unknown

b. If Yes was this: (answers may be multiple)

☐ To correct deficit
☐ To correct ongoing losses
☐ Routine maintenance fluid provision
☐ Other
☐ No indication for fluids documented

c. If fluid was given, was the type given appropriate?

☐ Yes ☐ No ☐ NA

d. If No to 28c please expand on your answer

☐ Yes ☐ No ☐ NA

e. If fluid was given, was the volume given appropriate?

☐ Yes ☐ No ☐ NA

f. If No to 28e please expand on your answer

☐ Yes ☐ No ☐ NA

30. What was the eventual outcome for this patient (answers may be multiple)?

☐ Weaned onto oral/enteral feeding
☐ Home parenteral nutrition
☐ Transfered to other unit
☐ Discharged home
☐ Died during hospital stay
☐ Other
### NATIONAL SPECIALTY CODES

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### CLINICIAN GRADES

- **Consultant** = CONS
- **Non Consultant Career Grade** = NCCG
- **Staff and Associate Specialist** = SAS
- **Trainee with completed certificate of training** = CCT
- **Senior specialist trainee (SpR 3+ or ST3+)** = ST3
- **Junior specialist trainee (SpR 1&2 or ST 1&2)** = ST2
- **Basic grade (FY, HO's, SHO's or CT's)** = FY