



A.S.P.E.N.'s National Patient  
Registry for Nutrition Care

# SUSTAIN BASELINE DATA COLLECTION FORM

Revised 2/4/2014

(both pediatric and adult data elements)

## Patient Demographics

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Did the patient begin Home PN over 90 days ago?  Yes  No

Date began Home PN   (Please select)

Patient Number (As designated by study)  (will be assigned once the record is saved)

Attending Physician's Name

Discharging Institution Name

PN Home Infusion Care Provider Name

Patient Birth Date   (Please select)

1. Gestational age at birth ( weeks gestation)

2. All age children: Birthweight:  grams

Gender  Male  Female

Ethnicity  Hispanic or Latino

Not Hispanic nor Latino

Race (select all that apply)  American Indian/Alaska Native

Asian

Native Hawaiian or Other Pacific Islander

Black or African American

White

Mobility status:  Ambulatory  Bedrest

Who does patient live with?  Alone

Someone else (check all that apply)

Parent

Spouse

Significant Other

Child

- Hired professional assistance
- Other: Please specify:

Don't know

- Insurance Coverage (check all that apply)
- Private Insurance
  - Medicare
  - Medicaid
  - Personal Payment
  - Medicare Supplement
  - Unknown
  - Other: Please specify:

## Baseline Nutrition Status

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Current Height/Length  cm

Usual Weight/weight prior to illness  Kg

When did the patient weigh this amount?   (Please select)

Current Weight  Kg

## Pediatric Elements

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Weight for Height/Length:  % (percentile)

BMI:  % (percentile)

Head Circumference (for children under 3 years of age)  cm

## Current Labs

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(complete as many as you have)

Date Labs Collected   (Please select)  (date closest to most labs drawn)

Serum Albumin  g/dL

Platelet Count  /uL (per microliter)

Total Bilirubin  mg/dL

Direct Bilirubin  mg/dL

AST  U/L

ALT  U/L

BUN  mg/dL

Creatinine  mg/dL

# Select Primary Indication for Home PN

(Please be as specific as possible)

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## Bowel Rest

- Enteritis/Colitis
  - Chemotherapy
  - Infectious
    - C. diff
    - Diverticulitis, non-obstructing
    - Giardia
    - Viral
    - Other: Please specify:
  - Inflammatory
    - Crohns
    - Graft vs. Host
    - Ischemia bowel/Intestinal angina
    - Necrotizing Enterocolitis (NEC)
    - Non-specific enteritis/colitis
    - Radiation
    - Ulcerative Colitis
    - Eosinophilic esophagitis
    - Other: Please specify:
  - Idiopathic
- Pancreatitis
  - Acute
  - Chronic

## Dysmotility

- Hirschsprung's pediatric
- Hirschsprung's adult
- Ileus, prolonged
  - Autonomic (i.e. 2o to Diabetes)
  - Idiopathic
  - Post-op
- Scleroderma
- Intestinal pseudoobstruction

Other: Please specify:

Failure to Thrive/Malnutrition

- Pediatric
  - Feeding intolerance
  - Socio-economic
  - Neglect/Munchausen
  - Other: Please specify:

- Adult
  - Cancer Cachexia
  - Cardiac Cachexia
  - Hepatic failure
  - Pulmonary Cachexia
  - Renal Cachexia
  - General Malnutrition
  - Pre-op nutrition support

GI Fistula

- Benign
- Malignant

Malabsorption

- Celiac disease
- Congenital Malabsorption
- Cystic fibrosis
- Idiopathic
- Pancreatic insufficiency
- Scleroderma
- Other: Please specify:

Obstruction

- Malignant
  - GYN
  - GI
  - Other: Please specify:
- Benign
  - Adhesive
  - Stricture
    - Crohn's disease

Radiation

Diverticulitis

Other: Please specify:

### Short Bowel Syndrome - Non fistulous in origin

Bowel resection

Crohn's disease

Radiation

Other: Please specify:

Small bowel stoma  Yes  No

Where is stoma?

Jejunum

Ileum

Duodenum

Don't know

Colonic stoma  Yes  No

Large bowel in continuity with small bowel  Yes  No

Ileo-cecal valve present  Yes  No

Length of remaining **small** bowel in continuity  cm (current or last known measurement)

Measurement date    2003

Length of remaining **large** bowel in continuity  Less than 50%  Greater than 50%

Bowel measurement technique (before any lengthening procedure):

At time of surgery  Radiographically  Estimated

History of bowel lengthening surgical procedure  Yes  No

Operative procedure used:

STEP

Non-STEP lengthening procedure

Don't know

Length prior to lengthening surgery:  cm

Length after lengthening surgery:  cm

### Enteral Nutrition Failure

Inability to place EN tube

Refusal of EN tube

Inability to tolerate EN

### Post-operative Surgical Complications

- Chyle Leak
- Anastomotic Leak
- Bowel perforation
- Abdominal abscess

## Significant Comorbid Conditions

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(check all that apply)

- Alcohol or drug addiction (past or current)
- Active Oncologic Process
- Active non-PN related infection
- Cirrhosis
- Chronic Kidney Disease
- Congestive Heart Failure
- COPD
- Diabetes
- Thyroid dysfunction
- Immunosuppression
- Neurologic disorder

## Goals of PN therapy

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**Weight related goals** (check all that apply):

- Weight gain for adults
- Growth for children
- Weight maintenance
- Weight loss (ex. obesity)

**Non-weight related goals** (check all that apply):

- Future surgery and re-establishment of GI anatomy
- Indefinite (permanent) HPN
- Resolution of GI issue and stopping HPN

## PN, Nutrition and Medication

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PN Infusion  days per week

Total volume in ml  per day or  mL/kg/day

Total Dextrose in g  per day or  g/kg/day  
 Total Protein as Amino Acids in in g  per day or  g/kg/day  
 Cycled over  hrs  
 IV Fat Emulsion  days per week  
 IV fat emulsion dose  g per day or  g/kg/day of fat infusion

**Type of Fat Emulsion: select all that apply**

- Soybean/Safflower
- Soybean only
- Emulsion containing Omega-3 fatty acids
- Other:

## Medications

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(Check all that apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Anti-depressants                | <input type="checkbox"/> Growth Hormone                   | <input type="checkbox"/> Prokinetic Agents             |
| <input type="checkbox"/> Anti-infectives                 | <input type="checkbox"/> Glucagon- like peptide 2 (GLP-2) | <input type="checkbox"/> Steroids                      |
| <input type="checkbox"/> Anti-inflammatory - NSAIDS      | <input type="checkbox"/> Insulin                          | <input type="checkbox"/> Thyroid hormone replacement   |
| <input type="checkbox"/> Anti ulcer and acid supplements | <input type="checkbox"/> Glutamine                        | <input type="checkbox"/> Other Nutritional supplements |
| <input type="checkbox"/> Biologic Response Modifiers     | <input type="checkbox"/> Narcotics                        |  |
|  | <input type="checkbox"/> Octreotide                       |  |
|  | <input type="checkbox"/> Pre-Pro biotics                  |  |

## Food and Diet

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(Check all that apply)

- NPO
  - On concurrent enteral nutrition or breast milk via tube
- What % calories come from enteral or breast milk via tube:
- What type of enteral formula is the patient on?
- Name of product:
- Breast Milk
  - Calcilol
  - Compleat Pediatric
  - Elecare
  - Fibersource
  - Neocate
  - Necate Infant
  - Vivonex RTF

- Pediasure
- Pregestimil
- Pulmocare
- Other

- Liquids or oral rehydration only
- Breast fed
- Food and/or beverages for comfort only
- Restricted/therapeutic diet
- Unrestricted diet/Ad lib
- Unknown

If on oral nutrition or breast feeding, what % calories come from oral?

## Catheter

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- Type of Central Venous Catheter
- PICC
  - Port
  - Tunneled
  - Other: Please specify:

- Lumen
- Single Lumen
  - Double Lumen
  - Triple Lumen

Date of Insertion   (Please select)

Type of Catheter Flush or Lock (check all that apply)

- Heparin
- Ethanol
- Antibiotic
- Saline only
- Taurolidine

- Catheter Used for Blood Draw
- Never
  - Occasionally
  - Often or Always
  - Don't Know

Signature:



