

The Untold Stories of Home Infusion from a Nurse's Perspective

Focusing on Parenteral and Enteral Nutrition, and Their
Unique Challenges

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Learning Objectives

The Untold Stories of Home Infusion from a Nurse's Perspective

After this presentation, attendants will:

- Identify the challenges that home infusion providers experience.
- Develop strategies to resolve the challenges faced by home infusion providers.
- Cultivate and build a patient/caregiver-provider.
- Utilize effective tools to identify and resolve common problems that arise in the home patient population.

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Implicit Bias

“Implicit bias” means the attitudes or internalized stereotypes that affect nurses’ perceptions, actions, and decisions in an unconscious manner, that exist and often contribute to unequal treatment of people based on race, ethnicity, gender identity, sexual orientation, age, disability, and other characteristics that contribute to health disparities. Consider implicit bias with challenges in optimizing infusion therapy during the transitions from acute care to outpatient care.

(CA Bill 241)

Examples:

- A patient with low health literacy experiences pain and distress due to their inability to understand the IV procedure the nurse is about to perform.
- An elderly patient experiences delayed treatment due to provider age bias
- A person experiences harm due to the nurse’s perception that inserting a PIVC is not painful

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Disclosures

I have no affiliation with any of the companies or products described in this presentation.

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Polling Question:

Who do we have with us in the room?

Pharmacists?

Dietitians?

Physicians?

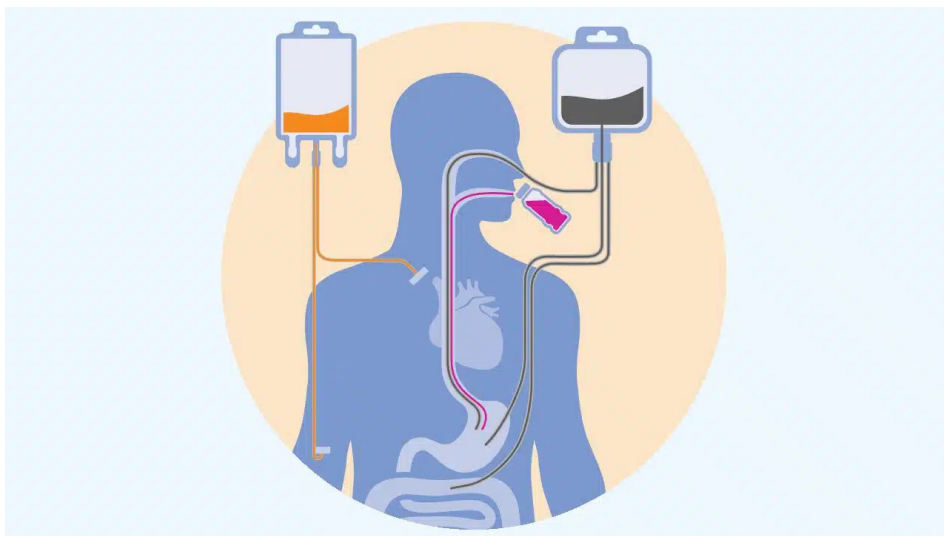
Nurses?

Others?



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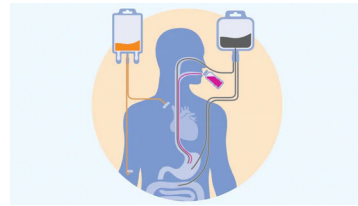
Therapies



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Therapies

Enteral Nutrition

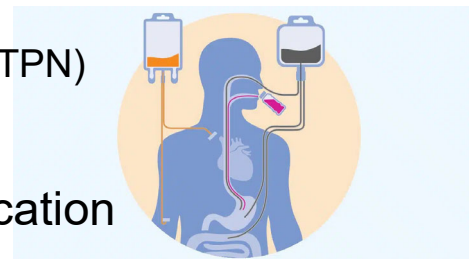


- Enteral Feedings
 - Indication for Enteral feedings (INS standard 61)
 - Associated diagnoses:
 - Dysphagia
 - Hyperemesis gravidarum, Crohn's disease, ulcerative colitis
 - POTS, EDS, gastroparesis, or other dysautonomia
 - Delivery

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Therapies

Total Parenteral Nutrition (TPN)



- TPN is a complex and high-alert medication
- Reported incidents and errors
- Indications for TPN
- What kind of line is required? (INS Standard 142)
- Associated diagnoses
- Peripheral PN? Refer to (INS Standard 86).

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Weekly Monitoring

TPN, Enteral patients

- Weight
- Temperature
- IV site and catheter
- Glucometer readings
- Fluid intake/output
- GI symptoms?
- Food intake?
- Infusion comments?



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Nutrition Monitoring Log

Beaumont® | HEALTH SYSTEM

Beaumont Home Infusion Weekly Home Monitoring Log

Complete the columns below as instructed.

	Weight (Daily or as instructed)	Temp (Daily)	IV Site and Catheter (redness, pain, warmth, swelling, drainage)	Glucometer readings during TPN infusion with time (if ordered)	Output 24-hr total (if applicable)	Fluid Intake 24-hr total (if applicable)	GI Symptoms: Nausea/ Vomiting Diarrhea/ Constipation	Food intake comments (liquid supplements, eating frequency)	Infusion comments (start/end times)
Date: _____									
Date: _____									
Date: _____									

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Polling Question:

What has been the longest dwell time you have seen for a PICC line?

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Untold Story #1

PICC was in place much longer than recommended!



- TPN patient with history of radiation enteropathy
- Same PICC remained in place for over 7 years!



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Untold Story #1 continued



- The patient's line fractured upon removal
- Have the difficult conversations **early** about the need for planned line changes (INS Standard 85).

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Untold Story #2

TPN patient reacts to ALL dressings and ALL antiseptics

- Long-term TPN patient with history of Crohn's and short gut
- Patient reacted to EVERYTHING!
- First need to heal the site.
- I did some experimentation...
- Some things to try...
- Recommendations...
- What finally worked for her.



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Untold Story #3

Gastroparesis patient bolted due to questions asked during assessment



- Diagnosis of Gastroparesis, patient on daily TPN.
- Here's what happened:
- What I did/what she did
- Check your implicit bias!
- Encourage patient to document!

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Turn & Talk

Find 1-2 people for a quick chat!

1. "This reminds me of..."
2. "I learned..."
3. "Based on this story, I ..."



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Polling Question

Which central venous access device (CVAD) is best suited for long-term TPN therapy?

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Untold Story #4

Scleroderma TPN patient skin over mediport site eroding



- What was happening with her?
- Strategies to healing
- Appearance of the tissue over the port, and how it changed
- What finally resolved it?
- Practice advocacy!

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Untold Story #5

New PEG tube site hurting and swollen

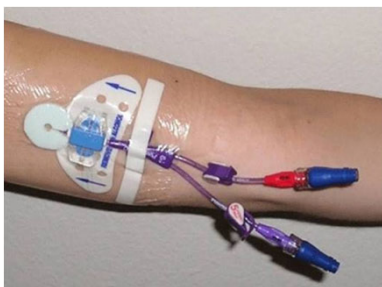


- New home enteral patient, new PEG tube
- Pain and tightness at PEG site
- Assessment findings
- Why?
- How we fixed the problem
- Be vigilant!

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Untold Story #6

New PICC placed and now causing pain



- What I found when I got there, and how do you fix that??
- Suture removal needs an order!
- RN can remove sutures and apply securement device
- Watch for mechanical phlebitis

INS Standards 46, 151–153, 243, 256

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Untold Story #7

We can get very attached to some our long term patients!



- Like a part of the family...
- Sometimes we do little things to help them
- Their passing can sometimes really affect us nurses
- Obtaining closure...

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Untold Story #8

"Nonstandard" PICC dressings and care settings

- Some unusual sites for care I have experienced
- Questionable dressings
- Caregiver dressing changes?
- IV starts in the dark?



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Helpful products that make life easier and WHY?

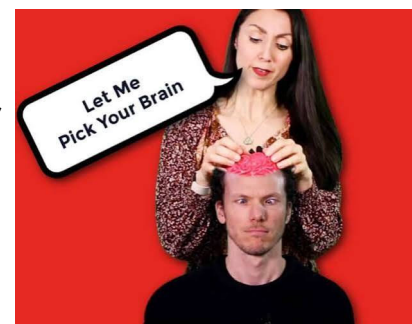


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Untold Story #9

Pharmacists, pick your nurse's brains!

- We had a pharmacist that would often call me "to pick my brain", so if a similar situation arose, she would be ready for it.
- She would share the info with other pharmacists at team huddles



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Untold Story #9 - continued

Pharmacists, **continue** to pick your nurse's brains!

- Since pharmacist and techs don't see what we do, we put on a demonstration to help them understand why we need what we do sometimes.
- Some things we prefer and don't prefer (at least for me)



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An Aside Regarding Hospital Infections

- Hospitals have serious problems with infection and use all kinds of products
- Many staff members or varying degrees of "technique" come in contact with the line
- For example, a systematic review of 63 studies covering 396,951 catheter days found a CLABSI rate of 4.59 per 1,000 catheter days (4.59/1000) in hospitalized patients.³ Similarly, a study of critically ill hospital patients covering 11,110 catheter days found a rate of 6.03/1,000 for patients with central venous catheters and a rate of 1.62/1,000 in patients with peripherally inserted central catheters (PICCs).⁴

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Infections-Home Infusion

Safer than everyone thinks?

- Home and ambulatory care literature consistently shows are considerably less ^{3,4,5,6}
- Most CLABSI studies in home infusion look at the highest risk patients and therapies (e.g., parenteral nutrition). So CLABSI rates would likely be even lower across the entire home infusion population because of the decreased acuity of home infusion patients

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Bonus Untold Story

Hyperemesis mom x2!



- Hyperemesis has a penchant for reoccurring in subsequent pregnancies
- Had this patient for both of her pregnancies (about 5 years apart)
- She ended up on TPN for both pregnancies
- This is what happened after she was successfully weaned off TPN:

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Questions???

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References

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