Parenteral Nutrition
Information for patients
What is Parenteral Nutrition?

Parenteral Nutrition (PN) is a way of providing you with the nutrients you would normally get from food, but in a liquid. This is given to you directly into one of your veins. Your heart pumps this liquid around your body in your blood so all the cells can receive the nutrition they need. This helps your gut to be avoided if it is not working properly or needs resting.

PN provides all the proteins, fat, carbohydrates, vitamins and minerals that you would normally receive by eating a well-balanced diet, but in a liquid form.

How is it given?

This complex mixture of nutrients is put into your blood stream through a hollow tube called a catheter. This will be placed either in a vein in your arm, neck or at the top of your chest. The tail (end) of the catheter will stay on the outside of your body. It can stay there for however long you need it. You may have more than one catheter if we need to give you different types of fluid.

If you have been to theatre, you may already have a catheter in your neck which we may be able to use. If you haven’t been to theatre a different type of catheter may be used. This can be inserted either in the X-ray department or on the ward by nurses from the Vascular Access Team. A chest X-ray will be taken to make sure the catheter is in the right place before we start to use it.

You will start off by receiving the PN over 24 hours. This may be reduced to a shorter time once your body adapts to receiving nutrition in this way.

Your PN usually arrives on the ward in the evening and will be set up by one of the ward nurses. Nurses are specially trained to administer your PN so that it is connected and disconnected correctly and safely.
The PN comes in a large bag and will be either yellow or white, depending on how much fat it contains. It is gently pushed through the catheter into your vein using a pump. If you need to get up and move around the pump can be unplugged and taken with you.

The bag must not be disconnected for any reason. If this does happen the bag will have to be thrown away and replaced with a new one as it will have been exposed to bacteria in the air. If it was reconnected it could very quickly cause you to develop an infection.

What does the Nutrition Support Team do?

The Nutrition Support Team (NST) will work out your nutritional requirements after reviewing your full medical health and the results of your blood tests.

The team is made up of a doctor, pharmacist, dietitian and a nurse practitioner. Members of the team will usually visit daily, from Monday to Friday. They will work with your medical team and nursing staff during your treatment.

As your need for PN decreases so will your contact with the NST, however the dietitian will continue to review your nutritional needs. They will also be able to advise you on the best diet for you to follow as you return to eating food again.
Monitoring

While you are being given PN, you will have the following regular checks to make sure you are receiving the right levels of nutrients and fluids:

• **Blood tests**
  You will have these every day at first. As you recover, this may change and you should have them less often. These blood tests help the Nutritional Support Team to decide which nutrients need to go into your PN and how much of each nutrient you should be given.

• **Blood glucose**
  One of the contents of PN is glucose. This is a type of sugar. The level of glucose in your blood will be measured by your ward nurse three times a day when you first start receiving PN. This is done using a small needle called a ‘finger prick’ to get a small drop of your blood to test. This can tell us how well your body is handling the sugar from the PN. If your blood glucose/sugar control is not at the right level, we can give you medicine to help to balance it.

• **Weight**
  When you start PN we will either weigh you or ask you your estimated weight. This helps the NST to work out your nutritional needs. Your weight will continue to be checked by the ward as requested by the NST, to see how the PN is affecting you.

• **Fluid balance**
  A daily record will be kept of the fluids that you take in, including the PN, as well as the fluid you are passing out. The volume of the PN can then be adjusted by the NST to make sure that your fluid balance is kept at the right level.
Will I be able to eat while I’m having PN?

Your doctor and dietitian will advise you whether you can eat or drink while on PN. Some people find they can eat small amounts and others find they can eat nothing without experiencing discomfort or side effects. The majority of people being given PN begin eating normally after a few weeks with no side effects. However, you shouldn’t feel hungry when on PN.

If eating and drinking is not possible you should still remember to clean your teeth at least once a day and to use regular mouthwashes. This will help to keep your mouth clean.

What will happen to my bowels?

Although you may not be able to eat, your bowels will continue to work but usually not as frequently as before. You may find that you will pass a stool (poo) which is quite liquid and has some mucus in it. This is because the wall of your bowel produces this all the time, even when you are not eating.

What about bathing/showering?

If you are showering or bathing please ask a nurse to help you. If your catheter is in your arm please make sure that you use the bathguard provided to prevent the dressing and catheter becoming wet. If your catheter is in your neck or chest avoid letting the tails go under the water.

If either the tails or the dressing do become wet, tell your nurse immediately so that the dressing can be changed. This is important to prevent any infection or damage to the area around your catheter.
Are there any problems or risks I need to know about?

As the catheter goes directly into your bloodstream it is important that you are aware of possible signs of infection. If you start to feel unwell or there is redness or swelling around the insertion site of the catheter please tell the nursing staff or doctor straight away. This may mean you have an infection. You may need antibiotics and possibly the catheter to be removed.

Catheter removal

When you no longer need PN the catheter will be removed. This will either be done by the ward nurses or by the Vascular Access Team, depending on the type of catheter you have. This procedure will be explained to you before it is carried out.
How to contact us

Please find our contact numbers below. We are available Monday to Friday, during office hours. If we miss your call please leave an answerphone message and we will call you back within 24 working hours.

**Specialist Nurse Practitioner**
Tel: 01865 741 166 and ask for bleep 1945/1953/4132

**Nutritional Support Team Office**
Tel: 01865 851 170 or 01865 740 378

**Dietitian**
Tel: 01865 741 166 and ask for bleep 1702/5010

**Pharmacist**
Tel: 01865 741 166 and ask for bleep 4290/4373

Further information

**PINNT**
(Patients on Intravenous and Nasogastric Nutrition Therapy)
This is a national patient support group who can offer advice and information to patients and their families/carers.

Website [www.pinnt.com](http://www.pinnt.com)
E-mail: [info@pinnt.com](mailto:info@pinnt.com)
Tel: **0203 004 6193**

Address: PINNT, PO Box 3126, Christchurch, Dorset, BH23 2XS
If you have a specific requirement, need an interpreter, a document in Easy Read, another language, large print, Braille or audio version, please call 01865 221 473 or email PALSJR@ouh.nhs.uk