



ESPEN FACT SHEETS

IMPLEMENTATION OF HOME PARENTERAL NUTRITION (HPN)

Operational recommendations according to
the ESPEN guidelines

The implementation of HPN follows a structured four-step process to ensure clinical appropriateness, logistical readiness, and patient safety.

1

Indication for HPN and Patient's Informed Consent

Identify appropriate clinical cases and obtain the patient's consent.

Clinical indication



Benign CIF
Malignant CIF
(curative/palliative)

✗ non-CIF conditions
HPN not recommended

Goals



Life-saving in CIF

To improve
treatment tolerance
and avoid
malnutrition-related
death in oncology



Inform patient on:

- Benefits/Risks
- Procedure and care
- Adverse events
- Informed consent documentation



2

Confirmation of HPN Feasibility

Assess if home care conditions and patient/caregiver capabilities support safe HPN.



Confirm patient
clinical and
metabolic
stability

Engage referring
physician
with the multi-
disciplinary NST



Assess caregiver
and patient ability
to manage HPN



Evaluate home
environment adequacy

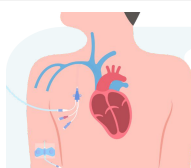
Identify
HPN providers
(PN bags, infusion
pumps, ancillaries)
and payer



3

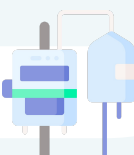
HPN Implementation and Organization

Set up the medical devices and logistical systems required to start HPN.



CVAD choice
& positioning

Choice of infusion
control device



Define and
prescribe HPN/IVS
composition and
schedule



Coordinate
ordering and
delivery logistics



Patient education on
roles of hospital NTS



4

HPN Training, Monitoring and Emergency Management

Educate and support patients and caregivers to provide safe HPN.

Training for CVAD management
and HPN/IVS infusion



Patient and
caregiver self-
monitoring &
emergency care

Regular NST
office/outpatient
monitoring



Education of
patient/caregiver & local
hospital networks on
complications management



Abbreviations: CIF (Chronic Intestinal Failure); NST (Nutrition Support Team); CVAD (Central Venous Access Device); IVS (Intravenous Support); PN (Parenteral Nutrition)