



**Service Priorities and Programmes**  
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**Nursing Management of Incurable Gastrointestinal Cancer Patient with Home Total Parenteral Nutrition. (Case report)**

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**Introduction**

Home total parenteral nutrition (HTPN) is feasible for patients with malignant obstruction of the gastrointestinal tract. HTPN does not only for life preserving but also to improve quality of life.

Mr. Hau, who was diagnosed cancer in duodenum with metastasis to peritoneum and intestinal obstruction. Despite underwent a bypass surgery, he still could not tolerate oral and enteral feeding. Tumor size was static as he was continuing on palliative chemotherapy. TPN was started in hospital and HTPN was considered.

**Objectives**

Evaluate the nursing management of HTPN in patient with incurable cancer in order to minimize complications and improve quality of life.

**Methodology**

1. Literature search on HTPN and refer to ESPEN guideline.
2. Identify specific education, training needs and prepare patient for HTPN with evidence-based practice.

**Result**

Result

I. Multidisciplinary teams approach

A systematic review showed that due to the complexity of HTPN for incurable cancer patient, multidisciplinary teams needed to be included. Maintaining effective collaboration with different experts together with family member is important.

In this case, nutrition support team (high-quality hospitalized training), community nurse (ongoing management), dietitian, pharmacist, clinical psychiatrist, and medical social worker were consulted. Therefore, nurses not only act as an educator, also play a vital role in coordination.

II. Communication

According to ESPEN guideline, especially for incurable cancer patient, it is important to maintain good communication with the patient and family.

We strived to balance their expectations with realistic outcomes to be expected from HTPN.

### III. Catheter care

There is 3-11% HTPN related catheter - associated sepsis caused death. Nursing care was related to reduce catheter infection.

We developed a 3 months training program to ensure patient adhere to aseptic technique in order to minimize the complications.

### IV. Education material

Evidence showed that 90-98% patients agreed that information should be given for recognizing common mistakes, managing and preventing the symptoms of complications.

We designed procedure checklists and videos to make sure that all procedures were consistent and have better outcome.

### V. Preparation of medical equipment

The European survey reported that patients should be trained how to use all the equipment before discharged.

Since lots of medical devices were needed, training was provided and a checklist was given for patient to facilitate the preparation.

### Outcome

Mr. Hau can resume normal social activities in daytime as he only needs HTPN infusion 17 hours per day. Mr. Hau was discharged on June 2017 after 4 months HTPN training. There is no complication reported till January 2018. We are still providing on-going monitoring and support for him.