

Home Health Infusion Consent Form

Total Parenteral Nutrition (TPN)

1. Purpose of TPN Therapy

Total Parenteral Nutrition (TPN) is prescribed to provide essential nutrients intravenously when oral or enteral feeding is not possible or sufficient. This therapy is administered through a central venous catheter and requires careful monitoring.

2. Risks and Benefits

I understand the potential risks of TPN therapy, which may include:

- Infection at the catheter site
- Bloodstream infections
- Electrolyte imbalances
- Liver dysfunction
- Allergic reactions to components
- Re-feeding syndrome (complications that result from fluid and electrolyte shifts)

I understand the potential benefits of TPN therapy, which may include:

- Improved nutritional status
- Support for recovery and healing
- Maintenance of weight and energy levels

3. Patient Responsibilities

As a patient receiving TPN at home, I agree to:

- Follow instructions provided by the home health nurse
- Maintain cleanliness and care of the catheter site
- Report any signs of infection or complications immediately
- Keep scheduled follow-up appointments and lab tests

4. Consent Statement

I have been informed about the purpose, procedure, risks, and benefits of TPN therapy. I have had the opportunity to ask questions and all my questions have been answered to my satisfaction. I voluntarily consent to receive TPN therapy at home under the supervision of a registered nurse.

Signatures

Signatures	Date
Patient Signature:	
RN Signature:	
Witness:	