

Intestinal Rehabilitation/Home TPN Learning Checklist



Caregivers: Please review the checklist below. Check off and add dates of completion for all items as you complete them. Official documentation record of caregiver education will be maintained in the electronic medical record.

Learning Activities & Skills	Date(s)
<input type="checkbox"/> Caregiver watched Central Venous Catheter (CVC) videos on Get Well Network (GWN)	
<input type="checkbox"/> Caregiver attended CVC Class in the Family Resource Center	
<input type="checkbox"/> Nurse <u>reviewed</u> technique steps with caregiver: <ul style="list-style-type: none"> <input type="checkbox"/> Hand washing <input type="checkbox"/> Surface preparation (clean technique, preparing work area and gathering supplies) 	
<input type="checkbox"/> Caregiver <u>demonstrated</u> (show) clean technique: <ul style="list-style-type: none"> <input type="checkbox"/> Hand washing <input type="checkbox"/> reviews the steps of clean technique, preparing work area and gathering supplies 	
<input type="checkbox"/> Nurse <u>reviewed</u> complications of CVC, what to do & who to notify. <ul style="list-style-type: none"> <input type="checkbox"/> Infection: signs & symptoms of infection <input type="checkbox"/> Clotting/blockage of catheter (if catheter won't flush) <input type="checkbox"/> Catheter dislodgment (if catheter comes out) <input type="checkbox"/> Catheter breaks/leaks <input type="checkbox"/> Show how to use a blue clamp <input type="checkbox"/> Blood back-up <input type="checkbox"/> Pump Malfunction (pump not working) 	
<input type="checkbox"/> Caregiver <u>reviewed</u> the complications of CVC, what to do & who to notify.	
<input type="checkbox"/> Caregiver demonstrated (showed) CVC flushing	
<input type="checkbox"/> Caregiver demonstrated (showed) CVC cap change	
<input type="checkbox"/> Caregiver demonstrated (showed) CVC dressing change (not needed for PICC line)	
<input type="checkbox"/> Caregiver demonstrated (showed) TPN administration (review home pharmacy checklist): <ul style="list-style-type: none"> <input type="checkbox"/> TPN set-up <input type="checkbox"/> TPN additives <input type="checkbox"/> TPN hook-up <input type="checkbox"/> TPN disconnect 	
<input type="checkbox"/> Caregiver demonstrated (showed) 24-hour care of child independently (with no RN help)	
<input type="checkbox"/> Caregiver understood how to care for home pumps (review home pharmacy checklist)	
<input type="checkbox"/> Created list of medications and supplies and corresponding phone numbers to the specific vendors.	
<u>Important numbers:</u> <ol style="list-style-type: none"> 1. TPN Nurse line 323.361.5694 2. GI after hours: 323.660.2450-call the CHLA operator and ask for the on-call Gastroenterologist to be paged. 3. Home Agency name & number: _____ 	

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