

Home Parenteral Nutrition Program
300 Longwood Avenue, Boston, MA 02115
617-355-6439 | bostonchildrens.org
Fax: 617-730-4722

Home Parenteral Nutrition (HPN) Program
Caregiver Home Care Learning Checklist

Patient Name: _____

<u>Topic</u>	<u>Task/Tool Reviewed</u>	<u>Demonstrated Skill Independently</u>
Welcome packet given	Staff Initial: _____ Date: ____ / ____ / ____	
11 HPN videos	Staff Initial: _____ Date: ____ / ____ / ____	Staff Initial: _____ Date: ____ / ____ / ____
Making a clean workspace	Staff Initial: _____ Date: ____ / ____ / ____	Staff Initial: _____ Date: ____ / ____ / ____
Putting on a mask	Staff Initial: _____ Date: ____ / ____ / ____	Staff Initial: _____ Date: ____ / ____ / ____
Putting on sterile gloves	Staff Initial: _____ Date: ____ / ____ / ____	Staff Initial: _____ Date: ____ / ____ / ____
Scrubbing the hub	Staff Initial: _____ Date: ____ / ____ / ____	Staff Initial: _____ Date: ____ / ____ / ____
Flushing	Staff Initial: _____ Date: ____ / ____ / ____	Staff Initial: _____ Date: ____ / ____ / ____
Changing the cap	Staff Initial: _____ Date: ____ / ____ / ____	Staff Initial: _____ Date: ____ / ____ / ____
Changing the dressing	Staff Initial: _____ Date: ____ / ____ / ____	Staff Initial: _____ Date: ____ / ____ / ____
Additional IV therapy	Staff Initial: _____ Date: ____ / ____ / ____	Staff Initial: _____ Date: ____ / ____ / ____
Home infusion company (eg. vitamin, tubing, pump)	Staff Initial: _____ Date: ____ / ____ / ____	Staff Initial: _____ Date: ____ / ____ / ____