

# ACS Guidelines for Discharging Patients Home with TPN

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1. Patients should be formally discussed by ACS Faculty at either weekday morning faculty sign-out, Tuesday 7:30 conference, or Wednesday CCC meeting prior to making plans to discharge on outpatient TPN
2. First choice is contact the patient's PCP to see if they can do the TPN
3. If the PCP is unable to manage TPN, identify a Complex Care Clinic (CCC) member to take ownership:
  - Default to Dr. Tierney. Can consider other CCC Faculty including: Dr. Berning, Dr. Josef, Dr. S. Kemp, Dr. Terzian, and Dr. Veatch
4. In general, most of these patients will probably need to be seen in the CCC so consideration should be given to scheduling them there instead of the regular trauma or EGS follow-up clinic
  - Unless the discharging surgeon plans to manage the TPN and patient themselves, they must discuss the patient with the staff seeing the patient in follow up at the time of discharge
  - IRP will not do TPN for a patient until they have seen them for consultation on outpatient basis in their clinic
    - A formal discussion of an ACS patient, that includes at least two CCC members, is required before IRP consultation
5. Ensure adequate long-term access plan
  - PICC is acceptable. Patient needs to understand care instructions
6. Ensure home health care orders are entered.
7. Confirm that CTN has identified what specialty pharmacy the patient will be using and provide them with the CCC Faculty's name and fax number (402-836-9459) for them to send TPN adjustment orders
  - We have used Option Care with success for those in the Omaha area, although there are other options including the Nebraska Medicine infusion center

8. Ensure weekly labs are ordered (CMP, phosphorus, magnesium, CBC, triglycerides) with results going to the pharmacy and the surgeon; it's possible that the CCC member will have to order these labs personally for them to be routed back correctly
9. For the surgeon managing the TPN, after 3 months of stability consider checking iron panel and trace elements (chromium, copper, manganese, selenium, and zinc) if the patient is still on TPN that we are managing

Approved 6/3/2026 by Margaret A. Baumann, APRN, Emergency General Surgery Program Leader  
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