

**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: \_\_\_\_\_

<b><u>Topic</u></b>	<b><u>Task/Tool Reviewed</u></b>	<b><u>Demonstrated Skill Independently</u></b>
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: ____ / ____ / ____