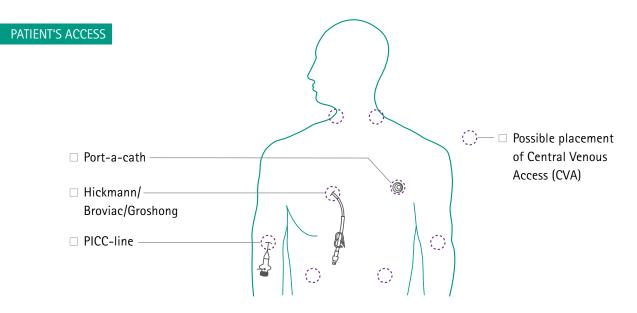


Due to a medical condition the patient has a CENTRAL VENOUS ACCESS DEVICE/PORT implanted into his body through a vein. It requires sterile and skilled medical care.

The patient must receive intravenously all or most of the fluids, electorlytes and nutrients which are essential for him to sustain life functions.



Please indicate the type of access by ticking the box.

The Central Venous Access Device/Port is inevitable to sustain the life functions of the patient and shall only be used for its intended purpose (parenteral nutrition) or when life is in danger and there is no other possibility for a peripheral access.

PATIENT DATA

Surname	First Name	
Date of Birth	Place of Birth	
Passport Number	Gender	Blood Type
Address		
Phone	Cell Phone	

HEALTH INSURANCE

Country of Primary Health Insurance			
Health Insurance ID Number	Name of Insurance Company		
	Contact Phone		
Additional Travel Insurance Policy Number	Name of Insurance Company		
·	Contact Phone		



PATIENT INFORMATION

CURRENT DIAGN	OSIS AND ALLER	GIES					
Conditions Patient is Being Treated for (Please indicate		Allergies					
	ICD-10 or ORPHAN code if possible.)			Medication		Dosage	
MEDICAL HISTOR	Y RELATED TO N	UTRITIONAL ASPE	CTS				
CENTRAL VENOU	S ACCESS						
Туре	□ Broviac				□ Hickmann		
Implant Location	Port-a-cath	🗆 right	□ PICC □ chest	□ groin			
Implantation Da	te						
NUTRITIONAL PA							
· ·							
	chedule						Bags per Week
-		Parenteral Ready-to-use Nu					
Manufacturer							

Intravenous Drugs should ideally be administered via an infusion pump to keep the recommended infusion rate. If this is not possible gravity sets can be used as an alternative.



PATIENT INFORMATION

THE B. BRAUN 2- AND 3-CHAMBER BAG PORTFOLIO AND SUPPLEMENTS*

Ready-to-Use 3-chamber bag system	Ready-to-Use 2-chamber bag system	Trace Elements/Vitamins	
🗆 Nutriflex® Lipid peri	Nutriflex [®] peri	□ Viant®	
Nutriflex [®] Lipid plus	\Box Nutriflex [®] basal	□ Tracutil®	
Nutriflex [®] Lipid special	Nutriflex [®] plus		
Nutriflex [®] Omega plus	Nutriflex [®] special		
Nutriflex® Omega special			
*Product names and availabilities depend on the local registrations			

*Product names and availabilities depend on the local registrations.

OTHER INTRAVENOUS INFUSIONS

Drug Name
nfusion Rate
Administration Schedule
Currently Used Product
Currently Used Bag Size
Manufacturer

INFUSION PUMP

Pump Name	Serial Number	Manufacturer
Production Date	Manufacturer's Article Code	

ADDITIONAL MEDICAL EQUIPMENT & ACCESSORIES

For help to estimate the right amount of material and other useful tips & tricks for travelling with Home Parenteral Nutrition please see our Medical Supplies Checklists on www.bbraun.com or use the QR-Code on page 4 of this document.

- pcs. Administration Set for the Pump (e.g. Intrafix[®])
- pcs. IV Administration Set for Gravity Infusion (e.g. Intrafix® Safe Set)
- pcs. Flush Syringe (e.g. Omniflush®)
- pcs. Luer Disinfectant Cap (e.g. SwabCap®)
- pcs. Needle-free Infusion System (e.g. Safeflow)
- pcs. Pre-injection Cleaning swab (e.g. Softa® Swab)
- pcs. Disinfection Wipes for Medical Devices (e.g. Softa® Cloth)

- _____ pcs. Ready-to-Use Hand Disinfectant (e.g. Softa-Man®)
- pcs. Ready-to-Use Disinfectant (e.g. Meliseptol®)
- pcs. Medical Tape (e.g. Askina® Silk)
- pcs. Skin Disinfectant (e.g. Softasept® N)
- pcs. Compresses, non-woven and absorbent (e.g. Askina® Pad)
- _____ pcs. Dressings (e.g. Askina® Soft steril)
- pcs.______pcs._____

CONTACT IN CASE OF EMERGENCY

Personal Contact

Medical Contact

1.	Name	Doctor's Name
	Phone	Doctor's Phone
	Cell Phone	Hospital Name & Unit
2.	. Name	Hospital Address
	Phone	·
		Hospital Phone



PATIENT INFORMATION

TRAVELING INFORMATION		
Can the patient use a normal aircraft seat with the seatback placed in the upright position when so required?	□ Yes	□ No
Can the patient take care of his own needs on board unassisted (including meals, visit the toilet, etc.)?	□ Yes If not, type of help needed	□ No
Does the patient need any additional support when traveling?	□ Yes If yes, which one?	

MEDICAL STATEMENT

Hereby, I confirm that my patient suffers from ________ and receives through a central venous access all or most of the fluids, electrolytes and nutrients which are essential to live. The patient requires treatment with the delivery of parenteral nutrition, which is given through an access device placed into his body.

The medical equipment listed in this document is inevitable for the life of the patient. It is an individual therapy containing products which might not be available in other countries. Therefore, I would like to kindly request permission to carry on these products as excess medical luggage with my patient.

Date

Physician's Signature



Find out how to integrate Home Clinical Nutrition in your holidays to enjoy your time away from home and daily routine. For more information scan the QR code or visit https://www.bbraun.com/en/products-and-therapies/services/discharge-management/hpn-on-tour.html

The information contained in this Medical Passport has been carefully checked. However, B. Braun Melsungen AG provides no guarantee or warranty to the accuracy or completeness of the provided or referenced information. Prior to the use of any medical device/medicinal product, pharmaceutical product, the information in the current prescribing information leaflet and local statuary regulations are to be complied with. Some products may have other names in other countries. Some of the product names used are protected trade names of B. Braun Melsungen AG or other companies. The statements do not include any information on the pharmacokinetics and pharmacodynamics of the drugs involved. B. Braun Melsungen AG cannot be held liable for damage occurring in relation to the information contained in this brochure. Therefore, we do not provide any warranty or guarantee, either explicitly or by conduct, and do not give any assurances with regard to the accuracy and completeness of the supplied or referred information in this brochure. The use of the information given in this brochure is at the user's own risk. Neither B. Braun Melsungen AG, nor any other party involved in the production, provision, design or maintenance of the entire brochure or individual parts thereof is liable in any form for any direct or indirect damage, or damage with or without fault which may occur as a result of access to, the use of, or inability to use the contents of this brochure. We reserve the right to change the contents of this brochure without previous warning, whenever we consider this appropriate. No liability ensues from this. The content in this brochure is sole copyright of B. Braun Melsungen AG.

- · Parenteral and enteral nutrition treatment is subject to medical prescription
- Nutritional regimes and dietary plans must be adhered to
- Noticeable problems must be recorded (written down) and reported to your attending doctor promptly
- Any changes to dietary plans require a medical prescription from a doctor
- · Dietary plans that have been signed by a doctor must be accessible at all times
- Only qualified nursing personnel, trained patients or relatives can carry out any parenteral and enteral nutrition administration procedures and related tasks
- Local medical guidelines for in- and out hospital situations must be adhered to at all times

 Always check the contents of this brochure with local legal requirements and for specific guidelines in your country

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