The experience and outcomes of multidisciplinary clinical pharmacist-led parenteral nutrition service for individuals with intestinal failure in a center without home parenteral nu…

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outcomes were significantly better in a clinical pharmacy-based PN service compared to the conventional method (a routine nutrition support protocol) [29]. In another observational study, the role of a pharmacist in identifying the frequency of errors in TPN prescriptions was investigated. The researchers observed that the frequency of errors and incomplete prescriptions was higher before than after the pharmacist involvement [30]. Moreover, Zeng Wrang et al. assessed the impact of a computerized TPN prescription management system designed by pharmacists amongst patients undergoing colorectal cancer surgery. Using the TPN management system improved the safety of the patients' medications, had a positive effect on the patients' postoperative status, ensured the efficacy of the treatments, and reduced the workload of the pharmacists' audit prescriptions [7].

This study had some limitations. First, the study was only focused on the clinical impacts of clinical pharmacists' interventions, while the economic effects of their interventions were not evaluated. Second, given the lack of facilities for HPN and inaccessibility to omega-3 containing lipids and Glucagon Like Peptide-2 analogs, the impact of these interventions could not be discussed.

CONCLUSION

The study findings indicated that the clinical pharmacist involvement in the multidisciplinary team resulted in fewer TPN complications and better outcomes. Moreover, PNALD, as one of the important complications of PN, was significantly associated with portal vein thrombosis and length of ICU stay. A significant association was also observed between the rate of sepsis and history of malignancy, catheter infection, catheter thrombosis, length of the small bowel, length of PN, length of hospital stay, and length of ICU stay among the patients with IF receiving TPN. In conclusion, a multidisciplinary team approach is recommended to be implemented for the management of patients with IF due to the complexity and multifactorial features of IF. The role of clinical pharmacists should be recognized at all levels of management of IF patients requiring long-term TPN.

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