

**Clinical Criteria for Long-Term and Home PN for  
MediShield Life Coverage and MediSave Use**

<p><b>Long-term and Home PN Patients must meet criteria in Section 1 <u>and</u> be diagnosed with a condition listed in Section 2 to qualify for MediShield Life coverage and MediSave use.</b></p>	
<p><b><u>Section 1</u></b> Patients must meet <u>both</u> Criteria 1 and 2</p>	<p>1. The patient will require PN for a minimum of 90 days, <b><u>AND</u></b> 2. The patient must have a disease of the stomach and/or intestine which <u>significantly</u>:</p> <ul style="list-style-type: none"> <li>- impairs the absorption of nutrients, <b>OR</b></li> <li>- impairs the ability of nutrients to be transported through the GI system.</li> </ul>
<p><b><u>Section 2</u></b> Patients must be diagnosed with <u>any</u> one condition <b>A-H</b></p>	<p><b>A.</b> Recent massive <b>Small Bowel Resection</b> leaving less than or equal to 1.5 metres of small bowel beyond the ligament of Treitz. <b><u>or</u></b> <b>B. Short Bowel Syndrome:</b></p> <ul style="list-style-type: none"> <li>- Severe enough to show evidence of fluid and electrolyte malabsorption <b>AND</b></li> <li>- GI Fluid intake of 2.5-3 L/day resulting in enteral losses that exceed 50% of the oral/enteral intake</li> </ul> <p><b><u>or</u></b> <b>C. Need for Prolonged Bowel Rest</b> for at least 3 months and requiring intravenously 20-35 cal/kg/day for:</p> <ul style="list-style-type: none"> <li>- Symptomatic <b>Pancreatitis OR</b></li> <li>- Severe exacerbation of <b>Regional Enteritis OR</b></li> <li>- <b>Proximal Enterocutaneous Fistula</b> where tube feeding distal to the fistula is not possible</li> </ul> <p><b><u>or</u></b> <b>D. Complete Mechanical Small Bowel Obstruction</b> where surgery is not an option. <b><u>or</u></b> <b>E. Malnourishment and severe fat malabsorption</b> as evidenced by:</p> <ul style="list-style-type: none"> <li>- 10% documented weight loss over <math>\leq</math> 3 months, <b>AND</b></li> <li>- Serum albumin <math>\leq</math>35 g/L, <b>AND</b></li> <li>- Severe fat malabsorption where faecal fat exceeds 50% of oral/enteral intake on a diet of at least 50gms of fat/day as measured by a standard 72-hour faecal fat test</li> </ul> <p><b><u>or</u></b> <b>F. Malnourished and severe motility disturbance</b> as evidenced by:</p> <ul style="list-style-type: none"> <li>- 10% documented weight loss over <math>\leq</math> 3 months, <b>AND</b></li> <li>- Serum albumin <math>\leq</math>35 g/L, <b>AND</b></li> <li>- Severe motility disturbance of the small intestine and/or stomach unresponsive to prokinetic medications demonstrated scintigraphically or radiographically.</li> </ul> <p><b><u>or</u></b> <b>G. Paediatric patients:</b></p> <ul style="list-style-type: none"> <li>- Unable to sustain fluid and nutritional requirements for weight gain, <b>AND</b></li> <li>- <b>Diagnosed with:</b> <ul style="list-style-type: none"> <li>- <b>Motility Disorders</b>, evidenced by radiological, histology or manometry findings, <b>OR</b></li> <li>- <b>Congenital Diarrheal Disorders</b> with an identified osmotic or secretory cause, <b>OR</b></li> </ul> </li> </ul>

	<ul style="list-style-type: none"><li>- <b>Short Bowel Syndrome</b> with inadequate absorptive capacity</li></ul> <p><u>or</u></p> <p><b>H. Advanced Cancer Patients</b> with Intestinal Failure, in whom:</p> <ul style="list-style-type: none"><li>- Prognosis <math>\geq</math> 3 months, <b>AND</b></li><li>- Eastern Cooperative Oncology Group (ECOG) score 0-2, <b>AND</b></li><li>- Non-functioning GI tract (due to obstructions, fistulae etc.), <b>AND</b></li><li>- HPN is agreed as indicated care by an Oncologist <b>and</b> a Palliative Medicine specialist</li></ul>
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