

To whom this may concern

**Information concerning (name)**

**Town, date**

Dear Sir / Madam,

....., born ....., is well known in our hospital. This child is known with intestinal failure and dependent on parental nutrition (PN) and intra venous fluids. The Parenteral Nutrition is administered by a central venous line.

The parents / the child manages the delivery of the intravenous nutrition all by themselves.

The child had no side effects of the parenteral nutrition (such as intravenous line sepsis) as yet. Next to the bag of parenteral nutrition they need intravenous fluids, syringes, needles, sterile gloves, sterile dressings, Taurosept®, sodium chloride disinfectant etc. to perform the sterile procedure of administering the PN and connecting and disconnecting the catheter by themselves.

For travelling to the destination, they will have to hand carry ... bags of (tailor made) intravenous nutrition .....®...with the additives; Vitrintra infant®, Supliven®I and Soluvit N®.

Also, the hand carried bag will contain needles, syringes, gazes, aseptic fluids (Chloorhexidine in alcohol), fluids (sodium chloride 0.9%, Taurosept®) and dressings.

I hope this information is sufficient to explain all questions.

If not, please contact our PN & Intestinal failure team at the numbers below.

Sincerely,

[Name of clinician]

[Clinician role]

[Clinician team and hospital]

[Clinician/team contact details]