Record Attendance at Oley Conference!

We welcomed 529 people to the 28th Annual Oley Consumer/Clinician Conference in Hyannis, Massachusetts, in June. It was record-breaking attendance! Consumers came from near and far to hear experts in the field of nutrition support speak, to meet one another, and to enjoy the beauty of Cape Cod. The Cape Cod Times covered the event with the apt headline, “Feeding Body and Mind.”

- Miranda and Dave came with their toddler all the way from Australia, while Carolyn joined us from England, Marek from Poland, and Lilac from Israel. Many attendees hailed from Massachusetts and the East Coast, but consumers also traveled from California, Louisiana, and Michigan. Lunches, the picnic, the silent auction, and meeting in the lobby or by the pool were great opportunities for attendees to meet and talk about life on home IV and/or tube feeding.

“Thank you for the education, love and new friends.”

- There were more than 150 new attendees—people who had never been to an Oley conference before—with us. We’ve invited several to write about their experiences (and if you were a new attendee and we missed you, please tell us about your first conference! Send to Lisa at metzgel@mail.amc.edu.)

Jami & Ella had a great time at their first Oley conference.

Drug Shortage Update

Peggi Guenter, PhD, RN, and Beverly Holcombe, PharmD, BCNSP, FASHP, American Society for Parenteral and Enteral Nutrition (A.S.P.E.N.)

Due to severe shortages in IV phosphate and IV trace elements, the Food and Drug Administration (FDA) announced that new supplies of trace elements and phosphate injections, critical drugs used in parenteral nutrition, will be available to U.S. patients. On May 29, the FDA announced it has given permission for Fresenius Kabi to import Glycophos™, Peditrace™, and Addamel N™.

This is good news, but health care providers and consumers need to be aware that there are several differences between these products and those currently available in the U.S. Consumers should be aware of the differences between the products and know what products

See www.oley.org for ideas regarding signing a petition, and/or contacting your congressional representative.

Transitioning to Adult Care: It’s a Process

Parag Shah, MD

Dr. Shah, the Medical Director of the Chronic Illness Transition Team at Lurie Children’s Hospital of Chicago, led two breakout sessions on transitioning at the Oley Conference in June—one for adults and one for young adults. It is such an important topic, we asked him to write about it. We welcome your responses and invite you to share your experiences with us, especially those unique to transitioning with HPEN.

Transition to adulthood is a challenging and exciting time for youth and their families. Changes occur in all aspects of life. Children may be moving on to college or a job and moving out to live on their own. As their role changes from being a child to being an adult, they assume many more rights and responsibilities. While all these things can be exciting, for youth with chronic illnesses or special health needs—and their families—the challenges can be greater and sometimes frightening.

Some youth face the prospect of having to manage many aspects of their health condition by themselves.
They may be getting ready to meet a new set of adult providers, who think and operate very differently than the pediatric providers that have seen them all their lives, and who don’t know them at all. For all these reasons, knowingly and unknowingly youth may fear

the idea of moving on and parents (and providers) very often fear “letting go.”

Despite all of this, we know our children have to and want to move on. There are many benefits to entering the adult world, such as being treated with more respect and having more autonomy over ourselves. The young adults we talk to know these benefits and can state them very clearly. So as parents and providers, we must prepare youth to enter the world as best we can, so they—and we—can feel confident and comfortable, and we can enjoy watching them become adults.

It’s a Process

I feel the most important thing to keep in mind regarding transition is that it is a process, not an event, and that process should start as early as possible. Many people argue that the process of transitioning starts at diagnosis. It can take some time to learn about one’s health care and to master self-management skills. In fact, we continue to learn self-advocacy and gain confidence throughout our lives. Start by talking to your health care teams early as a family, and parents, start allowing for some independence. Let youth make some mistakes.

One of the most important aspects of transitioning is instilling confidence and self-advocacy skills in our youth. Knowledge and proficiency with managing one’s own health, along with confidence, can lead to independence. Parents who have seen their children perform these skills, and have seen their children respond to challenges and the unknown in a positive way, can sleep better at night.

Checklists, Summaries

Transition guides can help parents make sure they have covered all the things that need to be covered. These guides often include checklists and fact sheets on different aspects of transition, from benefits, to finding adult providers, to guardianship, and so on. (A few Web sites that offer checklists are cited below; see “Brief Resource List.”) The checklists can be general or cover specific issues, such as home parenteral and/or enteral nutrition, and they can be used to monitor progress or to ensure that you haven’t “missed anything.”

The fact sheets that accompany many of the guides often give short summaries on a specific topic, such as going away to college and/or work, guardianship, and finding adult providers. They can lead you to more extensive resources or may touch on something you may not have thought of. Explore the Internet, as many groups are publishing these resources online, and start with your local university health care center’s Web site.

Many providers and the American Academy of Pediatrics recommend that patients create and maintain a portable medical summary. These summaries come in all different shapes and sizes, from one page to nine or ten pages. Many are very sophisticated and include information from provider to provider, and many are meant to be maintained by patients. We believe that by going through the process of creating a medical summary, families learn a lot about the youth’s medical condition and it

Brief Resource List

Illinois Chapter of American Academy of Pediatrics
illinoisaap.org/projects/medical-home/transition/resources-for-families
Maintains a whole host of fact sheets in pdf format. Many resources are local to Illinois.

Got Transition?
www.gotttransition.org
A national organization that offers resources for clinicians and families; it sets many of the guidelines and expert opinions on which much of current transitioning practice is based.

Lurie Children’s Hospital Chronic Illness Transition Team
This transition site includes many fact sheets, along with checklists, general articles, and links to other resources. See sample checklist questions on page 12.

MyMedSchedule
www.mymedschedule.com
This is an online, free, secure site that sends a text message to your phone when it’s time to take your medicine.
Tube Talk

Send your tips, questions, and thoughts about tube feeding to metzgel@mail.amc.edu. Information shared in this column represents the experience of the individual and should not imply endorsement by the Oley Foundation. The Foundation strongly encourages readers to discuss any suggestions with their clinician before making any changes in their care.

Medicare Decides Price More Important than Quality

If you receive good service and quality care from your home care company, how would you feel if the government said you had to change? It happened to me and it may happen to you.

Medicare pays for 80 percent of my home enteral nutrition (HEN) formula and supplies. Under a program called “competitive bidding,” Medicare will no longer reimburse my home care company. I must use a different service, which may have unacceptable patient care or customer service. The objective of competitive bidding is to reduce government spending, but patient care and quality of service are NOT considered. “Cheap” is no guarantee of quality.

My Experiences

I use a feeding tube for 100 percent of my nutrition and hydration. Over eighteen months of stroke rehabilitation, I relearned how to walk and talk, but my esophagus is permanently paralyzed. I cannot swallow, and I could not work at my former job. At age 57, I began to receive Medicare benefits under a Social Security Disability qualification. Medicare and my secondary insurance have paid all the costs of my HEN.

I have had twelve years of experience with home care companies. The first experience was not good. The second was excellent. I have just started with the third company and the jury is still out.

Some examples of bad experiences: (1) upon delivery, plastic containers of formula were sometimes broken and leaking; (2) a home parenteral nutrition (HPN) order was mistakenly delivered to me, which may have been a serious problem for the HPN patient who received my HEN; (3) a home care nurse who couldn’t fix a non-working feeding pump said to me, “Can’t you just try really hard to swallow?” Sometimes I received more than I needed, sometimes less; sometimes I received supplies I did not need. I had no contact with anyone except the nurse who could not fix the pump and someone who called each month to confirm shipment of my order.

When I moved to Florida, my home care company said they could not ship out-of-state. Because of the Oley Foundation, I knew more about my care then and I researched before choosing another company. My experience was excellent. Formula and supplies were never damaged. Every shipment was as ordered. They found special equipment for me that the first company said was “not available.” A dietitian followed my progress. My questions were always answered—if not immediately, within twenty-four hours. I heard from pharmacists, nurses, and dietitians as needed. When I travelled, my formula and supplies were awaiting me when I arrived. Everyone I dealt with was pleasant and professional.

The Unknown

When I learned I had to switch companies because of competitive bidding, I was not happy. I did not complain when competitive bidding was introduced, but I will definitely complain now. I am writing to Medicare and my Congressman, and I hope you will also. If all HEN consumers complain, it may make a difference. Members of Congress pay more attention to their constituents than they do to industry representatives, who may only want to protect their business.

Reducing government spending is a worthy goal. The media regularly report exorbitant costs charged to Medicare and fraudulent claims. But healthcare savings should not be at the expense of patient needs or quality of service.

— Rick Davis, HEN Consumer

Competitive Bidding

Competitive bidding is a Medicare program for durable medical equipment—including enteral nutrition (EN, tube feeding). It is being phased in with the intent to save Medicare money. Under this program, the purchase process has changed for providers of certain home medical equipment and products. Only providers that submit a winning bid in a certain area will be reimbursed for supplies and services in that area. If you are on Medicare and have noticed changes in your provider, it may be due to competitive bidding.

There have been many challenges with the process since it began in 2011. Despite this, on July 1, the program expanded to ninety-one metropolitan areas across the country. It is of vital importance that patients and providers who experience problems file complaints with the Competitive Acquisition Ombudsman (www.cms.gov or 800-MEDICARE; search or ask for “competitive acquisition ombudsman”).

— Kendall Van Pool, National Home Infusion Association (NHIA)
2013 Oley Awards Program

The annual Oley Awards Program recognizes home parenteral and enteral nutrition consumers and family members or caregivers who exhibit generous in the effort of helping others. It also recognizes an outstanding clinician volunteer. We are continually impressed by their stories.

LifelineLetter Award, HPN
In honor of Nutrishare, Inc., Oley Gold Medallion Partner
Bethany and Cindy Sabbag

This year the LifelineLetter Award, HPN, went to Bethany and Cindy Sabbag, a mother-daughter team who work together to manage Bethany’s chronic pseudo obstruction and mitochondrial disease. Bethany has had challenges with oral feeding since she was an infant. She had gastrostomy and jejunostomy tubes (G- and J-tubes) placed before she was two years old, and had to start on parenteral nutrition (HPN) when she was ten because she could no longer tolerate enteral nutrition.

Despite complex medical needs and chronic fatigue, Bethany has strived to get the most out of life. She is a talented artist and an accomplished graphic designer, and she loves acting. She gave a spirited rendition of a Shel Silverstein poem at the conference. Katherine Karbel, a Nutrition Support Dietitian who knows Cindy and Bethany well, writes, “Bethany is an intelligent and articulate woman who has generously shared her talents and positive attitude with others. She has given talks about overcoming the challenges associated with mitochondrial disease and demonstrated an incredible attitude and spirit which inspires anyone listening to consider what is possible in their lives.”

Cindy and Bethany are regular attendees at MitoAction’s annual Derby Day Celebration, where they enjoy modeling hats they’ve created for the event, and MitoAction’s annual Family Fun Walk, walking with Bethany’s Unbeatable Spirit team. Recently, at a family weekend at Camp Hole in the Wall in Connecticut, Bethany tackled the climbing wall. A dedicated team worked with Bethany to help her get safely to the top (IV and all), where a zip line awaited her. Undaunted, Bethany let the group rig her up (with her backpack safely secured) to “zip” back to the ground.

Katherine writes, “Cindy shows ongoing commitment to Bethany’s care and a desire to optimize her daughter’s quality of life. She encourages Bethany to believe in herself and her abilities, and with the help of home nursing staff, has tirelessly attended to Bethany’s complex medical care. One of her great triumphs is maintaining Bethany’s current central line for over eight years without a single infection, which is an incredible feat.”

In one of the talks Bethany has presented on mitochondrial disease and her nutrition therapy, Bethany says, “Thanks to my mom, my enthusiasm is boundless, even if my energy is not.” (The talk, “Young Adult with Mito Learns to Live,” is posted on You Tube.)

Congratulations to the nominees:
Susan Agrawal, Leanna Burgin, Nancy Goodick, Kathleen Harrington, Carissa Haston, Lee Letbetter, Heidi Martin-Coleman, Kate McCurdy, Rebecca Poulton, Tammi stillion, David Vermette, Leo Wagner, Ann Weaver

LifelineLetter Award, HEN
Sponsored by Abbott Nutrition, Oley Benefactor Level Partner
Timothy Eckard

“Timothy Eckard—like so many other men—goes to work, spends time with his kids, and tries to cultivate an atmosphere of education, physical activity, and fun,” writes Beth Bailey, a nurse at Pediatric Connection. “A stark difference between Timothy and so many others,” she continues, “is that on top of these normal roles, he dedicates his time and just about all of his thoughts to medical care, education, and advocacy, as both of his sons are disabled.”

Timothy is dad to Zack and Tyler. At eighteen months of age, Tyler was diagnosed with failure to thrive due to kyphosis, which was causing his neck to grow forward and cutting off his airway. At the same time, Timothy was granted sole custody of his two sons. Tyler had surgery in 2003 to correct the kyphosis, and later underwent another surgery to tackle the problem of projectile vomiting. Tyler’s doctors told Timothy that Tyler was unlikely to survive beyond five years old. “With personal strength...
and perseverance, Timothy set out to prove the doctor wrong—and he has!” Beth says. Tyler has been on home enteral nutrition (HEN) for over ten years, and today he is a joyful, flourishing twelve year old. “Timothy’s immense courage and determination brought him and his boys to where they are today,” Beth writes. “Timothy relishes the fact that he provides for Zack and Tyler without solely relying on governmental help. To that extent, he works two jobs—the second job on the night shift gave him the funds needed to buy a truck for hauling wood to heat their home—and sees to it that his boys get every ounce of care, attention, and love they need.” Timothy also advocates for his boys’ needs—educational and physical—at school. “This father’s loving attention is evident in everything he does,” Beth adds. “He is exceptionally generous to others, even giving vegetables out of his garden to those who need it.”

Congratulations to the nominees:
Susan Agrawal, Theresa Ashley, Gypsyrose Blancharde, Diane Curtis, Alison Daubert, Kate McCurdy

Child of the Year Award

In honor of ThriveRx, Oley Gold Medallion Partner

Andrew Bodnar

Andrew’s mom says Andrew was never sick—until December 2009, when he lost most of his small intestine due to a volvulus. “His life changed dramatically over night,” she explains. “He spent two years on HPN [home parenteral nutrition], until his central line was removed because of another line infection. Now he is on HEN [home enteral nutrition, or tube feeding] for eighteen hours a day, struggling to maintain his weight and hydration. Most likely, he will remain on HEN for the rest of his long life, and will probably be periodically put back on HPN also.”

Andrew was just beginning his freshman year of high school in 2009. In June 2013, he graduated from high school; and in the fall of 2013, he will begin his freshman year at college. “Andrew not only had to learn how to adjust to high school his freshman year at college, he had to learn how to do it with a new chronic medical condition,” his mother, Robin, continues. “He has missed close to a year of school because of illness, but he has managed to make up all missed work during the last four years. That’s an accomplishment.”

Andrew’s accomplishments extend well beyond school. In February 2011, he testified in front of his state legislators for S.B. 312, “An Act Eliminating the Age Cap for Health Insurance Coverage for Specialized Formula.” He was later interviewed on a local news program. He is also compassionate; he has participated in several fundraising/awareness walks for ill friends (cancer and cystic fibrosis). Robin says, “When his doctors get a patient or a parent who is concerned about their new life, Andrew is introduced to show them it is not a burden.”
Boy Scouts is a big part of Andrew's life. He attended Scout camp as a day camper soon after the volvulus, and received the "Honor Camper" award. He helped teach younger campers Scout skills during his free time, which resulted in his being offered a job at the camp. “Somehow,” Robin says, “he ended up working in the dining hall, helping with food he couldn’t eat. He was bullied the entire summer by an adult. From that experience, for an Eagle Scout project, he made a bullying awareness video and a resource book for the town library. His video is now used in the curriculum at Region 10 Schools.” For the past several years, Andrew has been a Den Chief, which allows him to mentor Cub Scouts. He became an Eagle Scout on March 6, 2013.

Lately, Andrew has taken up "the hobby of illusions." Robin says, “He is in the process of making an act to bring back to the children's hospital. He is hoping to visit with every patient he can because he remembers how lonely and bored he was while hospitalized. He seems to spread awareness and wants to give back everywhere he goes.”

Congratulations to the nominees:
Gypsyrose Blancharde, Ellie Brogan, Antonio “Tony” Forte, Justin Kowalewski, Zachary Lopez, Juliana Elizabeth Quickel, Austin Rath, Nathaniel Ross, Parri Shah, Ally Winter, Natalie Wootten

Celebration of Life Award
In honor of Conam Specialty Infusion Services, Oley Gold Medallion Partner
David Vermette

In 1978, David Vermette was diagnosed with Crohn’s disease and underwent his first surgery, which required a 12-inch small bowel resection. “After enjoying seventeen-plus years of almost symptom-free health,” he says, “my life made a dramatic turn in 1995 with a complete obstruction and emergency surgery. After surgery I learned that I had lost all but 20 inches of small bowel.” He has been on home parenteral nutrition (HPN) ever since.

It seems neither Crohn’s nor HPN has slowed him down, though. Dave has been involved in advertising for twenty-nine years (ten as an illustrator and the past nineteen as a digital print sales representative), and has continued to work full-time. He also enjoys art, traveling, antiquing, zip-lining, tennis, and biking with his family. Most recently, Dave, his wife, Stacey, and his daughter, Bailey, have taken up running. Since 2009, they have trained for and run two half-marathons, as well as several shorter races, to raise awareness of Crohn’s disease and raise funds for the Crohn’s & Colitis Foundation (CCFA). “I refuse to let my illness, or medical situation define me,” he says.

Dave is active in his local CCFA group, and reaches out to others on nutrition support. Michelle Guiningundo, who also relies on HPN, says Dave “has always been willing to talk and counsel me on how to adjust to life on HPN. When I was at my lowest point, recovering from surgery and trying to understand life on HPN, Dave would talk...”
Our Great Escapes Travel Program takes the worry out of traveling on nutrition support. Available in all 50 states, the Great Escapes program provides comprehensive travel support services and enables our consumers to safely continue their TPN and tube feeding therapies while they travel, whether their trip takes them across the U.S. or around the globe!

**Our Great Escapes program offerings include:**

- **Planning and packing tips.** Our branch employees are educated about the requirements of local and international travel, and they’re ready to help you travel with your HPEN therapies.
- **Smoother air travel.** Our Patient Advocates will inform the Transportation Safety Administration (TSA) of your travel needs to make it easier for you to go through the airport screening process.
- **TPN travel cooler.** This portable rolling travel cooler fits in a plane’s overhead bin and keeps your TPN cool and close at hand during your travels.
- **Consumer travel stories.** Learn from the experiences of our many HPEN consumers who travel across the U.S. and abroad!

**Congratulations to the nominees:**

**Nan Couts Award**
*Coordinated by Judy Peterson, RN, MS*

**Marion Winkler, PhD, RD, LDN, CNSC, FASPEN**

A glance at Dr. Winkler’s research topics, volunteer and board activities, and career development show that she is clearly devoted to the home nutrition support community. She has spent much time and energy on research involving home parenteral nutrition (HPN) and quality of life; the meaning of food and how not being able to eat affects home nutrition support consumers; and other similar topics. She has written and spoken extensively on these subjects, including several articles for the Oley Foundation newsletter. Recently, she has been instrumental in helping Oley develop an extensive glossary of nutrition support–related terms.

Dr. Winkler has had direct contact with home parenteral and enteral nutrition (HPEN) consumers as a dietitian at Rhode Island Hospital for over twenty-five years. A.S.P.E.N.’s Senior Director of Clinical Practice, Advocacy, and Research Affairs, Peggi Guenter, PhD, RN, writes, “In her clinical practice, Marion always puts the patients first. She works long hours in her clinical setting, and teaches new physicians, nurses, dietitians and other trainees in her academic position about HPEN consumers. She always teaches them that the patient comes first.”

For the past five years, she has been very involved with the development of an A.S.P.E.N. Home Patient Registry. “This project, called Sustain, is a home patient database

*2013 Oley Awards, cont. pg. 8*
which will generate data on patient outcomes including functional status, quality of life, morbidity and PN complications," explains Dr. Guenter. “This registry also includes questions about support programs including the Oley Foundation. Marion was instrumental in making sure that quality of life and functional status information is collected in Sustain. She also has brought us the idea that we should have a direct patient entry program as a component of Sustain and we are considering that.” A database like Sustain is important to HPN consumers; it can help establish best practices, for example, and identify patterns among patients or programs.

Dr. Winkler is also on the Oley Foundation Board of Trustees and is a past president of A.S.P.E.N. She is always available to help answer Oley staff questions and advise on projects. She has exemplified a willingness to give of herself, above and beyond her regular work hours, to educate, empower, and improve the quality of life for homePEN consumers in so many ways.

Congratulations to the nominees:

Jarol Boan, MD; Brandi Gerhardt, RN, and David Mercer, MD; Vanessa Kumpf, PharmD, BCNSP; Ellen Stein, MD; Noah Zinkin, MD

Kyle R. Noble Scholarship

Coordinated by Richard and Donna Noble

Emily Koprucki

Kyle Noble, who passed away in 2006, is remembered widely with affection. His family established the Kyle R. Noble Scholarship to recognize others who exhibit his enthusiasm for life. This year, the Scholarship Committee selected Emily Koprucki for this $2000 scholarship.

Emily was born with megacystis-microcolon-intestinal hypoperistalsis syndrome, a very rare condition. As a newborn, she received her first G-tube (for tube feeding), as well as a central line for home parenteral nutrition (HPN or IV feeding). Looking back, Emily—now a high school graduate—says, “Despite the extra ‘appliances,’ I never felt that my life was hindered in any way. I just ate differently, that’s all.”

For a while, Emily was able to consume enough calories and nutrients through tube feeding and by mouth that she could be weaned off HPN. But in seventh grade, her health began to diminish. She was put back on HPN, and was unable to return to school for months due to low energy reserves, gastric pain, and severe weight loss. Thanks to Emily’s personal determination, she completed seventh grade with the help of a tutor.

In fighting to be able to return to school for eighth grade, Emily learned a great deal about self-advocacy. “Returning to school for eighth grade was a battle,” Emily writes, “due to the lack of understanding of those on the school board and my overall health. At that point, I required continual infusions of HPN throughout the day. If I were to continue with my class schedule, I would have to infuse while in the physical school setting. The head of nursing for the school district was quite skeptical, and thought of us as overly ambitious in wanting to achieve this goal. She was not convinced this would be doable…After continuous battles for educational equality, we finally convinced her to hold a meeting with her staff. All the nurses for the district attended…I shared with them my daily routines of medicines, infusions, and procedures. I casually continued the discussion while simultaneously spiking a one liter bag of half normal saline with ease and effortlessly programming a ‘complicated’ pump as if it were a Game Boy.”

After this, Emily was allowed to attend school while infusing HPN. Just as important, Emily says, “This was the first time I really experienced what a difference I could make by advocating for myself.”

Emily has been an active member of the Oley community for many years. One of her high school teachers notes that Emily talks to him about some of the friends she has met through Oley activities. “Whenever someone she has come into contact with is having a difficult time, it weighs heavily on her; she is a tremendously caring person.”

Emily is also involved with an animal rescue program and has fostered several rabbits while they awaited adoption. She is an avid horseback rider. “It is the most amazing high for me,” she writes, “and although it makes certain people concerned, it is an activity that I can pursue while infusing hydration fluids.”

Complicated surgery in tenth grade caused Emily to miss much of another year of school, but this spring Emily graduated with her class. In the fall she will begin her freshman year at Erie County Community College in Williamsville, New York.

Nutrishare HomePN Research Prize

The Nutrishare HomePN Research Prize, sponsored by Nutrishare, Inc., was established in 2007 to encourage clinical studies focused on improving the quality of life for home parenteral nutrition (HPN) consumers. At the Oley conference, the 2013 prizes were awarded to the following people for the following papers. We encourage you to read the summaries/abstracts at www.oley.org/HomePN_Research.html.

- Mandy Corrigan, MPH, RD, LD, CNSC, from Cleveland Clinic, Cleveland, Ohio, for “Identification and Early Treatment of Dehydration in Home Parenteral Nutrition and Home Intravenous Fluid Patients Prevents Hospital Admissions.”
- Palle B. Jeppesen, MD, PhD, from Rigshospitalet, Copenhagen, Denmark, for “Effects of Teduglutide, an Analog of Human GLP-2, on Intestinal Fluid Absorption in Short Bowel Syndrome (SBS) Patients.”

Oley RCs Now Ambassadors

Oley Regional Coordinator volunteers will now be referred to as “Oley Ambassadors.” We have long recognized that the networking and support activities of these volunteers extend far beyond regions, and often reach overseas. This new title better reflects the true nature of their current efforts.

We hope that you are as excited about this update as we are, and that you’ll reach out to our Oley Ambassadors with your questions and suggestions, for support, etc. A listing of Ambassadors is available at www.oley.org/volunteers.html, or by calling (800) 776-OLEY.
they are getting. Ask questions and consider sharing the information discussed below with your health care provider if you have concerns.

For background information as well as the most recent updates on drug shortages, visit the A.S.P.E.N. Web site (www.nutritioncare.org; select “Professional Resources,” “Drug Shortages Update”). More information, including details on how to sign the drug shortage petition and suggestions for contacting your congressional representatives, is available on www.oley.org.

**IV Phosphate (Glycophos™)**

There are some key differences in the formulation and labeling between the current U.S.-marketed IV phosphate products and the imported product, Glycophos, which is sodium glycerophosphate. Fresenius Kabi’s “Dear Healthcare Professional” letter should be read carefully (online at www.fda.org [search for “Glycophos”] or from Oley, 800-776-6539).

Some of the notable differences are:

- Glycophos is an organic phosphate, which is a different type of phosphate than the inorganic phosphate injection products currently marketed in the U.S. Organic phosphates tend to be more calcium compatible. This means at higher concentrations, solutions of calcium and phosphate may exist together without precipitating into an insoluble salt complex. In high pH solutions (admixture above pH 6.0), organic phosphate is less likely to precipitate.
- Glycophos contains 1 mmol of phosphate per 1 mL of solution as compared to the phosphates currently marketed in the U.S., which contain 3 mmol of phosphate per 1 mL. When converting from inorganic phosphate products (i.e., sodium phosphate and potassium phosphate) to an organic phosphate product (i.e., sodium glycerophosphate), use the same amount of phosphate in millimoles.
- Glycophos is intended for single use.

**IV Trace Elements (Addamel N™, Peditrace™)**

Also in May, the FDA announced importation of both adult and pediatric multi-trace element products. As with the IV phosphate, there are some key differences in the formulations, and Fresenius Kabi’s “Dear Healthcare Professional” letters should be read carefully (www.fda.gov; search for “adult multi-trace element” or “pediatric multi-trace element”; or from Oley, 800-776-6539).

The adult multi-trace element product contains a small amount of iron and caution should be taken when adding this product to parenteral nutrition formulations containing IV fat emulsions (total nutrient admixtures, 3-in-1 formulations) due to potential disturbance interaction of the fat emulsion. This product also contains other trace elements not routinely found in U.S. products, such as iodide and fluorine. For more information on trace elements, please see “2012 Recommendations for Changes in Commercially Available Parenteral Multivitamin and Multi-Trace Element Products” (Nutrition in Clinical Practice, August 2012) and the other references on the A.S.P.E.N. Web site.

The tables on page 16 compare these imported products and the traditional products now on shortage. For questions or to report an Adverse Drug Event, call (800) 551-7176, Monday to Friday, 8 a.m. to 5 p.m. (CST) or appmedicalinfo@APPpharma.com. Clinicians: To order these products, call the Fresenius Kabi Customer Service Department at (888) 386-1300.

Shortages, cont. pg. 16

---

**Nutrishare is a proud partner of The Oley Foundation**

What would you tell someone who is considering joining Nutrishare?

“What is taking you so long?”

“Run don’t walk! You will not find a group of people anywhere that are more concerned with helping you achieve your best health possible, educate you regarding your condition and the care you require and supporting you in any way they can, making sure you have a life worth living!”

“Do it, you won’t be sorry!”

“I have told quite a few other consumers that this is the best individualized care I’ve ever had, after being on TPN almost 50 years.”

“Best move you will ever make! You will not regret it.”

“Nutrishare has changed my life. I no longer have to be concerned with delivery & supplies, part of family not just a number.”

“What would you tell someone who is considering joining Nutrishare?”

“Think of the best care you could wish for. Then think of care beyond the best. That’s Nutrishare. They provide leading edge knowledge, equipment, supplies & service with a smile. You can’t find a better health-care provider . . .”

“If you want a company that will not only treat the problems that arise but that will be a resource to help prevent problems beforehand then Nutrishare is the company to be with.”

**Nutrishare – Celebrating 21 Years of Home TPN Dedication**

Serving Home TPN Consumers Across the Country

nutrishare.com
1 800 HOME TPN

Volume XXXIV, No. 4

(800) 776-OLEY • LifelineLetter — 9
Thank You for Supporting the 2013 Oley Conference: We couldn’t

Many thanks to the following companies and individuals for their help and generous contributions.

2013 Oley Awards
ABBOTT NUTRITION; CORAM SPECIALTY INFUSION SERVICES; NURISHARE; THRIVERX

BREAKFAST
THURSDAY: WALGREENS INFUSION SERVICES; FRIDAY: THRIVERX

CHILD CARE/YOUTH ACTIVITY
VOLUNTEERS: COURTNEY ACKERMAN; JACKSON & KILEY BISHOP; MADDIE BRYDA; NICK & KAITLIN COLEMAN; SANDY GURA, RN; KAYLA HARRAHAN; HALEY HARRINGTON; STEFANIE HARRISON-BISHOP; TRISH & BRICE MILLER; DENISE RICHARDSON, RN; KATHERINE RICHARDSON

COMMEMORATIVE T-SHIRT
CORAM SPECIALTY INFUSION SERVICES

CONFERENCE BADGES/LANYARDS
CORAM SPECIALTY INFUSION SERVICES

CONFERENCE BAGS
NURISHARE

CONFERENCE CO-CHAIRS
MICHAEL MEDWAR; AMANDA SINGER; MARION WINKLER, PHD, RD, LDN, CNSC, FASPSN

DRUG SHORTAGES ADVOCACY
THRIVERX. VOLUNTEERS: JEFF HOELLE; MICHAEL MEDWAR; ANN WEAVER; BILL & ROSALINE WU

EMERGENCY MEDICAL SUPPORT
CORAM SPECIALTY INFUSION SERVICES

EXHIBITORS
ABBOTT NUTRITION; AMERICAN SOCIETY FOR PARENTERAL & ENTERAL NUTRITION (A.S.P.E.N.); APPLIED MEDICAL TECHNOLOGY, INC (AMT); THE ASSOCIATION OF GASTROINTESTINAL MOTILITY DISORDERS, INC (AGMD); Baxter HEALTHCARE; BIOSCRIP, INC.; BOSTON CHILDREN’S HOSPITAL CENTER FOR ADVANCED INTESTINAL REHABILITATION; BYRAM HEALTHCARE; CALMOSPIRINE, INC.; CAREALINE PRODUCTS, LLC; CAREPOINT PARTNERS; CERA PRODUCTS, INC.; CORAM SPECIALTY INFUSION SERVICES; COVIDIEN; CRITICAL CARE SYSTEMS (CCS); DIETITIANS IN NUTRITION SUPPORT; EMMAUS MEDICAL; FEEDING TUBE AWARENESS FOUNDATION; HEARTLAND I.V. CARE; HOME SOLUTIONS; ICU MEDICAL; JUST ANOTHER RUN OF THE MILL DAY/LEAH ATKINSON; KIMBERLY-CLARK; MITOACTION; MOOG MEDICAL DEVICES GROUP; NATANMED; THE NEBRASKA MEDICAL CENTER; NESTLE HEALTHCARE NUTRITION; NEWBY-COOMBS, LLC; NPS PHARMACEUTICALS; NURISHARE, INC.; PACIFIC LAKE LLC; PATCHWORK PEDDLER; THE PROMPTCARE COMPANIES; THRIVERX; TRANSPORTATION SECURITY ADMINISTRATION; UNIVERSITY OF KANSAS SCHOOL OF NURSING; WALGREENS INFUSION SERVICES

FACULTY
MARY BAKER, PHARM.D, MBA; KHALIL N. BITAR, PhD, AGAF; MARCIA BOATWRIGHT, RN, CRNI; BETTY BRADY, RN, BSN, CWOCN; MANDY CORRIGAN, MPH, LD, RD, CNSC; RICK DAVIS; MARK DELEGGE, MD; STANLEY J. DUDRICK, MD, FACS, FACP, FASN; CHRISTOPHER DUGGAN, MD, MPH; ALEX FLORES, MD; PAULA GAIDA, RN; ALLAN GOLDSTEIN, MD; LINDA GRAVENSTEIN; MEGAN GRAVENSTEIN; KATHLEEN GURA, PHARM.D, BCNSP, FASHP, FPPAG; NANCY HACKETT, RN, CRNI; LYN HOWARD, MB, FRCP; CAROL IRETON-JONES, PHD, RDN, LD, CNSC; DANIEL KAMIN, MD; EMILY KATZ, MD; DARLENE KELLY, MD, PhD; ARLET KURKCHUBASCHE, MD, FACS; KIM LAFORGE; ANN MICHALEK, MD; MELISSA MILLER, RN, MSN; ANTONINO MORABITO, MD, FRCS(ED), FRCS(ENG), FICS; ALYCE NEWTON, MS, RS, CNSD; REID NISHIKAWA, PHARM.D, BCNSP, FCSPH; MARIANNE OPILLA, RN, BSN, CNSC; ANN MARIE PARRY, RN, CRNI, VA-BC; DEAN PARRY, RPH; STEPHANIE PETRUZZI, MSW, LICSW; ALEXIS POTEMKIN, NP; MARK PUDER, MD; MARCIA RYDER, PHD, MS, RN; PARAG SHAH, MD, MPH; REX A. SPEERHAS, RPH, BCNSP; DANIELLE STAMM, FNP-BC; JILL TALIFERRO, RD, LND, CNSC; ELIZABETH TUCKER; MARION F. WINKLER, PHD, RD, LDN, CNSC, FASPSN

FIRST TIME ATTENDEE ORIENTATION/RECEPTION
NURISHARE, INC.

GENERAL CONFERENCE SUPPORT
PATRICIA A. BROWN, RN, CNSN, OCN; DALE & MARSHA DELANO; SHEILA MESSINA, MA, RN; RICHARD & DONNA NOBLE; DIANE OWENS; RONALD PERRY; SHELDON SOLLKOL. VOLUNTEERS: BRANDIS GOODMAN; RAY GRAVENSTEIN; PEGGI GUENTER, PHD, RN, CNSN; HALEY HARRINGTON; RON METZGER; ANN MICHALEK, MD; TRACI NAGY; STEPHEN SABOL; BOB & MARY SMITHERS; FRED STUTO

HOTEL ROOM KEYS
CORAM SPECIALITY INFUSION SERVICES

HYDRATION/SPORT DRINK
CERA PRODUCTS

IN LOVING MEMORY
VOLUNTEERS: RICK DAVIS; ELI, JOAN & MICHAEL MEDWAR; CRAIG PETERSEN

JAMMIN’ JAMMIES
ABBOTT NUTRITION

KYLE R NOBLE SCHOLARSHIP
NOBLE FAMILY, ABBOTT NUTRITION, AND MANY GENEROUS INDIVIDUALS

NURISHARE HOMEPN RESEARCH PRIZE
NURISHARE, INC.

OLEY 30TH ANNIVERSARY WEAR
VOLUNTEER: FRED STUTO
do it without you!

Picnic
Fresenius Kabi USA. Music: Alter Ego with support from ThriveRx

Photography
Volunteers: Kim Butler; Marek Lichota

Registration
Volunteers: Cody Bakkila; Anne Edwards; Jeff Hoelle; Harlan Johnson; Marshall Koonin

Registration Bag Inserts
BioScrip

Silent Auction
Travel Raffle: BioScrip; Consumer Raffle: Moog Medical Devices. Plus, thank you to the volunteers who have helped orchestrate the event, and to those who have donated and/or purchase(d) items!

Speaker Support
Albany Medical Center; Alpert Medical School of Brown University; Baxter Healthcare; Boston Children’s Hospital; Cleveland Clinic; Coram Specialty Infusion Services; Fresenius Kabi USA; Geisinger Health System; Harvard Medical School; Hasbro Children’s Hospital; Hospira, Inc.; ICU Medical; InuScience; Kimberly-Clark; Mass General Hospital for Children; Mayo Clinic; Misericordia University; Nutrishare, Inc; Rhode Island Hospital; Royal Manchester Children’s Hospital; ThriveRx; Transportation Security Administration; VNA of Cape Cod, Inc.

Sunscreen
Fruit of the Earth

Talent Show
Organizer: Amanda Singer. Talent: Roy George; Brett and Jenna Heger with Hannah; Grace Nightingale; Bethany Sabbag; Sanford Schimel; Amanda Singer

Transitioning to Independence Sessions
ThriveRx

Travel Scholarships for Consumers
NPS Pharmaceuticals; Daniel F. & Ada L. Rice Foundation; Critical Care Systems. Individual donors: Joan Bishop; Jarol Boan, MD, MPH; Esther Ann Adler Brown Memorial; Melissa Chaney Memorial Fund; Friends of Robin Lang Memorial Travel Fund; Bruce F. Groeber Family; Carol Ireton-Jones, PhD, RD, LD, CNSD, FACN; Carol & Jack Leibee; Melinda Parker, MS, RD, CNSC; Janet Platt & Christopher Hlatky

Tube Feeding Workshop
Daniel F. & Ada L. Rice Foundation

Videotaping of Conference
Baxter Healthcare; Joel Resnick

Welcome Massage
Moog Medical Devices

Welcome Reception
Covidien

Amanda Singer and Kailee Brown share a smile at the farewell brunch.

BioScrip® brings together the right people, approach and information to offer unique perspectives, insights, and truly informed accounts of what’s happening with your infusion therapy. At BioScrip, we live and work by two simple words: “We’re there.”

We’re in your home, by your side, helping you get the infusion therapy you require and the attention you deserve.

- Leading infusion provider with 30 years experience
- More than 75 points of service with reach in all 50 states
- 24/7 access to clinicians and pharmacists
- Providing an array of enteral formulas and pumps
- Home start TPN
- Pediatric-trained nurses

Find out more at bioscrip.com
Transitioning, from pg. 2

helps them organize all the information they need to know. We propose a decent-sized medical summary that is approximately two to three pages, and is maintained and updated by the families, preferably electronically. Templates or forms are available on many Web sites and through many institutions.

Communication

Many youth are not comfortable talking with their health care teams, and parents often do most of the talking. While youth want to talk and be seen at appointments by themselves, they may be afraid they won’t know what to say or of giving the wrong information when asked. When providers do talk with them confidentially, the conversation generally revolves around sex, alcohol, and drugs, not around the youth’s general health care.

Sample Checklist for Teens

Full version available at www.oley.org courtesy of Lurie Children’s Hospital Chronic Illness Transition Team. Reprinted with permission.
it is continually changing, but I will try and explain some basics here. As we all have heard, the health insurance marketplace is changing. Whether you believe in Obamacare (the Affordable Care Act) or not, there will be some decisions to make. These changes affect youth between 19 and 26 greatly. (See table 1 below.)

First and foremost, youth between 19 and 26 will all have the option of having health insurance under their parent's coverage, provided the parent's plan is private and offers dependent coverage. Many states had this provision already, so this may not be a large change in your state.

Next is the public insurance expansion. Prior to 2014, most young adults had to meet income AND disability criteria (which are very different than childhood disability criteria and is the main reason many youth lost their public insurance when they turned 19). Starting in 2014, in states that choose to do so, public insurance will be available to almost all youth that are under 138 percent of federal poverty level.

Finally, new health insurance options will be available (health insurance exchanges) with help for paying premiums and cost sharing for most youth under 400 percent of federal poverty level. Plans will have to adhere to a minimum standard of benefits (including mental health and prescription drugs) and will be expected to lay them out in a clear and concise manner. Nobody can be denied coverage for a preexisting condition and companies cannot charge more for a preexisting condition. All of these benefits improve options for our youth as they enter adulthood and adult care.

The best way to feel comfortable and care for yourself and your family is always to Transitioning, cont. pg. 14 ☛

<table>
<thead>
<tr>
<th>Table 1. Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ACA Provision</strong></td>
</tr>
<tr>
<td>ACCESS</td>
</tr>
<tr>
<td>Medicaid Expansion</td>
</tr>
<tr>
<td>Exchanges</td>
</tr>
<tr>
<td>Penalty</td>
</tr>
<tr>
<td>Dependent Coverage</td>
</tr>
<tr>
<td>Preexisting Condition</td>
</tr>
<tr>
<td>SERVICES</td>
</tr>
<tr>
<td>Essential Health Benefits</td>
</tr>
<tr>
<td>Preventive Care</td>
</tr>
<tr>
<td>COST PROVISIONS</td>
</tr>
<tr>
<td>Premium Subsidies and Cost Sharing</td>
</tr>
<tr>
<td>Community Rating</td>
</tr>
<tr>
<td>NoLifetime/AnnualLimits</td>
</tr>
</tbody>
</table>
stay informed and be a good self-advocate. Health care skills such as being able to call your insurance company, understanding common terms, and learning how to read a benefit sheet are worthwhile for parents and for parents to teach children. Many youth feel more comfortable and confident after seeing their parents do this and after doing it once themselves. Resources regarding insurance and benefits should be available through institutions, social workers at the hospital, case managers, and certainly online.

**Finding a New Provider**

Both parents and teens ask about finding adult providers. As all families with youth with chronic illnesses know, a good relationship with your health care team is one of the most important aspects of your lives. While location and insurance will play a big part in determining who you can and will see as an adult, there are a few ways to find adult providers. Ask your current providers about referrals. They may have contacts that they trust and with whom they have experience working. Ask friends and family members. Finally, insurance companies maintain lists of providers.

Once you locate an adult provider and set up your first appointment, think about the questions you want to ask—not just about your health care, but about their style. Look for somebody who is willing to work with you to solve problems, rather than somebody who is very strict about their plan of action. Make sure you get a feel for how the team works together, as you will likely interact with many members of the team. Most of all, trust your gut feeling about providers after you meet them. It’s likely you’ve met enough providers in your lifetime to know when one is a good match.

**Conclusion**

Transitioning to adulthood and adult care is exciting but can be scary. While there appear to be an endless number of issues, the benefits are great when young adults feel confident and accomplish things independently. Remember to talk with your youth and health care teams about transition, and keep in mind that it is a process not an event. Use the resources available and simple fact sheets, and parents, enjoy the process of watching your children become confident and capable self-advocates.

---

**Notable Gifts from Individuals**

Among the many contributions from individuals received at any given time, there are always several dedicated to those who have inspired the donor. We will share this list of honorees in each issue of the newsletter. In addition, we will include a complete list of the contributions received in 2013 in the January/February 2014 issue. From May 4 through July 16, 2013, gifts were received:

**In Honor Of**

- CB South High School graduation; Rick Davis, for Father’s Day; Liz and Joe Greenberg’s fiftieth anniversary; Mary Kunz's birthday; Oley for all that they do; Ann and Tim Weaver, for their presentations to clinicians; Allyson Willner; Michael Yelner

**In Memory Of**

- Ann DeBarbieri’s birthday; Portia Hutton; Jo Liebowitz; Richard McDonald; Robert White, Jr.

**From Fundraisers/Grants**

- Mary Ellen Costa's handmade bracelet sale; Fidelity Charitable Grant

**As Matching Gifts**

- The GE Foundation; National Grid

We appreciate all gifts and the kind comments we receive throughout the year. Your support overwhelms us and continues to be a source of inspiration. Thank you!
Corporate Partner Spotlight

Please join the Oley Foundation in thanking our most recent corporate contributors who help keep Oley programs free of charge to home parenteral and enteral consumers. To read about other Oley Foundation Corporate Partners, visit www.oley.org/donorinfo.html.

BioScrip

BioScrip nutrition consumers receive personalized, safe and effective infusion and nutritional therapies to improve their quality of life. The company acknowledges and accommodates each individual's functional, psychosocial and lifestyle needs. Its goal is to recognize, understand and exceed the expectations of each consumer while providing effective and affordable healthcare solutions. BioScrip subsidiaries you may be familiar with include: Applied Health Care, BioScrip Infusion Services, Deaconess HomeCare, HomeChoice Partners, Infusion Partners, Infusion Solutions, InfuScience, Infusioncare, New England Home Therapies (NEHT), Option Health, Professional Home Care Services (PHCS) and Wilcox Medical.

Nutrishare

Rod Okamoto and Tom Diamantidis founded Nutrishare 22 years ago focusing exclusively on the home parenteral nutrition (HPN) consumer. Nutrishare provides individualized nutritional care, reducing risks for complications associated with long-term HPN, incorporating scientific advances, and improving the quality of life of its consumer family.

Baxter Healthcare Corporation

Baxter Healthcare Corporation has 80 years experience in developing parenteral nutrition products that work together to help improve patient outcomes. Baxter offers clinicians and patients parental nutrition solutions, IV fat emulsions and automated compounding systems.

Kimberly-Clark

Kimberly-Clark—the Enteral Feeding company—strives to deliver easy and reliable enteral feeding solutions. Kimberly-Clark makes MIC and MIC-KEY balloon-retained gastrostomy and transgastric-jejunal feeding tubes. For pediatric and adult patients, these tubes provide safe, reliable nutrition delivery, with more tube options than any other company.

Why We Give

Ann and Mike Weaver

“We have tried to give back to Oley each and every year. Oley has helped our family and we want to help Oley continue its mission—so that no family ever has to feel alone in their journey. Our employer's match program doubles our donation, maximizing our contributions to Oley.”

(800) 776-OLEY • LifelineLetter — 15
Same office, new address!

Celebrating Oley's 30th Anniversary in Style
Order a t-shirt, golf shirt or sweatshirt at www.oley.org or by calling (800) 776-OLEY.

### Shortages, from pg. 9

#### Adult Product Comparison, content per 1 ml

<table>
<thead>
<tr>
<th>Trace Elements</th>
<th>Multitrace 4*</th>
<th>Multitrace 4 Concentrate*</th>
<th>Multitrace 5*</th>
<th>Multitrace 5 Concentrate*</th>
<th>Addamel N†</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zinc (Zn)</td>
<td>1 mg</td>
<td>5 mg</td>
<td>1 mg</td>
<td>5 mg</td>
<td>0.65 mg</td>
</tr>
<tr>
<td>Copper (Cu)</td>
<td>0.4 mg</td>
<td>1 mg</td>
<td>0.4 mg</td>
<td>1 mg</td>
<td>0.13 mg</td>
</tr>
<tr>
<td>Manganese (Mn)</td>
<td>0.1 mg</td>
<td>0.5 mg</td>
<td>0.1 mg</td>
<td>0.5 mg</td>
<td>0.027 mg</td>
</tr>
<tr>
<td>Chromium (Cr)</td>
<td>4 mcg</td>
<td>10 mcg</td>
<td>4 mcg</td>
<td>10 mcg</td>
<td>1 mcg</td>
</tr>
<tr>
<td>Selenium (Se)</td>
<td>—</td>
<td>—</td>
<td>20 mcg</td>
<td>60 mcg</td>
<td>3.2 mcg</td>
</tr>
<tr>
<td>Iron (Fe)</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>0.11 mg</td>
</tr>
<tr>
<td>Molybdenum (Mo)</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>1.9 mcg</td>
</tr>
<tr>
<td>Iodide (I)</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>0.013 mg</td>
</tr>
<tr>
<td>Fluorine (F)</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>0.095 mg</td>
</tr>
<tr>
<td>Vial Size</td>
<td>10 ml</td>
<td>1 ml or 10 ml</td>
<td>10 ml</td>
<td>1 ml or 10 ml</td>
<td>10 ml</td>
</tr>
<tr>
<td>Description</td>
<td>MD** Vial</td>
<td>SD*** or MD Vial</td>
<td>MD Vial</td>
<td>SD or MD Vial</td>
<td>SD Ampoule</td>
</tr>
</tbody>
</table>

#### Pediatric Product Comparison, content per 1 ml

<table>
<thead>
<tr>
<th>Trace Elements</th>
<th>Multitrace 4 Neonatal*</th>
<th>Multitrace 4 Pediatric*</th>
<th>Trace Elements 4 Pediatric*</th>
<th>Pediatric†</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zinc (Zn)</td>
<td>1.5 mg</td>
<td>1 mg</td>
<td>0.5 mg</td>
<td>0.25 mg</td>
</tr>
<tr>
<td>Copper (Cu)</td>
<td>0.1 mg</td>
<td>0.1 mg</td>
<td>0.1 mg</td>
<td>0.02 mg</td>
</tr>
<tr>
<td>Manganese (Mn)</td>
<td>25 mcg</td>
<td>25 mcg</td>
<td>30 mcg</td>
<td>1 mcg</td>
</tr>
<tr>
<td>Chromium (Cr)</td>
<td>0.85 mcg</td>
<td>1 mcg</td>
<td>1 mcg</td>
<td>—</td>
</tr>
<tr>
<td>Selenium (Se)</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>2 mcg</td>
</tr>
<tr>
<td>Iodide (I)</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>1 mcg</td>
</tr>
<tr>
<td>Fluorine (F)</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>57 mcg</td>
</tr>
<tr>
<td>Vial Size</td>
<td>2 ml</td>
<td>3 ml</td>
<td>10 ml</td>
<td>10 ml</td>
</tr>
<tr>
<td>Description</td>
<td>SD*** Vial</td>
<td>SD Vial</td>
<td>MD** Vial</td>
<td>SD Ampoule</td>
</tr>
</tbody>
</table>

* American Regent Products, † Fresenius Kabi Products, **MD=Multi-dose, ***SD=Single Dose