Keeping Yourself Safe in 2009: Infection Avoidance

Long-Term Vascular Access

Common Feeding Tube Complications

New Consumer Focused Website Launched

An Interview with Coram’s President, Dan Greenleaf

Winter | Spring 2009
Keeping Yourself Safe in 2009: Infection Avoidance
As the winter months continue, the threat of colds and flu increase. Many of you have probably noticed the increased reports in the news regarding Hospital Acquired Infections (HAI), commonly referred to as nosocomial infections.

Long-Term Vascular Access
For long-term TPN patients, the vascular access catheter is critical for the successful infusion of nutritional needs on a daily basis.

Common Feeding Tube Complications
Percutaneous feeding tubes are a safe and reliable method for delivering nutrition. Find out how to effectively deal with the most common complications that can occur.

Celebration of Life Circle: Craig Wheeler
Craig Wheeler is an example of how far determination and ingenuity can take you when faced with the unexpected.

New Consumer Focused Website Launched
Coram and Apria have launched a new website geared specifically toward TPN and tube feeding consumers — WeNourish.com.

An Interview with Coram’s President, Dan Greenleaf

The Importance of Being Prepared
Natural disasters have a devastating impact on individuals and the community. They can be particularly difficult for patients with a chronic medical condition that requires intensive therapy in the home

He’s a TPN Lovin’ Bear
This one is from the ‘just when you think you’ve heard it all’ files...
Dear Consumers,

As the President of Coram, I want to share some exciting news with you. Over the past few months we have been busy making several enhancements to our TPN program. In 2008, we created the TPN Center of Excellence with the goal of developing additional programs and products for our consumers, physicians and referral sources. The Center’s hard work resulted in the creation of the brand new Nourish Nutrition Support Program™ that we launched in mid-December of last year.

The program’s goal is to ‘nourish’ both the mind and body. It is a combination of all the original TPN and tube feeding products and services you expect, with several new enhancements as well. Aside from a new look and feel, we have made every component of our program even more patient focused with new patient support materials, a new website — WeNourish.com — as well as online patient training and education tools. We are excited about the program and are confident you will be too. As you become familiar with the Nourish program, I encourage you to let us know your thoughts.

The Nourish team has prepared a number of helpful and interesting articles for you; in fact, with so much great information, they decided to combine the Winter and Spring issues into one extended length newsletter. You will learn a bit more about me and my thoughts on Coram’s TPN program in an interview that appears in this issue. There is also a very informative article on avoiding infection as well as an interesting piece on the importance of vascular access. In addition, there is funny but equally informative article about the importance of keeping your formula in a secure location. The team also included a brief piece detailing the new components of the WeNourish.com website and you will meet the newest Circle Award winner, Craig Wheeler. Finally, Dr. DeLegge provides an extremely helpful article on enteral access management.

As a final note, going forward, Celebrate Life will feature Guest Editors for each issue. Every newsletter will focus on a particular topic and our Guest Editor will be an authority on the topic we are exploring. We have such a talented team of professionals and they have much to share with you to help make your nutrition support experience a positive one.

I hope you enjoy this issue of Celebrate Life and wish you a rewarding 2009!

Take care,

Dan Greenleaf
President, Coram, Inc.
Keeping Yourself Safe in 2009: Infection Avoidance

As the winter months continue, the threat of colds and flu increase. Many of you have probably noticed the increased reports in the news regarding Hospital Acquired Infections (HAI), commonly referred to as nosocomial infections. According to the Centers for Disease Control, a nosocomial infection is one that is acquired during the course of treatment within a healthcare setting.

by Betsy Rothley, MSN, FNP
Transmission of the Organism

The “bug” that causes the infection

Contact transmission can occur between two patients or by direct transmission of the organism from one patient to another by a healthcare provider. Indirect transmission can occur by transmission through intermediate objects, such as stethoscopes, contaminated gloves/gowns, instruments or needles. Droplet transmission is the transfer of the organism through coughing, sneezing or talking. Airborne transmission can occur through ventilation systems.

This sounds quite scary, but these transmissions are daily occurrences and only become active if certain factors exist to make the patient more susceptible. Age, state of health, prior utilization of anti-infectives in the past two months, and an immunocompromised state leave patients exposed to a higher chance of occurrence.

Prevention

If you are in the hospital, you may be asked to be a participant in a simple test to see if you are already carrying the organism or have been infected within the first 24 hours of your stay. The test is often performed by nasal swab. If you are carrying the organism, you will often be prescribed a nasal topical anti-infective for application. If you are infected, you will often be placed in a room by yourself or with another patient who is also infected. These precautions help to decrease the further spread of these difficult infections.

What Can You Do to Avoid Infection?

Hand washing is the number one prevention for the spreading and occurrence of an active infection. Plain soap is okay to use, antimicrobial soap is a bit better and alcohol-based products are the most effective in eliminating the transmission of microorganisms.

Caregivers should wash their hands after touching bodily secretions, including blood, urine and saliva. They should also wear a gown, gloves, and masks as necessary. Hands should be washed immediately after taking off gloves and before and between contact with patients. You should feel comfortable asking your caregiver if they have washed their hands prior to coming into contact with you!

If You Are Infected —

Should you worry about casual contact with your friends and family?

If your friends or family are in good general health, casual contact like hugging, kissing and touching does not pose a problem.

continued on page 16
For long-term TPN patients, the vascular access catheter is critical for the successful infusion of nutritional needs on a daily basis. If the catheter breaks, is accidentally dislodged, becomes blocked or becomes infected, this may result in unexpected hospitalization or an urgent catheter replacement procedure. The good news is that there are steps you can take to minimize these occurrences, or prevent them from taking place.

Catheter infection rates are much lower in the home infusion setting than the hospital. Typical catheter infection rates in the hospital range from three to seven per 1,000 catheter days for Intensive Care Unit (ICU) patients, to one to three per 1,000 catheter days for patients not in an ICU. Home infusion catheter infection rates range from 0.26 to 1.0 infections per 1,000 catheter days.

The much lower rate of catheter infections in the home is attributed to a variety of reasons:

- Less exposure to bacteria
- Less exposure to multiple caregivers
- Conscientious catheter care provided by patients
Common Feeding Tube Complications

by Mark H. DeLegge, MD, Medical Director, Coram, Inc., Professor of Medicine, Medical University of South Carolina

Having a percutaneous (through the skin) feeding tube such as a percutaneous endoscopic gastrostomy (PEG), a surgical gastrostomy or a jejunostomy can provide a method for delivering nutrition, medications and fluids in a safe and reliable fashion.

However these same tubes, especially at the entry point into the abdomen (stoma), require care and maintenance to minimize complications such as pain, bleeding, leakage or infection. The timeframe right after the feeding tube is placed is the point where you have the greatest risk of complications. However, complications can develop at any time.

Infection can develop in the skin around the feeding tube. With that you may experience pain around the tube, redness and drainage of secretions that are often colored tan, green or yellow. The skin surface may be warm or hot to the touch. If infection occurs you should notify your physician and/or nurse since they may prescribe an antibiotic.

Infections can be avoided by providing good care to this area. For the first 72 hours after feeding tube placement, the skin around the feeding tube should be cleansed with hydrogen peroxide, dried and covered. To cover the skin around the feeding tube, use a “notched” or tracheostomy sponge (gauze covering, 4x4 dressing). This dressing is placed over the external bolster of the feeding tube if one exists (Figure 1). If you do not have a notched sponge, take an ordinary 4x4 dressing and cut a notch half way through the dressing so it can be placed around the feeding tube. The external bolster is usually in the shape of a circle or a bar. Do not place the dressing underneath the external bolster.

If you have a skin-level device (low-profile device) you will not have a tube attached to it unless you decide to leave it attached all the time. In these cases, the dressing can be placed directly over the low-profile device and it can be removed when you wish to access the device with the feeding connection tubing. After 72 hours, the skin around the feeding tube may be cleaned with simple soap and water. You may also want to apply a skin moisturizer if this area becomes dry. It is not necessary to continue to cover this area with a sponge unless you want to keep your clothes clean from any secretions that may ooze up around the tube.

Pain and leakage of fluids around the feeding tube may occur as a result of the external bolster (if you have one) lying too tightly against your abdominal wall (Figure 2). You will notice that there are markings on your feeding tube in centimeters (Figure 3). The external bolster
Common Feeding Tube Complications

should be placed initially by your physician around the feeding tube and near the abdominal wall. It will be placed at a certain centimeter mark on the tube, often 3cm to 5cm. Sometimes the external bolster will be placed between centimeter markings which is okay. Wherever the external bolster is placed you should note its location.

With the tube held vertically from your abdominal wall you should be able to place your index finger comfortably between the external bolster and the abdominal wall (Figure 4). This distance should be true for all body positions (lying, sitting or standing). If the external bolster is too tight, it will cause excessive pressure on the abdominal wall. In these cases, the external bolster should be loosened (ask your physician or nurse). If the bumper is left in too tight a position it will cause excessive pressure on the abdominal wall resulting in pain, poor stoma healing, leakage of gastrointestinal secretions around the tube and possibly infection. If you have a low-profile device, your index finger should fit between the device and the abdominal wall in all body positions. If it is too tight it will need to be changed by your physician for a longer length low-profile device.

Over time with a feeding tube you may gain some weight, especially if you lost weight before feeding tube placement. In these cases the external bolster or low-profile device that previously fit well may now be too tight and require repositioning or replacement. Please contact your physician or nurse in these situations.

Problems can also arise if the external bolster slips up the feeding tube, since there are many centimeter markings between the external bolster and the abdominal wall. If this occurs, the external bolster is too loose. In this situation, the tube can now move forward through the stoma tract into the stomach or small intestine causing ulcers or blockages of the stomach or small intestine. In this case, the external bolster should be replaced at the previous centimeter marking where it was a comfortable index finger width from the abdominal wall. If you do not feel comfortable repositioning the external bolster, contact your nurse or physician to assist you.
Pain at the skin site around the feeding tube, or stretching of the stoma site, can also occur from a feeding tube pulling continuously on the skin surface. The feeding tube may dangle from the abdomen or be taped to the abdominal wall in the same position causing stress and tension on the stoma. Stretching of the stoma by the feeding tube can lead to pain, infection and gastric or small intestinal leakage onto the abdominal wall skin surface. In order to prevent this from happening, the feeding tube should never be allowed to dangle freely from the abdominal wall. The feeding tube should be secured to the abdominal wall gently with tape, an adhesive clamp or another fixation device. The feeding tube should be secured in a different position on the abdominal wall each day to prevent too much tension from being exerted on one spot of the stoma tract.

If the stoma tract stretches and leaks gastrointestinal contents onto the abdominal wall, you can develop severe inflammation of the skin around the feeding tube. In order to protect your skin surface you may need to apply a skin barrier cream, such as zinc oxide, daily around the tube. Also, if this is a PEG or gastrostomy tube, your doctor may place you on acid suppressing medications to keep your stomach’s acid from burning your skin surface. If the stoma becomes too loose and the secretions on the abdominal wall too great, the tube will need to be removed and placed at another skin site so the original stoma site can heal. Placing a larger feeding tube through the stoma tract does not help.

One other complication of feeding tubes is the growth of tissue around the feeding tube at the stoma site on the skin surface. This tissue is often pink or red and is sometimes referred to as “proud tissue.” This tissue can bleed and sometimes be painful. The tissue can develop as a normal body reaction to the presence of a feeding tube. You can apply steroid cream (e.g. Hydrocortisone cream) to the tissue to “shrink it.” Sometimes your physician may need to burn or cut this tissue away.

A feeding tube is often a tremendous help to the health and quality of life for many people. Proper care and maintenance of the tube and stoma tract, knowledge of what problems can occur and how to prevent or treat them can dramatically improve the effectiveness and safety of the feeding tube.
Craig Wheeler is an example of how far determination and ingenuity can take you when faced with the unexpected. On parenteral nutrition (TPN) for four years, Craig’s TPN journey is only a fraction of his health story. His battle with his health began long before his introduction to TPN.

At the age of 28, Craig underwent open-heart surgery to repair a dissecting aneurysm of the descending aorta. At that time, doctors diagnosed Craig with Marfan’s Syndrome, a genetic weakness of the body’s connective tissues that usually affect the aorta. A few years later he suffered from another dissecting aneurysm of his ascending aorta and underwent a second open-heart surgery. And at age 40, he experienced a massive aneurysm of the abdominal aorta; once again undergoing surgery this time to replace his entire abdominal aorta with an artificial graft.

“All I have left of my own aorta now is the actual arch,” commented Craig. “I had a very complicated course post surgery, but thankfully I have no permanent side effects.”

A year later, a fungus growing inside the artificial aorta caused a blood clot resulting in the loss of 90% of his small bowel and 30% of his large bowel. Very ill after his surgery, Craig had to undergo a tracheostomy and multiple endoscopies which affected his ability to swallow. This, combined with Short Bowel Syndrome, caused him to be placed on TPN for nutrition support. He currently receives chronic TPN – three liters over 12 hours daily in addition to one liter of normal

“I’m a simple person with a complicated body – but I have a wonderful life and will continue to appreciate all of the little things in it.”
saline for hydration. Fortunately, his swallowing capabilities returned and he is now able to eat a variety of foods for pleasure even though he cannot absorb the nutrients. “TPN has really helped me regain my weight and strength which has allowed me to do the things I love most,” says Craig.

Craig’s health struggles unfortunately continued when he experienced yet another aneurysm on the aortic root that caused his heart valve to fail. His valve was then replaced with a mechanical valve. He now has a PICC line and takes blood thinners to prevent future clots.

Despite the numerous challenges he has experienced, Craig keeps his spirits up by staying as active as possible. Between medical issues, and when he is feeling well, he takes the time to do what he enjoys most — travel. During a recent trip to Maui he even got to snorkel and take in the sights of the amazing underwater sea life. Craig used a waterproof cuff to cover his PICC line so that he could swim without worrying about contaminating his site. It worked like a charm and allows him to participate in other water activities as well.

“I appreciate my health so much!” said Craig. “For me, my heart and intestinal problems are related, and treating me for either means considering both. I’m a simple person with a complicated body — but I have a wonderful life and will continue to appreciate all of the little things in it.”
Coram and Apria recently launched a new website geared specifically toward TPN and tube feeding consumers and their healthcare professionals. WeNourish.com provides online training and education for patients as well as numerous resource links and materials regarding TPN and tube feeding care.

WeNourish.com is part of the new Nourish Nutrition Support Program now available to our nutrition consumers. Nourish emphasizes the high-quality service and patient centered approach we offer patients and caregivers. The program seeks to:

- Nourish the body and mind (through the appropriate provision of nutrition therapy)
- Nourish consumer-driven, compassionate healthcare
- Nourish consumer education and independence
- Nourish industry advances in enteral and parenteral nutrition

The new website is patient-focused and makes it easier to locate the information consumers and caregivers are looking for. New features of the site include an interactive blog, narrated online tutorials and downloadable educational materials in English and Spanish, resource links to helpful organizations, a listing of consumer events and more!

Visit WeNourish.com to experience all the new features!
An Interview with Coram’s President, Dan Greenleaf

During our February Consumer Conference Call*, I had the pleasure of interviewing Coram’s President, Dan Greenleaf and asked him some questions concerning his decision to join the company, the role of the patient in healthcare decisions and the direction healthcare will take over the coming years. As you will see, Dan is incredibly focused on enhancing the experience of our nutrition consumers and encourages direct feedback in order to continuously improve our program offerings.

– Linda Gravenstein, Coram Partner

Q. In early 2008, you made the decision to join Coram. What interested you in the company?

A. Coram is the best in the world in the area of specialty infusion and patient support, and has a dynamic, passionate and committed team. At the time I joined, we had also recently teamed up with Apria to achieve our long-term goals of offering full support for our customers for all their healthcare needs – not only all aspects of home infusion, comprehensive disease management and specialty pharmacy, but also access to the most sophisticated home medical supply and oxygen programs in the nation.

I also believe that therapies will become more and more complicated in the future. More diseases will be treated with multiple products and as a result, a physician’s office alone will not have the specialized experience to do this type of work, while Coram will. If we can offer our customers the independence of receiving their therapies, training and supplies in the home, where they work and where they travel, we have increased their quality of life. Coram excels at this, and this alone made my decision to join the company an easy one.

Q. What role do you see patients taking in their healthcare in the coming years?

A. I believe healthcare is moving toward a more patient-centric approach. Growing up, relationships with our physicians were very asymmetric — one of the most exciting and compelling things in this day and age is the patient becoming more integrated in this relationship. Our customers are making more decisions about their healthcare and they want to be independent while still living full lives. This is why we are dedicated to providing tools that enhance our customers’ access to information and patient education and allow them to take a proactive role in their health and well-being. This is why we have given over a million dollars, and offered our full support to the Oley Foundation and their efforts for over 20 years! This is also why we continuously offer new programs and resources for our TPN and tube feeding nutrition consumers – tools that will help them lead better, more independent lives. The idea of the patient being more in the center of the decision-making process is here now and will only be enhanced in the future.  

*Find out about upcoming Consumer Conferences Calls on page 18.
An Interview with Coram’s President, Dan Greenleaf (continued from page 13)

Q. Speaking of new resources – can you tell us a little about the new Nourish program for consumers and caregivers?

A. Nourish speaks a lot to our organization. Coram is dedicated to continuously providing excellent clinical and patient care, but as I mentioned, we also continuously look for ways to enhance our program. Our ‘Nutrition Center of Excellence’ team came together in 2008 to gain feedback from our TPN and tube feeding customers and to provide them with additional products and services, and our new Nourish program is an excellent example of this. We have added some great new tools such as our WeNourish.com website and 877.WeNourish hotline to provide our customers with what they told us they wanted most. One of the most exciting things about the program is our new patient education portal, which already has interactive tutorials and downloadable materials, and will soon have video components as well. Online education furthers our goal of supporting our customers when and where they need it.

Q. Will there be additional opportunities for TPN consumers to communicate with you?

A. Yes. I enjoy hearing from our customers and learning about their experiences with our program. Our monthly teleconference series is a great forum for this. I attended the February 17 call and really enjoyed speaking with everyone. I encourage people to dial in to the next call and look forward to hearing from you! ♦

If we can offer our customers the independence of receiving their therapies, training and supplies in the home, where they work and where they travel, we have increased their quality of life.
The Importance of Being Prepared
by Vicki Emch and Cynthia Reddick

Natural disasters have a devastating impact on individuals and the community. They can be particularly difficult for patients with chronic medical conditions requiring intensive therapy in the home, such as tube feeding and TPN. These individuals are at increased risk during a disaster since they are dependent on clean water, electricity and delivery of supplies for their survival. The patient and his or her caregiver depend on the expertise of their homecare company to help guide and support them through disaster situations.

Hurricanes, fires and snow storms provide some level of warning, but earthquakes and tornados do not. Understanding how to react to each type of disaster is important; therefore, disaster preparedness should be an area of focus for any homecare company to assure that a plan specific for the tube feeding and TPN patient is created and maintained. This plan should be reviewed frequently with all levels of the organization to ensure that the team can take action quickly to assist patients in need.

To do this successfully, the homecare company should have a well thought out emergency preparedness plan that takes into account the special needs of the home tube feeding and TPN patient, and have a routine practice session to ensure the validity of the plan.

Coram and Apria have comprehensive disaster preparedness programs. In February 2009, our nutrition staff even presented a best practices poster on disaster preparedness at the prestigious American Society for Parenteral and Enteral Nutrition (A.S.P.E.N.) conference in New Orleans, Louisiana. To see a full copy of the poster, visit WeNourish.com, in the Healthcare Professionals Clinical Research section.
When at home, remember to take the following precautions to help avoid infections:

- Wash hands frequently with soap and water.
- When drying hands, use a cloth or linen towel only ONCE.
- Remember to wear gloves (and have caregivers wear a gown) when excessive amounts of body fluids are present.
- Change and wash linens regularly, particularly when soiled.
- Be sure that your home and bedroom are routinely cleaned; especially when the area becomes soiled with body fluids.
- Always remember to notify healthcare workers/providers and other doctors when you have been diagnosed with an infection such as MRSA, VRE or a multidrug resistant organism.

Great focus is being applied to decreasing inappropriate antibiotic exposure in our healthcare community. This alone will decrease resistance as new drugs are introduced for care measures. The goal of avoidance is awareness, as well as taking a proactive approach to diminish exposure and transmission. Remember that when it comes to infection avoidance, you are one of the first lines of defense. ♦

You can take steps to minimize the chance of developing a catheter infection by:

1. Ensuring that your catheter dressing is intact at all times. If the edges are loose enough to allow air to reach the insertion site, bacteria can also reach the site.
2. Keeping the catheter insertion site dry at all times. Ensure that the catheter dressing is covered completely during bathing and swimming. Change the dressing if perspiration leads to a loose dressing as described above.
3. Keeping an injection cap secure on the end of your catheter at all times. This creates a physical barrier to bacteria that may enter the catheter itself.
4. Cleansing the injection cap with an alcohol pad for at least 15 seconds before attaching a syringe or tubing. This adequately removes any soil or bacteria that may be on the surface so it is not pushed into the catheter when connected.
5. Notifying Coram and/or your physician if your catheter site becomes red, sore, swollen or has drainage. These may be signs that an infection is developing at the site of the catheter insertion. Treatment of the infection may prevent it from traveling into your bloodstream.

Remember, you are a very important member of your healthcare team and have the ability to improve your health by following these simple guidelines. Please contact your Coram nurse or pharmacist if you have any questions about your catheter. ♦
The husband of one of our TPN consumers called and spoke with our pharmacy manager, Carol Lenzen, to say that a black bear had climbed onto their porch, opened the refrigerator and drank two bags of his wife's TPN! He was calling because he needed two replacement bags.

I called the husband to follow-up on his wife's progress and to find out more about this “TPN-lovin’ bear.” It seems the bear did quite a bit of damage to the refrigerator — bending the door while trying to get it open. He or she (who wants to get close enough to find out?) tore into the bag with its teeth, consuming both the lipid and the non-lipid portions of one bag. The bear was scared off while consuming the second bag. However, it also had gotten into steak, cubed beef, apples and oranges — going for a multi-course meal! This omnivorous mammal returned a few nights later, looking very healthy, but by then the refrigerator was empty (and now at the dump) and the bags of TPN were safely stored in the house refrigerator.

– Karen Youket, RD, Dietitian. Coram, Asheville, NC

Thoughts from Coram Clinical Directors Peggy Clinton, RN, Wanda Rogers, RPh and Melinda Parker, MS, RD:

Storing a refrigerator on a back or side porch exposes it to external elements that will impact the unit from maintaining the appropriate temperatures inside. It is recommended that all TPN be stored in a refrigerator unit inside a home. The security of your medications is essential. Make sure you not only store them at the correct temperature, but maintain the solutions in a safe environment, safe from children, pets and other furry friends!
Coram Consumer Conference Call Series

Coram is a consumer-focused company that strives to educate and empower the consumers it serves. Our Consumer Conference Call Series is a great way to share, listen and learn about topics that affect TPN and tube feeding consumers. You never have to leave your home, and there is never a charge for participating.

How to Join a Call:

- Call 866.418.5399
  Please join five minutes before the call is scheduled to begin

- Enter the access code 3036.7287.26 when prompted

Upcoming Calls

All calls are held on Tuesday evenings at 7:00 EST.

March 17, 2009
Speaker: Betsy Rothley, RN, MSN, FNP, BC
Topic: Managing Your Pain

April 21, 2009
Speaker: Dr. Lyn Howard, MB, FRCP, FACP
Topic: A Look at the Past, Present and Future of the Oley Foundation by Co-Founder Dr. Lyn Howard

May 19, 2009
Speaker: Lisa Johnson, RD, LD/N and Linda Gravenstein, Coram Partner
Topic: The Great Escape: Tips for Successful Travel with HPEN

June /July 2009
Have a wonderful summer! Our consumer educational series will resume in August.

Puzzler

caregiver  
celebrate  
change  
clinician  
consumer  
Coram  
Coram Partner  
diet  
dietitian  
enteral  
family  
friends  
home care  
home PN  
infusion  
lifestyle  
nutrition  
Oley  
opinion  
options  
parenteral  
resources  
strength  
support  
therapy  
treatment  
winter
Consumer Contacts

Celebrate Life
To submit stories, comments and suggestions for Celebrate Life:

  Email  celebratelife@coramhc.com

877.WeNourish (877.936.6874)
To speak to a TPN or tube feeding representative.

WeNourish.com
- General information about the Nourish Nutrition Support Program™
- Patient Education resources and events
- Clinical research and resources
- Local Coram branch maps and information

Coram Partner
To reach your dedicated consumer advocate:

  Linda Gravenstein, Coram Partner
  Toll-free  877.WeNourish (877.936.6874)
  Cell  832.296.7188
  Email  gravensteinl@coramhc.com

Conference Call Series
With questions regarding call times, topics, etc.:

  Linda Gravenstein, Coram Partner
  Toll-free  877.WeNourish (877.936.6874)
  Cell  832.296.7188
  Email  gravensteinl@coramhc.com