OUR LADY OF THE LAKE REGIONAL MEDICAL CENTER			
Policy Manual:	**Pharmacy**	**Section:**	Patient Care Services
Title:	**Parenteral Nutrition (PN)**	**Policy Reference #:**	PH-02-21
		Supersedes #:	
Date of Origination:	October, 1996	**Review Date:**	2/20/2020
Revision Date:	2/20/2020		

PURPOSE: To provide pertinent information regarding the administration of parenteral nutrition

DEFINITIONS:

Parenteral Nutrition: for the purposes of this document, refers to customized parenteral nutrition. The term parenteral nutrition will not be used to refer to pre-mixed intravenous nutrition products (e.g. Clinimix).

POLICY:

A. Prescribing
- **a.** When consulted by prescribers, the Pharmacy department and Nutrition services shall be responsible for initiating and monitoring parenteral nutrition.
- **b.** Pharmacists ordering parenteral nutrition will consult with nursing to confirm central line access prior to entering orders. If central access is not available, the pharmacist shall contact the prescriber to discuss additional measures.
- **c.** Basic serum chemistries should be current (within 24 hours). If chemistry results are not current, a stat order will be entered. Basic serum chemistries should be re-drawn at a minimum of every 72 hours while the patient is receiving PN until the patient is at goal nutrition and is stable on regimen for at least one week. Once achieved, basic serum chemistries may be drawn at a minimum of 1-2 times weekly.
- **d.** Parenteral nutrition orders for adult patients are to be entered into the electronic medical record by 1300 daily. The standard hang time is 2000.
    - i. Orders for new PN and orders for changes to existing PN received after 1300 will be processed to hang at 2000 the following day.
    - ii. If the PN infusion has been completed prior to the next scheduled 2000 infusion, a physician's order must be obtained to hang an alternative fluid (e.g. Dextrose 10%, Clinimix®) until the next PN infusion can be prepared and delivered for the standard 2000 hang time.
    - iii. Should any component of the PN currently infusing be changed, including but not limited to electrolytes removed and/or decreased, a new order shall be entered into the electronic medical record with the necessary changes. This order should also include an interim fluid such as Dextrose 10% or Clinimix® with a prescribed rate until the modified PN order can be hung at the next standard hang time of 2000.
- **e.** All PN orders must be entered into the electronic medical record. During downtime procedures, a pre-printed order form should be used.
- **f.** Continued use beyond the initial PN order requires a new PN order daily.
- **g.** A maximum dextrose concentration of 10% may be used for peripheral PN.

h. The pharmacist should contact the prescriber to replace electrolytes when they are out of range.
i. The pharmacist should contact the prescriber to clarify the need for concurrent fluids while the TPN is hanging.

B. Preparation
a. Parenteral nutrition solutions are to be prepared and dispensed by the Our Lady of the Lake (OLOL) inpatient pharmacy.
b. Parenteral nutrition with volumes greater than 500mL will have 50mL of overfill.

C. Administration
a. Intravenous parenteral nutrition is to be administered only by a registered nurse.
b. Parenteral nutrition solution along with the administration set and filter shall be infused and discarded within 24 hours of the administration set being attached.
c. An IV pump is required to administer the therapy.
d. The parenteral nutrition catheter line shall not be used for central venous pressure monitoring.
e. When no other route can be obtained for IV piggyback or IV push medications, compatibility should be verified with pharmacy prior to administration.

REFERENCES:

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