

PARENTERAL NUTRITION PRESCRIPTION CHART

100 kg actual bodyweight if BMI ≤ 25, and 100 kg ideal body weight if BMI > 25

Date: _____ PN Start Date: _____

Actual weight: _____ Ideal weight: _____ BMI: _____

Indication: _____

Goal/Aim of PN treatment: provide 25 kcal/kg by day 8 of feeding

Refeeding risk assessment: No risk/at risk/high risk/severe risk (see refeeding protocol for further guidance on monitoring and treatment)

Route with dedicated PN line: PICC / Central

Line insertion date.....TYPE.....

The position of a central line or PICC must be confirmed by chest x-ray prior to TPN starting.

Chest X-ray checked, signature: _____ Date: _____

Patient Name: _____

Hospital No: _____ DOB: _____

Consultant: _____ Ward: _____

PN can cause severe metabolic disturbances!

It is the primary team's responsibility to ensure that **biochemistry monitoring** takes place according to the protocol (see over)

Prescriber's signature: _____ Date: _____

Print prescriber's name: _____ Bleep: _____

Bags should be administered sequentially e.g. Day 1, 2, 3, 4, 5. A bag should not be missed out, regardless of date.

Date and time commenced	Day of feeding	PN bag	Total volume of bag* (ml)	Volume to be given	Rate of infusion (ml/hr)	Number of hours infusion to run	Rest period	Na+ (mmol /24 hr)	K+ (mmol /24 hr)	Additional instructions
	1	11 g Kabiven	2053	676	28	24	Nil	21	16	Please note:
	2	11 g Kabiven	2053	1351	56	24	Nil	42	31	Volume given may be less than total bag volume.
	3	11 g Kabiven	2053	1892	79	24	Nil	59	44	
	4	11 g Kabiven	2053	1892	79	24	Nil	59	44	Bags should only be hung for 24 hr. Discard any remaining PN in the bag after 24 hr.
	5	11 g Kabiven	2053	1892	79	24	Nil	59	44	
	6	11 g Kabiven	2053	1892	79	24	Nil	59	44	PN giving sets can be clamped but AVOID disconnection. If PN is disconnected, bag must be discarded and notify Pharmacy
	7	11 g Kabiven	2053	1892	79	24	Nil	59	44	
	8 onwards	14 g Kabiven	2566	2566	107	24	Nil	80	60	

*Volume is volume of TPN bag without added micronutrients. Volume with micronutrients added = +20ml. Use same infusion rate for bags +/- micronutrients.

Please contact the Dietitians (bleep Emma, 8069 or Vicky 8384) if:

- 1) On feeding, serum phosphate drops significantly. Refeeding hypophosphatemia is defined as PO₄ < 0.65 mmol/L or a drop of > 0.16 mmol/L (ensure Pabrinex is prescribed).
- 2) Propofol is running > 10 ml/hour.
- 3) Your patient no longer requires TPN.

DAY OF REGIMEN	Day.....	Day	Day	Day	Day	Day.....	Day
Date	Date	Date	Date	Date	Date	Date	Date
DOCTOR TO PLEASE SIGN							
Bloods checked and signed	Dr to sign here	Dr to sign here	Dr to sign here	Dr to sign here	Dr to sign here	Dr to sign here	Dr to sign here
Fluid balance checked (IVI stopped/decreased according to rate of PN)	Dr to sign here	Dr to sign here	Dr to sign here	Dr to sign here	Dr to sign here	Dr to sign here	Dr to sign here
NURSE TO PLEASE SIGN							
Bag has been warmed up to room temperature (2hrs)							
PICC bundle completed and dressing in date							
Blood sugars checked. (Every 6hrs including 1 hour into rest period until stable on PN, then daily. Or as per patient's diabetic regimen)							
Bag name (e.g. Kabiven 11g) checked on actual PN bag and cover, and matches prescription overleaf							
Batch No. and expiry date of bag							
Batch No. and expiry date on label							
Attach PN to dedicated purple port on PICC line							
Is opaque cover on PN bag?							
Nurse signature connecting PN							
Nurse signature checking PN							
Start Time							
Finish time							

For Biochemistry monitoring please request 'TPN bloods' on blood form: these consist of FBC (EDTA, purple topped tube), U&E + Mg + PO4 + Ca (clotted yellow topped tube).

Baseline Test	TPN profile, LFTs and C-Reactive Protein (CRP)
1st Week	Daily TPN bloods and TG + CRP twice or three times a week if appropriate
2nd Week onwards	If the patient is well and stable – TPN profile twice a week; otherwise daily bloods as clinical