|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PARENTERAL NUTRITION PRESCRIPTION CHART 45 kg actual bodyweight if BMI ≤ 25, and 45 kg ideal body weight if BMI > 25****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** | Triomel 14g | 2000 | 240 | 10 | **24** | **Nil** | 9 | 7 | **Please note:** |
|  | **2** | Triomel 14g | 2000 | 480 | 20 | **24** | **Nil** | 17 | 14 | **Volume given may be less than total bag volume.** |
|  | **3** | Triomel 14g | 2000 | 720 | 30 | **24** | **Nil** | 25 | 22 |
|  | **4** | Triomel 14g | 2000 | 720 | 30 | **24** | **Nil** | 25 | 22 | **Bags should only be hung for 24 hr. Discard any remaining PN in the the bag after 24 hr.** |
|  | **5** | Triomel 14g | 2000 | 720 | 30 | **24** | **Nil** | 25 | 22 |
|  | **6** | Triomel 14g | 2000 | 720 | 30 | **24** | **Nil** | 25 | 22 | **PN giving sets can be clamped but AVOID disconnection. If PN is disconnected, bag must be discarded and notify Pharmacy** |
|  | **7** | Triomel14g | 2000 | 720 | 30 | **24** | **Nil** | 25 | 22 |
|  | **8 onwards** | Triomel 14g | 2000 | 960 | 40 | **24** | **Nil** | 34 | 29 |

**Please contact the Dietitians (bleep 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** **Date**  | **Day**.……. **Date** ……... | **Day ….…** **Date** ……... | **Day** …….… **Date** …….. | **Day** .…… **Date** …... | **Day** …….… **Date** ….….. | **Day**.…….… **Date** ….….. | **Day** ….…… **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**   |  |  |  |  |  |  |  |
| **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. Triomel 14g) 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  |