|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PARENTERAL NUTRITION PRESCRIPTION CHART 75 kg actual bodyweight if BMI ≤ 25, and 75 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 | 408 | 17 | 24 | **Nil** | 14 | 12 | **Please note:** | |  | **2** | Triomel 14g | 2000 | 816 | 34 | 24 | **Nil** | 29 | 24 | **Volume given may be less than total bag volume.** | |  | **3** | Triomel 14g | 2000 | 1128 | 47 | 24 | **Nil** | 39 | 34 | |  | **4** | Triomel 14g | 2000 | 1128 | 47 | 24 | **Nil** | 39 | 34 | **Bags should only be hung for 24 hr. Discard any remaining PN in the the bag after 24 hr.** | |  | **5** | Triomel 14g | 2000 | 1128 | 47 | 24 | **Nil** | 39 | 34 | |  | **6** | Triomel 14g | 2000 | 1128 | 47 | 24 | **Nil** | 39 | 34 | **PN giving sets can be clamped but AVOID disconnection. If PN is disconnected, bag must be discarded and notify Pharmacy** | |  | **7** | Triomel14g | 2000 | 1128 | 47 | 24 | **Nil** | 39 | 34 | |  | **8 onwards** | Triomel 14g | 2000 | 1632 | 68 | 24 | **Nil** | 57 | 49 |   **Please contact the Dietitians (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 |