



Parenteral Nutrition Ancillary Orders

Infusing parenteral nutrition (PN) can be challenging in the long-term care (LTC) environment. In addition to the PN solution orders, several necessary ancillary orders are needed when infusing PN. If one is unfamiliar with writing these required orders, appropriate monitoring of the PN infusion – including but not limited to, lab, vital signs, weight, and glucose – may not occur and could contribute to adverse patient outcomes.

This Monthly Resource provides a Parenteral Nutrition Ancillary Order sheet that is a comprehensive and appropriate order set with the following categories:

- Vascular access devices for PN
- Administration/filter set, needleless connector, and dressing changes
- “Hang time” of PN solutions
- Infusion of D10W if PN not available
- Vital signs, intake/output, weight, fingersticks, and lab monitoring

If you have any questions, please do not hesitate to contact your Remedi SeniorCare pharmacist.

References:

Infusion Nurses Society. *Infusion Nursing: An Evidenced-Based Approach*. Ed. M Alexander, et al. 3rd ed. St Louis: Saunders/Elsevier, 2010.

Infusion Nurses Society. "Infusion Nursing Standards of Practice." *Journal of Infusion Nursing* 34.(suppl 1S) (2011).

Parenteral Nutrition (PN) Ancillary Orders

Resident Name: _____

Facility: _____

1. Infuse PN solution via a Central Vascular Access Device (CVAD) or PICC only.
 - **NOTE:** Proper tip placement of the CVAD/PICC **must** be confirmed prior to initiating PN infusion.
 - A lumen of the CVAD/PICC **must** be dedicated for PN use only.
 - Fat emulsion solutions infusing separately may be administered via peripheral vascular access device, as appropriate.
2. Primary Administration Set changes (**all administration sets are changed immediately if the integrity of the product is compromised**):
 - Every 72 hours for 2-in-1 PN **without** fat emulsion piggybacked into PN solution (0.2 micron filter admin set).
 - Every 24 hours for 2-in-1 PN **with** fat emulsion piggybacked into PN solution (0.2 micron filter admin set).
 - Every 24 hours for 3-in-1 PN **with** fat emulsion mixed into PN solution (1.2 micron filter admin set).
 - Every 24 hours for fat emulsion solutions (No filter required for fat emulsion administered separately).
3. Needleless connector changes: every 72 hours and immediately if the integrity of product is compromised.
4. CVAD/PICC dressing changes:
 - TSM dressing: every seven (7) days and immediately if the integrity of the dressing is compromised.
 - Gauze dressing: every 48 hours and immediately if the integrity of the dressing is compromised.
5. Discard PN solution containers within 24 hours. Discard separate fat emulsion containers within 12 hours.
6. For any delay in PN, infuse 10% Dextrose at ordered PN rate until next solution container is available.
7. If unable to infuse PN via CVAD/PICC, insert a peripheral vascular access device, infuse 10% Dextrose at current PN rate, and notify physician.
8. Flush CVAD/PICC with 20 mL 0.9% Normal Saline flush in between each bag of PN and/or fat emulsion and/or prn to maintain catheter patency.
9. I & O daily. Notify physician if urine output < _____ mL/8 hours.

Nurse Signature: _____

Date/Time: _____

Physician Signature: _____

Date/Time: _____

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Facility: _____

10. Weigh every _____.

11. Vital signs every _____.

12. Notify physician if temperature > 101° F, chills, or changes in vital signs.

13. Fingertstick glucose checks every ____ hours. Notify physician if BS < 60 mg/dL or BS > _____ mg/dL.

14. Lab work (with recommended frequency):

- | | | |
|---|-------|---------------|
| <input type="checkbox"/> Fasting Blood Glucose | _____ | (Weekly) |
| <input type="checkbox"/> Serum Electrolytes, BUN/Creatinine | _____ | (1 - 2x/Week) |
| <input type="checkbox"/> Calcium, Magnesium, Phosphorous | _____ | (2x/Week) |
| <input type="checkbox"/> CBC with Differential | _____ | (Weekly) |
| <input type="checkbox"/> PT/PTT or INR | _____ | (1 - 2x/Week) |
| <input type="checkbox"/> TIBC/Iron | _____ | (Weekly) |
| <input type="checkbox"/> Liver Function Tests | _____ | (1 - 2x/Week) |
| <input type="checkbox"/> Triglycerides | _____ | (Weekly) |
| <input type="checkbox"/> Prealbumin or Albumin (circle one or both) | _____ | (1 - 2x/Week) |
| <input type="checkbox"/> Plasma and Urine Osmolality | _____ | (1 - 2x/Week) |
| <input type="checkbox"/> Ammonia | _____ | (1 - 2x/Week) |

Nurse Signature: _____

Date/Time: _____

Physician Signature: _____

Date/Time: _____