



**LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER**

SUBJECT: PARENTERAL NUTRITION

POLICY NO. 386

CATEGORY: Provision of Care	EFFECTIVE DATE: 9/03
POLICY CONTACT: Jennie Ung, PharmD	UPDATE/REVISION DATE: 12/21
REVIEWED BY COMMITTEE(S): Pharmacy & Therapeutics, Nutrition	

PURPOSE:

To define an interdisciplinary approach to providing parenteral nutrition (PN) to patients unable to meet their nutrition needs enterally, when indicated.

POLICY:

Harbor-UCLA Medical Center will provide accurate and timely total parenteral nutrition (TPN) and peripheral parenteral nutrition (PPN) support to admitted patients.

Management of PN therapies is interdisciplinary, involving providers, pharmacists, dietitians, and nurses.

- Providers are responsible for placing PN orders, monitoring patient response to therapy, and ordering appropriate laboratory tests for monitoring.
- The pharmacist and clinical dietitian provide recommendations regarding initiation of therapy, macro- and micronutrient content of the solution, laboratory value interpretation, and conversion to other means of nutrition support when indicated.
- Nursing staff is responsible for catheter management, verifying the prescription, and hanging dextrose or other intravenous solution as ordered by the provider if the PN solution is emergently discontinued or not renewed according to policy.

PROCEDURE:

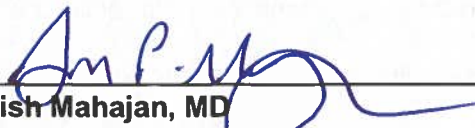
A. Ordering

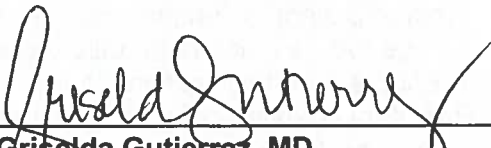
1. Provider places order for PN on preprinted order form. The completed form must be submitted to the pharmacy by 2PM PST for same day processing. Pharmacy enters the order into the electronic health record. Consultation with the clinical dietitian and/or pharmacist prior to initial order is strongly encouraged to verify appropriateness of PN therapy, optimize patient safety and minimize adverse outcomes.
2. For premature neonates weighing less than 1800 grams, requiring immediate start of PNs, the providers may order starter PNs (Vanilla PNs) anytime throughout the day. NICU Starter PN or

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APPROVED BY:


 Anish Mahajan, MD
 Chief Executive Officer
 Chief Medical Officer


 Griselda Gutierrez, MD
 Associate Chief Medical Officer


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 Chief Nursing Officer



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"Vanilla" PN's may be ordered by providers using eHR. These starter PN's (available 24/7 in the main pharmacy) are for the **first bag** only. The subsequent NICU PN orders must be placed on the paper order form.

B. Compounding

1. PN formulations are compounded through an approved, centralized contract pharmacy facility.
2. Formulations are typically available for patient administration at the Harbor-UCLA campus by 9PM.

C. Monitoring Guidelines

1. Provider is responsible for placing initial and subsequent laboratory orders for monitoring.
2. The pharmacist and clinical dietitian, as part of routine patient management, review laboratory values and make appropriate recommendations for PN adjustment directly to the provider and/or in the patient's medical record when indicated.
3. Nursing staff weighs patients daily or as ordered for assessment of response to therapy.
4. Nursing staff provides catheter care according to Infection Control policies and procedures.

D. Renewals

1. Renewal orders or PN change orders must be ordered daily.
2. Provider must complete a preprinted order form for any modification to PN formulation (e.g., any macronutrient, micronutrient, medication alteration, etc.).
3. Pharmacist enters PN order in the electronic health record.
4. The completed PN form must be submitted to the pharmacy by 2PM PST for same day processing.
 - a. For orders not received in the Pharmacy by 2PM PST, the pharmacist pages the provider responsible for the care of the patient to notify him/her of the need for a renewal order. The pharmacist follows this reporting protocol until a provider is reached (i.e., resident, Chief Resident, Fellow, Attending provider, and Department Head).
 - b. **Not receiving a renewal order by 2PM in the Pharmacy may cause a failure or delay in procuring PN from the contract pharmacy compounder. Any medications being given via PN solution will also be delayed unless the provider places an order to provide these medications separately.** Medications that may be included in the TPN/PPN solution include H-2 blockers, insulin, and vitamins.
 - c. Nursing staff substitutes appropriate dextrose solution (adults: 10% for TPN, 5% for PPN, or as ordered by the provider; pediatrics: as ordered by provider) at the same rate as the PN was infused or at rate specified by provider.

E. Discontinuation of Therapy

1. When a patient no longer requires PN therapy, the provider discontinues the order, which is to include the parameters for tapering to prevent hypoglycemia (e.g., tapering the formula by 50% for 1-2 hours prior to discontinuation).
2. Provider places an order for any medications being provided via PN solution to be given via another route if medication still required.
3. Provider places an order for any necessary adjustment in intravenous fluids, enteral nutrition regimen, or oral diet as appropriate based on change in patient condition.
4. Provider orders blood glucose monitoring as necessary.



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F. Discrepancies After Hours

1. PN solutions delivered with an order discrepancy are referred to the provider.
2. Any unresolved PN discrepancy shall be handled in the following manner:
 - a. Nurse will hang appropriate dextrose solution (adults: 10% for TPN, 5% for PPN, or as ordered by the provider; pediatrics: as ordered by provider) at the same rate as the ordered PN or at rate specified by the provider.
 - b. PN solution will be returned to the Pharmacy for review by the pharmacist or pharmacy supervisor.

Refer to departmental policies for specific information related to discipline: Nutrition Services Policy #D011 and Nursing Policy #412.

Approved by Nutrition Committee 11/2021

Reviewed and Approved by:
Medical Executive Committee - 12/2021

A handwritten signature in cursive script that reads "Beverley A. Petrie".

Beverley A. Petrie, M.D.
President, Professional Staff Association