Parenteral Nutrition Nurse Administration – ieMR Workflow

Safety considerations

1. Parenteral Nutrition (PN) must be ordered by a medical officer or credentialed dietitian.
2. All Parenteral Nutrition must be ordered within the Parenteral Nutrition (TPN) Paediatric Power Plan. Tasks such as pathology, weights and BGL monitoring may also be ordered as part of the Power Plan and appear as nursing tasks on Care Compass.
3. PN, SMOFlipid and vitamin syringes will be ordered as continuous infusions without a bag duration (multiple bags can be administered against the order).
4. Commence PN within business hours following pharmacy and dietician review.
5. Rate changes for SMOFlipid component should align with bag changes to minimise impact to DERS programming which is for whole of cyclic infusion (i.e. over 20 hours).

Commencing PN components

Commencing bag- PN/ Lipid infusions

1. Navigate to **Care Compass** and select patient.
2. Check the patient ID using the **banner bar**.
3. Navigate to the Orders page to review the **Parenteral Nutrition (TPN) Paediatric Power Plan**. Read associated orders and check Patient Care/Laboratory/Consult referrals.
4. Navigate to the **Medication Administration Record (MAR)**. Hover over order sentences to review prescription and check component duration (e.g. 20 or 24 hours).
5. Prepare the infusion/s as per usual CHQ medication processes, labelling lines as per the National Standards for User-applied Labelling.
6. Tap off the ieMR device and proceed to the bedside.
7. Administration nurse to log on and open patient chart in ieMR. Check Encounter.
8. Verbally check and confirm patient name, DOB, URN, and allergy status with parent/carer/patient against the banner bar and ID band.
9. If new allergies are identified, enter the details. **Mark allergies as reviewed**.
10. Enter the **Medication Administration Wizard** and **scan** the patient ID band.
11. Tick the PN component/s to be administered from the list.
12. Click in the Results column of each selected component to open the **Medication Administration Window.** Check **Begin Bag** is displayed**.**
13. In each Medication Administration Window:
    - review the administration details
    - enter the site of administration e.g. CVL
    - add relevant comments
    - enter witness Novell ID, select OK and witness enters password.
14. Infusions are commenced as per CHQ medication administration procedures.
15. Administering nurse selects **Sign** verifying all components commenced.
16. Navigate to the **MAR** to review the commenced infusions. Refresh then note the action cell below the **Pending Task** blue tile has the **Begin Bag** information.
17. Exit the chart. Close ieMR and tap off device.

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Version 1 created by PSQS on 1 June 2018. This document expires on 30 June 2018

Parenteral Nutrition Nurse Administration – ieMR Workflow continued.

PN infusion rate change or ramp down rate adjustments

Review Order Sentence comments in the MAR for specific instructions for:
Rate Change, time off PN *or* ***ramp down rate.***

2. Navigate to **Care Compass** and select patient.
3. Confirm the patient ID using the **banner bar**.
4. Navigate to the **Medication Administration Record (MAR)**.
5. Select the blue **Pending tile** to open the infusion administration window.
6. Select **Rate Change** from the mini-menu:
   - reduce rate to reflect rate change or ramp down hour rate (if required)
   - add comment
   - enter the nurse witness and click **Apply**
   - nurse witness to enter password
   - select the green tick to verify.
7. If PN infusion is cyclic (running less than 24 hours per day), select **Rate Change** and reduce rate to 0 mL/hr until new infusion commenced (to ensure accuracy of FBC). Add comment.

PN – Infusion break and ending the bag/syringe

Review Order Sentence comments in the MAR for specific instructions for:
Break Times (clear phase, SMOFlipid and/or Vitamins) *or* ***Routine PN bag change times.***

1. Navigate to **Care Compass** and select patient.
2. Confirm the patient ID using the **banner bar**.
3. Navigate to the **Medication Administration Record.**
4. Select the blue **End Bag** tile to open the window.
   - Document an **Infuse** or **Waste** volume
     (Remember, an Infuse volume will add to the fluid balance). Add comment.
   - If PN infusion is ending, select **Rate Change** and reduce rate to 0 mL/hr until new infusion commenced (to ensure accuracy of FBC). Add comment.

   You will receive an alert that the Rate does not match the order.
   Select YES to acknowledge the alert and proceed.
5. Click **Apply** and select the green tick to verify.

Discontinue/disconnect or recommence PN component

Select and follow the appropriate workflow to:

- To **discontinue** the infusion (as the PN is a CONTINUOUS infusion), change the rate to 0mL/hr to ensure FBC remains accurate.
- To **disconnect** the patient from the infusions, end the bag using the above process.
- To **recommence** the infusion, increase the rate to prescribed rate using the above process.

Important information

1. **Parenteral nutrition (PN)** is the preferred term because the Parenteral Nutrition provided is commonly a supplement to enteral nutrition.
2. **Total parenteral nutrition** (**TPN**) is the term used when PN is the only source of nutrition the patient is receiving.
3. PN (**Clear phase**) should only be given **via** a **Central Venous Access Device**, except for PN 20/100 (10% glucose appropriate for peripheral venous administration).

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