Prescribing PN CHECKLIST

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The **American Society for Parenteral and Enteral Nutrition** (A.S.P.E.N.) champions the best evidence-based practices that support parenteral nutrition (PN) therapy in varying age populations and disease states. The appropriate use of this complex therapy aims to maximize clinical benefit while minimizing the potential risks for adverse events.

The **purpose of this checklist** is to promote safe practices by prescribers in developing optimal PN prescriptions using the best practices available.

- □ Inform patient and caregivers of the risks and benefits associated with PN.
- Evaluate, clearly define, and accurately document the patient's medical problem(s) and appropriate indication(s) for PN based on published evidence.
- **Specify and document PN therapeutic goals and monitoring parameters including:**
 - O Energy and protein goals
 - O Monitoring parameters and frequency of monitoring
 - Fluid requirements
 - Serum electrolytes
 - Serum glucose
 - Hepatic function
 - Renal function
 - Serum triglycerides
 - Assess vascular access
 - O PN therapy end points, response to treatment, and treatment failure.

Prescribe PN in a medication safety zone to minimize errors.

Use a standardized PN order format including a standardized sequence of PN components.

- O PN order elements:
 - Patient named or other identifier
 - Birth date and/or age
 - Allergies and associated reactions
 - Height and dosing weight (metric units)
 - Diagnosis/diagnoses
 - Indication(s) for PN
 - Administration route/vascular access device (peripheral vs central)

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- Prescriber contact information
- Date and time order submitted
- Administration date and time
- Volume and infusion rate
- Infusion schedule (continuous or cyclic)
- Type of formulation (dextrose/amino acids with separate infusion of IVFE or total nutrient admixture)
- O PN components:
 - Adults ordered as amounts/day
 - Pediatrics ordered as amounts/kg/day
 - Neonates ordered as amounts/kg/day
 - A dose for each macronutrient
 - A dose for each electrolyte ordered as a complete salt form
 - A dose for multivitamins
 - A dose for individual vitamins, if ordered
 - A dose for multi-trace elements
 - A dose for individual trace elements, if ordered
 - A dose for insulin, if ordered
 - A dose for non-nutrient medications, if ordered
- Use CPOE to prescribe PN
- Avoid handwritten orders
- Avoid verbal and telephone orders
- When a CPOE system is not available, PN should be prescribed using a standardized order template as an editable electronic document in order to avoid handwritten orders.
- □ Prescribe home/alternative site PN therapy using a home/alternative site PN-specific order/ template that allows for multiple days of therapy and reflects trends in laboratory values.



For full recommendations, rationale, and references, go to Ayers P, Adams S, Boullata J, Gervasio J, Holcombe B, Kraft M, et al. A.S.P.E.N. Parenteral Nutrition Safety Consensus Recommendations. *JPEN J Parenter Enteral Nutr. 2014;38: 296-333.*

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