

Proposal for New Parenteral Nutrition Protocols at UWMC

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BACKGROUND

A preliminary chart review of 2019 medical/surgical patients at UWMC was conducted to determine current practice related to parenteral nutrition (PN). The findings include:

- Duration of PN less than 5 days
- Low threshold for initiation of PN, if patient had recently received PN
- Equivocal protocols surrounding NPO status
- Absence of malnutrition diagnosis and severity by surgical teams
- Disregard of ASPEN guidelines

These findings suggest inappropriate PN use, and the medical surgical interprofessional teams should consider revising and adopting new PN protocols to reduce risk of PN complications.

Appropriate PN Use is need to reduce Complications, including

- > Hyperglycemia
- > Hypertriglyceridemia
- > Refeeding Syndrome
- > Gastrointestinal mucosal atrophy
- > Translocation of gut microorganisms
- > Electrolyte Imbalances

PROPOSED PROTOCOLS

Nutrition Assessment
-Completed by an RD within 24 hours of consult

-Malnutrition risk/diagnosis identified using ASPEN criteria

Communicate the Malnutrition Diagnosis or Risk
-RD documents malnutrition risk status

-RD documents supporting evidence of malnutrition severity

-MD documents malnutrition and severity in progress note and adds to problem list

Nutrition Care Plan and Intervention

-Collaborative practice agreement between nutrition and medical/surgical teams

-RD involved with PN order/indications/recommendations

-Communicate nutrition care plan with team members on multidisciplinary patient care rounds

-Nutrition care plan created and documented; goals identified

Determine PN Appropriateness
-In consult and communication with nutrition team

-PN Initiations identified and evidenced by ASPEN PN appropriateness criteria

-RD paged and consulted if PN appropriate

IMPLEMENTATION of PROCESS

- Education for medical/surgical teams regarding ASPEN guidelines
- Information sheets listing indications and contraindications for PN use
- Internal audit for markers of incorrect PN use including financial burden to hospital (cost of PN, access, CLABSI, nursing/pharm)
- An interdisciplinary team to facilitate changes and guide streamlined process
- Clear and consistent documentation of malnutrition diagnosis by medical/surgical teams (use of universal screening tool in place?)
- When discrepancy arises between health care teams - Documented evidence or rationale for type nutrition support and why deemed necessary