HYPERALIMENTATION THERAPY & MONITORING

POLICY STATEMENT:

Total Parenteral Nutrition is provided to patients upon physician’s order and monitored utilizing an interdisciplinary approach.

PURPOSE:

To provide nourishment to patients who are unable to orally or enterally meet their nutritional needs, and to monitor and assess its effectiveness.

SPECIAL INFORMATION:

A. Patient candidates for Hyperalimentation.
   1. Patients with severe, moderate to severe malnutrition, and/or a catabolic state who are unable to eat or have an inactive GI tract.
   2. Patients who have the potential to become malnourished because of a catabolic state and who are unable to eat or have an inactive GI tract for greater than three days.
   3. Patients who are unable to eat, but have a functioning GI tract and have contraindications for placement of a feeding tube.
   4. Patients must have a treatable medical or surgical condition that warrants aggressive nutritional support.
   5. Patients must be able to have a central venous catheter placed.

B. Functions and responsibilities of each involved discipline.
   1. The Physician
      a. Provides documentation in the patient’s medical record to support the decision to initiate Hyperalimentation therapy as well as the decision not to initiate Hyperalimentation therapy.
      b. Is responsible for the overall activities of each discipline.
      c. Is responsible for placing the central line.
      d. Orders the Hyperalimentation solutions, substrates and additives based on patient’s nutritional needs on a daily basis.
      e. Monitors the patient for response to therapy and complications.
Hyperalimentation Therapy & Monitoring - Page 2

2. The Pharmacist
   b. Serves as a resource on tools and techniques for Hyperalimentation administration, drug-nutrient interactions and drug dosage form alterations.

3. The Registered Nurse
   a. Serves as a resource on tools and techniques for administering nutrition support.
   b. Is responsible for assisting with the central line placement, catheter site care, and fluid and medication administration. Hyperalimentation bags are changed daily at 1800 and will not hang longer than 24 hours.
   c. Monitors and records blood glucose levels, weights, and intake and output.
   d. Provides emotional support to patients and families before and during nutrition support therapy.

4. The Dietitian
   a. Provides nutritional assessment of the patient to determine nutritional status and needs.
   b. Designs, recommends, and monitors parenteral nutrition regimens
      -Calculates calories and protein needed in relation to amount provided by Hyperalimentation, interal, and oral nutrition daily until goal is reached, then 3 times weekly
      -Monitors nutrition related labs
   c. Monitors transitional feedings from parenteral to enteral or oral, and enteral to oral

5. All disciplines participate in discharge planning and provides education to patients, family and health team members when appropriate.

6. Good communication among all disciplines involved is essential.

REFERENCES:

Pharmacy Policy 5.04
Food and Nutrition Services Policy & Procedure Vol. IV – Meal Service/Feedings #24
BDC: Maibidity and Mortality Weekly Report Aug 2002

P:\CAREPT\cpt4.39r2.doc