Infusions – Ordering TPN

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Key messages:

There are 2 TPN ordersets:

1. Parenteral Nutrition (TPN) – Adult INITIATION: to be used on Day 1 when commencing TPN therapy.
2. Parenteral Nutrition (TPN) – Adult MAINTENANCE: to be reordered each day, for ongoing therapy.

Note: If patient is in **ICU**, search and order TPN outside the TPN ordersets

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Ordering TPN on Day 1

1. Navigate to "Orders and Referrals" and click ➕ Add
2. Type into the search field "Parenteral" or "TPN" – this will display the **Parenteral Nutrition (TPN) - Adult INITIATION** orderset
3. Select the orderset
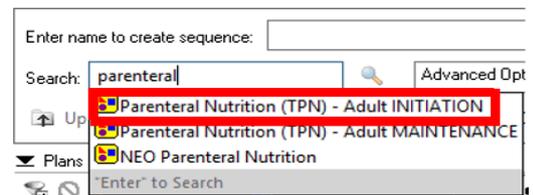
4. Several Patient Care and Pathology orders have been pre-ticked as per policy. These can be unticked or modified if required.

5. There is also information on electrolyte additives for reference:

The below table indicates the maximum concentration of electrolytes that can be added to a Baxter TPN bag. If a higher dose is required, consider a sideline bag. Seek advice from ICU pharmacist if required.

1.5 L High Protein		2 L High Protein and Low Protein	
Na	178 mmol	Na	228.5 mmol
K	187 mmol	K	240 mmol
Mg	10 mmol	Mg	12 mmol
Phos (inorganic)	4.5 mmol	Phos (inorganic)	6 mmol

6. Select the required TPN formulation order. Right click on the order and select Modify.

7. The Rate for High Protein TPN bags has been pre-defined as 42 mL/hr. This can be changed if required. If ordering a Low Protein TPN bag, the Rate will have to be entered.

Note: The Infuse Over time is automatically calculated based on the Bag Volume and Rate. This indicates the time at which the bag will be empty, not when the TPN should be stopped. The Infuse Over time will therefore exceed the maximum hang time of 24 hours, and should be ignored. Only the Rate will display on the MAR for nursing staff to see. Nursing staff will also get an alert at the 24 hour mark as a reminder to take down the TPN infusion.

8. If additives are required click the Additive icon

9. Search for and select the appropriate additive(s), then click "Done".

   Note: you can add <u>all</u> required additives from this window before clicking Done.

   The "TPN" suffix is used for TPN additives only.
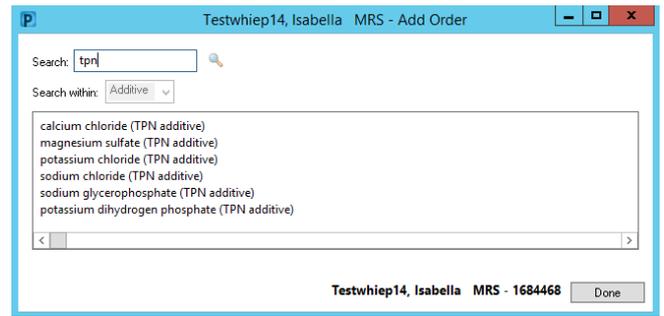
10. Enter the Additive Dose field including units

11. Navigate to the Order Comments tab.

    The Order Comments state: ***MAX HANG TIME OF 24 HOURS***

   Note: If ordering **CYCLIC TPN**, the prescriber should modify this Order Comment to indicate a hang time of 16 hours:

12. Navigate to the Details tab.

    The Duration is pre-defined as "1 bag". This should not be modified.

13. If ordering **CYCLIC TPN**, change the First Dose time to 1800. Please note this will not automatically discontinue the order at this time – it acts as a reminder to nursing staff.

14. Select [Orders For Signature] and [Sign]

15. Refresh and review order on the MAR in the Continuous Infusions section.

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Digital Health
Quick Reference Guide

Infusions – Ongoing TPN Therapy

1. Navigate to "Orders and Referrals" and click ➕ Add

2. Type into the search field "Parenteral" or "TPN" – this will display the **Parenteral Nutrition (TPN) - Adult MAINTENANCE** orderset

3. Select the desired orderset.
   Note: Pathology orders are pre-set to be taken at 6am the following day.

4. To add the TPN infusion order select "Add to Phase" then "Add Order".

5. Type into the search field "TPN" – this will display all TPN formulations. Select the most appropriate one and click "Done".

6. Modify the order and add additives as required
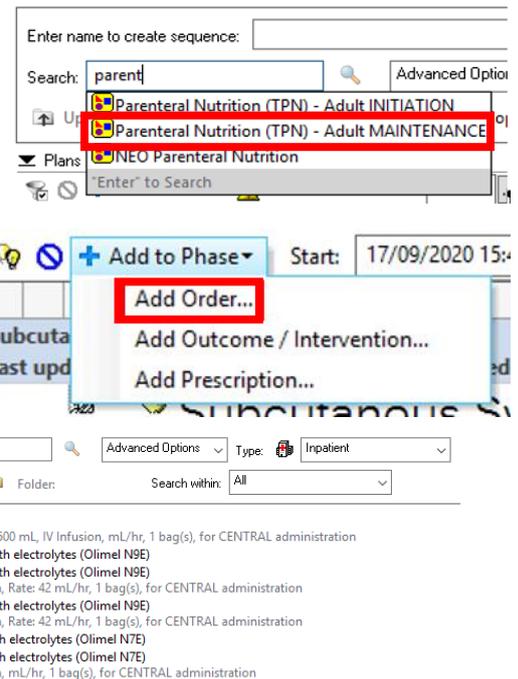
   Note: The Adult Maintenance orderset should be re-ordered each day for TPN therapy.

Infusions – Discontinuing TPN Therapy

1. Navigate to "Orders and Referrals" and find the TPN orderset under the "View" tab

2. Active ordersets will have a status of "Initiated".

3. Right click on the orderset and select "Discontinue".

4. A window will display with all components of the orderset that remain active. Click "OK"

5. Complete mandatory discontinuation reasons for each order, and Sign. The orderset will now have a status of "Discontinued".

6. Always review the MAR to ensure orders have been discontinued as intended.