69. PARENTERAL NUTRITION

Standard

69.1 The administration of parenteral nutrition shall be initiated upon the order of a physician or a prescriber authorized by the rules and regulations promulgated by the state Board of Nursing.

69.2 Protocols and procedures for administration of parenteral nutrition shall be established in organizational policies and procedures and practice guidelines.

69.3 The nurse shall have validation of competency in the knowledge and protocols for administration of parenteral nutrition.

69.4 The nurse shall identify the patient by using at least two identifiers including, but not limited to, date of birth or photographs, prior to initiation of therapy or procedure; neither identifier may be the patient’s room number.

69.5 Documentation in the patient’s permanent medical record shall include, but not be limited to, access device, parenteral nutrition formulation, additives, volume, rate, complications, patient assessment, and response to therapy.

69.6 Infusion-specific filtration and an electronic infusion device (EID) shall be used for administration of the parenteral nutrition.

69.7 Aseptic technique and Standard Precautions shall be observed.

Practice Criteria

A. The nurse should collaborate with the physician, pharmacist, and dietitian on the development and implementation of the nutrition plan of care.

B. Parenteral nutrition solutions containing final concentrations exceeding 10% dextrose and 5% protein, pH less than 5 or greater than 9, and osmolality greater than 600 mOsm/L, should be administered through a central vascular access device with tip placement in the vena cava (see Standard 38, Catheter Selection).

C. Parenteral nutrition solutions in final concentrations of 10% dextrose or lower and 5% protein or lower should not be administered peripherally for longer than 7-10 days unless supplementation with oral or enteral feeding is provided concurrently to ensure adequate nutrition (see Standard 38, Catheter Selection).

D. Parenteral nutrition solutions should be infused or discarded within 24 hours once the administration set is attached.

E. Parenteral nutrition solutions should be removed from refrigeration 1 hour prior to infusion in order to reach approximate room temperature.

F. Parenteral nutrition solutions not containing intravenous fat emulsion (IVFE) should be filtered with a 0.2-micron filter during administration.

G. Parenteral nutrition solutions containing an intravenous fat emulsion (IVFE) should be filtered with a 1.2-micron filter during administration.

H. Parenteral nutrition solutions should be compounded in the pharmacy using sterile technique under a horizontal laminar flow hood (see Standard 22, Stability and Compatibility of Parenteral Products).

I. Medications added to parenteral nutrition solutions prior to administration of the solution should be assessed for compatibility (see Standard 22, Stability and Compatibility of Parenteral Products).

J. Medications added to parenteral nutrition solutions should be documented on the label affixed to the infusate container (see Standards 22, Stability and Compatibility of Parenteral Products; and 68, Parenteral Medication and Solution Administration).

K. Medications should not be added to the parenteral nutrition solution once it is actively infusing.

L. Parenteral nutrition administration sets, whether central or peripheral, should be dedicated to these solutions.

M. Push or secondary intermittent medications should not be added to these infusion systems, with the exception of intravenous fat emulsion (IVFE), without verified compatibility (see Standard 22, Stability and Compatibility of Parenteral Products).

N. The nurse should monitor the patient for signs and symptoms of metabolic-related complications and electrolyte imbalances.

O. The nurse should monitor the patient for signs and symptoms of catheter-related complications.
70. TRANSFUSION THERAPY

Standard

70.1 The administration of transfusion therapy shall be initiated upon the order of a physician or a prescriber authorized by the rules and regulations promulgated by the state Board of Nursing.

70.2 Protocols and procedures for administration of transfusion therapy shall be established in organizational policies and procedures, practice guidelines, in accordance with state and federal regulations, and AABB standards.

70.3 The RN shall have validation of competency in the knowledge and protocols for administration of transfusion therapy.

70.4 The RN shall identify the patient by using at least two identifiers including, but not limited to, date of birth or photographs, prior to initiation of therapy or procedure; neither identifier may be the patient’s room number.

70.5 Informed consent of the patient or a legally authorized representative shall be obtained prior to the administration of transfusion therapy and shall be documented in the patient’s permanent medical record.

70.6 Documentation in the patient’s permanent medical record shall include, but not be limited to, access device; blood, blood component, or derivative; volume; rate; complications; patient assessment; and response to therapy.

70.7 Prior to the administration of blood, blood components, and derivatives, all of the following shall be verified: positive patient identification; appropriateness of therapy and administration setting; blood, blood component, and derivative compatibility; and the order of a physician or a prescriber authorized by the rules and regulations promulgated by the state Board of Nursing.

70.8 Validation by a second clinician or caregiver shall be employed in the positive identification of the recipient and the blood product.

70.9 Transfusion reactions shall require immediate nursing and medical intervention, and shall be reported according to organizational policies and procedures and practice guidelines.

70.10 Blood, blood components, and derivatives shall be filtered (see Standard 32, Filters).

70.11 Aseptic technique and Standard Precautions shall be observed.

Practice Criteria

A. The RN administering transfusion therapy should have knowledge and understanding of immunohematology, blood grouping, blood and its components, administration equipment and techniques appropriate for each component, transfusion reactions and nursing interventions, and the risks to the patient and the nurse.

B. Configurations for filter pore sizes should be available for standard, microaggregate, and leukocyte-depleting blood filters (see Standard 32, Filters).

C. The patient should be monitored for fifteen minutes after initiation of transfusion therapy and at established intervals throughout the transfusion period in accordance with organizational policies and procedures and practice guidelines.

D. Single units of blood and blood components should be administered within a 4-hour time period.

E. Administration of blood, blood components, or derivatives should be initiated within 30 minutes from the time of its release from transfusion services or blood bank or its removal from a controlled environment.

F. For the administration of transfusion therapy in an alternate care setting, all blood transported in...