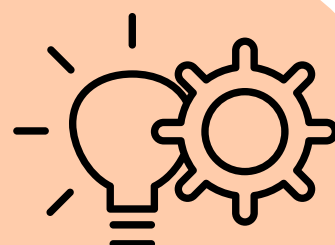


# NUTRITION TEAM REFERRAL PROCESS

## FOR TPN/PN/IV NUTRITION

### 1. PATIENT IDENTIFIED

Ward round have identified patient needs referred for TPN/PN. Clearly document this in the medical notes including rationale and end point



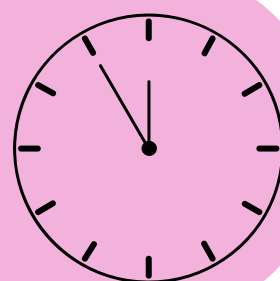
### 2. CONTACT NUTRITION TEAM

**Dietitian RAH** pager 56381 Phone 06808  
**Dietitian IRH** pager 51126 Phone 04313  
Nutrition nurses RAH + IRH pager 56589/56590  
Phone 07117 Mob 07795541727



### 3. REFERRAL CUT OFF TIMES APPROX 11:30AM

TPN prescriptions must be in before 12pm to allow bags to be made and transported from another site. Please refer to the nutrition team early to allow vetting and processing of requests



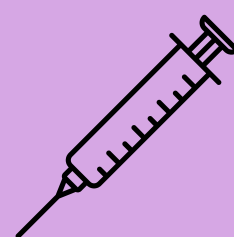
### 4. REFER ON TRAKCARE

All patients who require artificial nutritional support (PN/TPN) need referred to dietetics on trakcare. This can be either nursing or medical staff



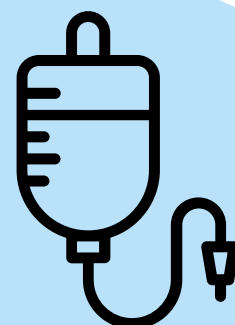
### 5. SCREEN FOR RE-FEEDING SYNDROME

Nutritional bloods should be taken daily and B vitamins prescribed as appropriate. See GGC Re-feeding guidance



### 6. ESTABLISH APPROPRIATE DEDICATED IV ACCESS

Central access is preferable and should be established for any patient requiring longer term TPN. Peripheral access can be used in the short term



### 7. PRESCRIBE TPN ON HEPMA

TPN needs added to HEPMA to allow nursing staff to sign when administered. All TPN bags commence at 6pm and run for 24h



### 8. MONITOR

Continue to monitor and replace re-feeding electrolytes as appropriate. Monitor for signs of line infection.

