**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