**Neonatal Parenteral Nutrition - Nursing Checklist**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date:** |  |  |  |  |  |  |
| **Day of Life/Gestation:** |  |  |  |  |  |  |
| **Day of NPN:** |  |  |  |  |  |  |
| **Working Weight:** |  |  |  |  |  |  |
| **Central Line (length):** |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Prescription:** | Day  | Night  | Day  | Night  | Day  | Night  | Day  | Night  | Day  | Night  | Day  | Night  |
| * NPN prescription signed?
 |  |  |  |  |  |  |  |  |  |  |  |  |
| * Additional fluids prescribed on main drug chart? (if required)
 |  |  |  |  |  |  |  |  |  |  |  |  |
| **Aqueous Bag changed?** (every 48hrs) |  |  |  |  |  |  |
| **Lipid/Vits Syringe + Line changed?** (every 24hrs) |  |  |  |  |  |  |
| **Additional Fluids changed?** (every 48hrs) |  |  |  |  |  |  |
| **Main Line Changed?** (every 96hrs) |  |  |  |  |  |  |
| **Plan for titration:** |  |  |  |  |  |  |
| * Enteral Feed Rate?
 |  |  |  |  |  |  |
| * Aqueous Bag weaned?
 |  |  |  |  |  |  |
| * Lipids/Vits weaned?
 |  |  |  |  |  |  |
| * Additional Fluids weaned?
 |  |  |  |  |  |  |
| **Monitoring:**  |  |  |  |  |  |  |
| * Blood Gas/Blood Sugar
 |  |  |  |  |  |  |
| * Daily bloods (as per guideline)
 |  |  |  |  |  |  |
| **Nurse’s Signature** |  |  |  |  |  |  |  |  |  |  |  |  |

* **Wean** additional fluids to 0 as enteral feeds increase.
* Once enteral feeds at 30ml/kg/day, wean lipid down to 15ml/kg/day.
* Enteral feeds at 60ml/Kg/day, wean lipid to 10ml/kg/day.
* Enteral feeds at 90ml/Kg/day, **stop** lipid.
* Titrate aqueous phase to total fluid allowance.
* **Stop** PN once tolerating 120ml/Kg/day enteral feeds or continue at 30ml/Kg/day and wean until tolerating 150ml/Kg/day of enteral feeds.