**Neonatal Parenteral Nutrition (NPN) – Quick Reference Guide**

1. **prescribing**

* Always use the baby’s **working weight**.
* Check current **blood results** and ensure any abnormal results are discussed with the Duty Consultant, before prescribing NPN.
* Select the correct NPN prescription proforma and complete all the required fields.
* Prescribe any **additional fluid** requirement on the fluid section of the baby’s drug chart.

1. **Administration**

* Ideally NPN should be started within **6 hours** of life or from confirmation of line placement.
* **DO NOT** commence NPN without the confirmation of correct line placement. Line placement needs to be documented in the medical notes.
* NPN should routinely be administered via a CENTRAL LINE ONLY.
* NPN should be removed from the fridge at least **1 hour** before use.
* **Aqueous** bag should be changed every **48hrs** and infused through a 0.2 micron filter.
* **Lipid/Vits** syringe + line should be changed every **24hrs**.
* Please note: Lipid/Vits volume is always included in the total fluid requirement.
* Ensure you select the correct type of Aqueous bag and complete the relevant patient details on the allocation sheet provided by Pharmacy.
* Stock options are SW Neonatal Bag 1 or 2. SW Neonatal Bag 3 may be ordered, if required. (Note: orders have 48 hour lead time).
* No medication should be infused via the same line as NPN without checking compatibility – contact Pharmacy (Bleep 3134), if any doubt.
* Bolus medication may be given, but only with a 2ml Sodium Chloride 0.9% flush, before and afterwards.

1. **weaning**

* As enteral feeds increase, wean all additional fluids (5% or 10% Dextrose) to zero, first.
* Once enteral feeds at 30ml/kg/day, wean lipid infusion down to 15ml/kg/day and then titrate aqueous phase to total fluid allowance.
* As enteral feeds increase to 60ml/kg/day, wean lipid infusion down to 10ml/kg/day and then titrate aqueous phase to total fluid allowance.
* As enteral feeds increase to 90ml/kg/day, stop lipid infusion and then titrate aqueous phase to total fluid allowance.
* PN can be **stopped** once tolerating 120ml/kg/day enteral feeds or continued at 30ml/kg/day and weaned until tolerating 150ml/kg/day enteral feeds.

1. **monitoring**

* **Daily bloods are mandatory**,and results must be reviewed before prescribing.
* Please see **Section 7** of the full NPN Guideline for details of exact requirements (in terms of parameter and frequency), noting special considerations.
* Blood glucose should be monitored 6-12hrly whilst increasing NPN and 12-24hrly once on full NPN and stable.
* Urine glucose should be checked daily.
* Weigh daily, if possible, for the first week then twice weekly.
* Measure OFC twice weekly.
* **Any derangement from the normal range must be discussed with the Duty Consultant, before prescribing NPN.**

1. **Obtaining Supplies**

* Supplies of SW Neonatal Bags 1 and 2, as well as Lipid/Vits syringes, are kept as stock in the NICU fridge.
* SW Neonatal Bag 3 may be ordered on request.
* All bag orders should be placed via Pharmacy (ext 4880), before 2pm Mon-Fri (48 hour lead time).
* Lipid/Vits syringes are drawn up in the Aseptic Unit, in weekly batches.