

NEONATAL PARENTERAL NUTRITION PRESCRIPTION

For use with SCAMP and SCAMP EF(electrolyte free)

Bespoke PN needs to be prescribed on Bespoke PN sticker

Date/Time (dd/m/yy hh:mm)				
Weight [kg]				
Total PN volume (ml/kg/day)				
Arterial infusions (ml/kg/day)				
IV infusions (ml/kg/day)				
Enteral feed volume ³ (ml/kg/day)				
Total(ml/kg/day) (a)				

Aqueous phase (max 75ml/kg/day for babies ≥37/40)

NB Aqueous bags changed every 48hours

Volume for Aqueous PN (ml/kg/day)	54/75/100/.....	54/75/100/.....	54/75/100/.....	54/75/100/.....
Specify SCAMP or SCAMP electrolyte free				
rate ml/hr				
sign				
To be completed by nurses				
Batch number				
Expiry date				
Administered by/checked by				
Start time/End time				

Lipid phase

NB Lipid changed every 24hours

SMOF with vits	Dose (g/kg/day)	1/2/3	1/2/3	1/2/3	1/2/3
	Volume (ml/kg/day)	6/12/18	6/12/18	6/12/18	6/12/18
(Max 1.9ml/hr)	rate ml/hr				
	Volume to be infused/day (ml)				
	sign				
To be completed by nurses					
Batch number					
Expiry date					
Administered by/checked by					
Start time/End time					

Glucose 5% (If clinically required)

OVERALL FLUID VOLUME ml/Kg/day (b)				
Max vol of Glucose 5% ml/kg/day (b- a)				
Max rate of Glucose 5% ml/hr (c)				

Prescribe Glucose 5% 500ml on infusion chart at a rate of 0.1 to c* ml/hr. If clinically required

If further electrolytes required these can be added to this bag or run as separate syringe driver

Routine Monitoring

Blood glucose 1-2 hours after start or change of PN Bag

pH, K⁺, Cl⁻ & Ca²⁺ daily during initiation and escalation then **twice weekly** thereafter

LFT's weekly

Triglycerides & PO4 - Daily whilst increasing dose then weekly once stable

Prescribing notes

1. Complete all sections for all patients daily
2. Complete all sections for standard PN. Electrolyte free is **not** used routinely but maybe considered in babies <25weeks/<750g/critical illness at request of neonatal consultant. Ensure rate/hr is calculated for the patient.
3. Include the enteral volume in the total once enteral volume greater than 30ml/kg/day.
4. Complete for All patients ensuring rate/hr is calculated for the patient.
5. Complete Glucose 5% section for all babies on PN to determine if a side arm of glucose 5% is required to ensure total fluid requirement is delivered.
6. Based on information in 4. calculate rate and volume of side arm required. Once calculated prescribe on infusion chart with a variable rate. Record all rate changes on Badgernet.
7. Bespoke PN is rarely required and should only be prescribed in discussion with neonatal consultant and Neonatal Pharmacist.

IF CALCIUM OR PHOSPHATE REQUIRED - PN MUST TEMPORARILY BE STOPPED

Full guidelines can be found on policy centre

Stick over complex Prescription area of Drug chart. Not valid as a stand alone prescription