

Review the required Parenteral Nutrition document and section in the book as described in the course outline and place your answers to the following questions in the Unit 1: Parenteral Nutrition dropbox by 0800 on January 13, 2023.

***In order to receive full credit (0.5H class time) for this assignment, it must be completed in its entirety by the due date/time assigned. Any assignment not completed in its entirety will result in missed class time.***

1. What are some important components to include in a nutritional assessment?
  1. Dietary history including food intake, assess weight history, factors that may affect food intake, any allergies, signs of poor nutrition and anthropometric measurements. Anthropometric measures include height, BMI, weight, and skin thickness.
2. What are the indications for TPN?
  1. Long term therapy of 3 weeks or more. Supplies a large quantity of nutrients if the patient needs a lot of calories per day. Promote wound healing and allows the bowels to rest. The last thing it does is reduce the activity of the pancreas.
3. What are potential labs that may be ordered on the patient receiving TPN or PPN?
  1. A blood draw to test for calcium, potassium, magnesium and phosphate. Blood sugar checks through a glucometer. Liver enzymes to test for liver dysfunction and ABG to check for metabolic acidosis.
4. How frequently should the TPN tubing be changed?
  1. Every 24 hours to prevent bacteria from growing.
5. Match the common central line catheter problems with the correct nursing action.

\_\_\_B\_\_\_ Clotted Catheter

\_\_\_C\_\_\_ Cracked tubing

\_\_\_D\_\_\_ Dislodged catheter

\_\_\_A\_\_\_ Infusion too rapid

- a. Use infusion pump, check rate, check pump
- b. Use alteplase as ordered
- c. Clamp tubing between patient and point of air entry
- d. Remove catheter and apply sterile pressure dressing