Unit 1: Parenteral Nutrition
ONLINE CONTENT (0.5 H)

Unit Objectives:

- Select appropriate nursing interventions to manage common problems and needs of critically ill patients. (1,6,)*
- Explain the indications, complications, and nursing management related to the use of parenteral nutrition. (1,2)*

*Course Objectives

Assignment:

Review the required TPN/PPN 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 1/10/2025.

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 and must be completed by the end of the semester to pass the course.

1. What are some important components to include in a nutritional assessment?
   Dietary history, weight history, signs of poor nutrition (dry scaly skin, brittle nails, hair loss, mouth crusting and ulceration, changes in tongue, decreased muscle mass,etc), anthropometric measurements (fat and muscle content)
2. What are the indications for TPN?
   Chronic severe diarrhea and vomiting, complicated surgery or trauma, GI obstruction, GI tract anomalies and fistulae, intractable diarrhea, severe anorexia nervosa, severe malabsorption, short bowel syndrome
3. What are potential labs that may be ordered on the patient receiving TPN or PPN?
   Creatinine height index, hematocrit, hemoglobin, serum albumin, serum transferrin, serum trigylcerides, skin sensitivity testing, total lymphocyte count, total protein screen, transthyretin, and urine ketone bodies
4. How frequently should the TPN tubing be changed?
   Every 24 hours
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