

Parenteral nutrition (PN) Intravenous for Adults (Kabi)

Who can administer

May be administered by registered competent doctor or nurse/midwife

Important information

- **Not routinely stocked in GUH- must be discussed between Dietetics and Pharmacy on an individual patient basis**
- **Strict aseptic technique** is vital when preparing PN - use a clean trolley with a sterile surgical sheet
- A DEDICATED CVC lumen must be used
- Excessively fast administration rate can lead to nausea, vomiting, shivering and electrolyte disturbances
- **PN must be prescribed** on the drug kardex
- Addition of **electrolytes can be fatal, DO NOT add unless on written advice of** an experienced PN pharmacist

Â	Kabi 6cÂ	Kabi 8C	Kabi 11C	Kabi 19C	Kabi 25C (fat free)	Kabi 5CÂ
Route of administration	Central line	Central line	Central line	Central line	Central line	Central lineÂ
Â	Content per bag	Content per bag	Content per bag	Content per bag	Content per bag	Content per bag
Total bag volume	2000mlÂ	2000mlÂ	2302ml	1000mlÂ	Â 2000ml	Â 1536ml
Nitrogen (g)	15	18	Â 18	11Â	Â 15	Â 9
Amino acids (g)	87.5Â	Â 105.1	Â 105.1	64.2Â	Â 87.5	Â 52.5
Total calories (kcal)	Â 2211	Â 1731	2211	1278Â	Â 1950	Â 1521
Non-protein calories (kcal)	Â 1861	Â 1311	1791	1021Â	Â 1600	Â 1311
Glucose calories (kcal)	Â 1000	Â 800	1060	500Â	Â 1600	Â 800
Lipid calories (kcal)	Â 861	Â 511	731	521Â	Â nil	Â 511
Non-protein calories/nitrogen ratio (kcal/g N)	Â 124	Â 73	Â 99.5	93Â	Â 107	Â 147.5
Sodium (mmol)	Â 80	Â 60	84.3	40Â	Â 72	Â 72
Potassium (mmol)	Â 80	Â 80	84	40Â	Â 60	Â 10
Magnesium (mmol)	Â 12	Â 12	12.2	5Â	Â 5	Â 1.5
Calcium (mmol)	Â 5	Â 5	7	2.5Â	Â 5	Â 5
Phosphate (mmol) (inclusive of SMOFLipid and Vitlipid)	Â 27.7	Â 30	25	15Â	Â 25	Â 7.7
Acetate (mmol) (from Aminoven 25)	Â 87.6	Â 105	Â 105	66.5Â	Â 87.6	Â 52.53
Chloride (mmol)	Â 127	Â 97	142.3	62Â	Â 92	Â 83.39
pH	Â no data	Â no data	Â no data	no dataÂ	Â no data	Â no data
Osmolarity (mOsm/L)(approx)	Â 1374	1274Â	Â 1302	Â 1596	Â 1678	Â 1255

Methods of intravenous administration

Continuous intravenous infusion (administer using an electronically controlled infusion device)

- Administer at a rate specified by dietitian - via Central Line only for regimens with 'C' in regimen name, e.g. Kabi 5C, 6C, 8C, 11C, 19C, 25C

Dose in adults

1: Normal dose

- The dose and rate of administration varies - consult dietitian for guidance for each individual patient
- Normally the rate is increased gradually during the first 24 to 48 hours, and is then adjusted depending on total volume to be given and the time over which it is to be administered

2: Out of hours Parenteral Nutrition (PN) guidelines

- This Out-Of-Hours guidance is for **CENTRAL PN administration ONLY** using Fresenius **Kabi PN 19C** (cannot be given via peripheral route).
- All patients requiring PN should have a dedicated central port for PN

If essential the following guidelines should be used

2(a): Normal weight patients
2(b): Malnourished (risk of refeeding) patients
2(a): Suggested PN Rates for NORMAL WEIGHT Patients (BMI 20-25)

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Â	Required feed	Rate
CentralÂ lineÂ ONLY	Kabi PN 19C	30mls/hr

- This rate provides approximately 720 mls = 920 kJals, 7.9g nitrogenÂ per 24 hours
- This will avoid serious underfeeding or overfeeding in normal weight patients, who are not at risk of refeeding syndrome. Refer to dietitian as soon as possible
- These rates should not be used for patients at risk of refeeding syndromeÂ

2(b): Suggested rate for MALNOURISHED patients who are at risk of refeeding syndrome

- Administer Pabrinex I + II once daily for 5 days 30 minutes before starting PN. Monitor electrolytes and supplement as required

Â	Day	Required feed	Rate
Central only	1	Kabi PN 19C	15 mls/hr x 24 hrs
Â	2	Kabi PN 19C	25 mls/hr x 24 hrs

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- Day 1 : KabiÂ PN 19CÂ 15mlsÂ per hour, for 24 hours (360ml/24 hours = 460 Kcal, 3.9g nitrogen per 24 hours)
- Day 2: KabiÂ PN 19CÂ 25ml per hour (600ml/24 hours =766kcal,Â 6.6 g nitrogen per 24 hours), until reviewed by a clinical dietitianÂ Â
- Chronically malnourished patients are at risk of refeeding syndrome e.g. chronic alcoholics, anorexia nervosa patients and patients unfed for seven to ten days with evidence of stress and depletion
- Giving these patients too much too soon can lead to potentially life-threatening abnormalities e.g hypophosphataemia , hypokalaemia and hypomagnesaemia

Monitoring

- Monitor water and electrolyte balance, serum osmolarity, triglycerides, acid/base balance, blood glucose, U&E's and LFT's throughout treatment
- Serum triglyceride concentrations must be checked twice weekly - see Parenteral Nutrition guidelines 2015 (Q pulse: CLN-DIET-054)

Further information

- Allergens: **Egg** protein, **fish, soya, nuts** - contact pharmacy for further details
- **Other formulations:** are available if requested by the Nutrition Department
- Erroneous information supplied by manufacturer yet to be confirmed in writing (*C non-protein energy 1321 kcal not 1311)

Storage

- Light protection recommended when in use - Red plastic covers provided
- Store in refrigerator
- If the bag has been out of the refrigerator **for more than 2 hours**- it must be discarded
- If it has been out of the refrigerator **for less than 2 hours before hanging**- it may be put back into the fridge
- Do not freeze

References

(1) Data on file from Kabi November 2017 (2) Communication with Dietetics Department UHG

Therapeutic classification

Intravenous nutrition