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 Dietietics and Pharmacy on an individual patient $\mbox{basis}\hat{A}$
- A terminal FILTER should be used for all patients receiving parenteral nutrition. Unless otherwise instructed by the dieticians use a 1.2micron Intrapur Braun filter REF 4099702. ORDER from SURGICAL STORESÂ ITEM CODE FTC326 (Updated 3 Dec 2024)
- 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
- PNÂ 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 Route of administration	Kabi 6cÂ Central line	Kabi 8C Central line	Kabi 11C Central line	Kabi 19C Central line	Kabi 25C (fat free) Central line	Kabi 5CÂ Central lineÂ
Total bag volume	2000mlÂ	2000mlÂ	2302ml	1000mlÂ	2000ml	1536ml
Nitrogen (g)	15	18	18	11Â	15	9
Amino acids (g)	87.5Â	105.1	105.1	64.2Â	87.5	52.5
Total calories (kcal)	2211	1731	2211	1278Â	1950	1521
Non-protein calories (kcal)	1861	1311	1791	1021Â	1600	1311
Glucose calories (kcal)	1000	800	1060	500Â	1600	800
Lipid calories (kcal)	861	511	731	521Â	nil	511
Non-protein calories/nitrogen ratio (kcal/g N)	124	73	99.5	93Â	107	147.5
Sodium (mmol)	80	60	84.3	40Â	72	72
Potassium (mmol)	80	80	84	40Â	60	10
Magnesium (mmol)	12	12	12.2	5Â	5	1.5
Calcium (mmol)	5	5	7	2.5Â	5	5
Phosphate (mmol) (inclusive of SMOFLipid and Vitlipid)	27.7	30	25	15Â	25	7.7
Acetate (mmol) (from Aminoven 25)	87.6	105	105	66.5Â	87.6	52.53
Chloride (mmol)	127	97	142.3	62Â	92	83.39
рН	no data	no data	no data	no dataÂ	no data	no data
Osmolarity (mOsm/L)(approx)	1374	1274Â	1302	1596	1678	1255

Methods of intravenous administration

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

• Administer at a rate specified by dietitican - 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 dietician 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).Â
- All patients requiring PN should have a dedicated central port for PN

If essential the following guidelines should be used 2(a): Normal weight patients2(b):

Malnourished (risk of refeeding) patients2(a): Suggested PN Rates for NORMAL WEIGHT Patients (BMI 20-25)

Â

Â	Required feed	Rate
Central line ONLY	Kabi PN 19C	30mls/hr

- This rate provides approximately 720 mls = 920 kcals, 7.9g nitrogen \hat{A} 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

Â

- Day 1 : Kabi PN 19C 15mls per hour, for 24 hours (360ml/24 hours = 460 Kcal, 3.9g nitrogen per 24 hours)
- Day 2: Kabi PN 19C 25ml per hour (600ml/24 hours =766kcals, 6.6 g nitrogen per 24 hours), until reviewed by a clinical dietitian 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, trigylcerides, 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)Â

Further information

- Allergens: Â Egg protein, Â fish, soya, nuts contact pharmacy for further details
- **Other formulations**:Â 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 -Â 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