

Parenteral Nutrition Order Entry Privileges for Registered Dietitians: Unique Approach to Improve Patient Outcomes (Poster)

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Parenteral Nutrition Order Entry Privileges for Registered Dietitians: Unique Approach to Improve Patient Outcomes

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Learning Outcome:

To recognize a process for parenteral nutrition ordering that incorporates the knowledge and expertise of the Certified Nutrition Support Dietitian/Clinician in the initiation and monitoring of safe and effective intravenous nutrition therapy.

Who We Are

- Largest academic community hospital in PA
- Largest Level 1 Trauma Center in region
- Certified Stroke Center
- Employees – 11,500
- Medical Staff – 1,200+
- Nurses – 2,334
- Magnet Hospital
- 163,000 ED visits
- 68,602 admissions
- 981 acute care beds
- 3 hospital campuses
- Revenues over \$2 Billion

Integrated System

Disease-specific templates for stress, pancreatitis, renal and liver dysfunction were created for neonates, children and adults. Based on the template selected, fields are populated utilizing clinical practice guidelines published by the American Society for Enteral and Parenteral Nutrition. Except for standard PN where only volume can be adjusted, changes can be made in any field as dictated by the patient's clinical status. CNSD/C's collaborate with the prescriber and pharmacist in the initiation and monitoring of PN.

Educational Resources

On-line educational resource tabs are built into each template for prescriber reference. Electronic PN order entry eliminates clerical error and enables the CNSD/C to be a vital player in this therapy.

The Problem

Provision of safe and cost-effective parenteral nutrition (PN) utilizing evidence-based research is essential to achieve positive patient outcomes. Physicians, physician assistants and nurse practitioners write PN prescriptions but often lack the skill set to initiate and manage this therapy. Many health care institutions and states deny order-writing privileges to the Registered Dietitian, relegating this professional to an advisory or consultant's role.

A Solution

An intranet-based PN ordering system designed and implemented in 2006, provided an interface between the PN software provider and the LVHN clinical system. The system could seamlessly incorporate patient age and weight specific criteria and evidence-based practices to assist prescribing, eliminate transcription and legibility errors and reduce mathematical errors.

Order-entry privileges were granted to Certified Nutrition Support Dietitians/Clinicians with final approval by the prescriber.

The screenshots illustrate the workflow for entering a PN order:

- Initial order entry screen with patient information and order type selection.
- Selection of a disease-specific template (e.g., 'ADULT STRESS STATE').
- Population of patient data (age, weight, height) and calculation of body surface area (BSA).
- Selection of PN components (Amino Acids, Dextrose, Lipids, Electrolytes) and their concentrations.
- Review of the order details and calculation of total volume and calories.
- Final review and submission of the order to the pharmacy.
- Confirmation screen showing the order has been placed.
- Final order summary and chart copy generation.

This screenshot shows the educational resources available for each PN order. It includes a 'CAUTION' box stating that height or weight needs to be changed after a template is selected. Below this are tabs for 'Fluid Recommendations', 'Caloric Recommendations', and 'DS 10% W/O'.

- Each PN order section includes age specific evidence-based references (ASPEN)

The Medical Record Copy and Product Label

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