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| Name of Policy: <u>Enteral and Parenteral Nutrition</u> Policy Number: 3364-104-310 Department: Clinical Nutrition Approving Officer: AVP Patient Care Services/CNO Responsible Agent: Chief Clinical Dietitian Scope: Clinical Nutrition |  Effective Date: 2/1/20 Initial Effective Date: 8/2002 |
| <input type="checkbox"/> New policy proposal <input checked="" type="checkbox"/> Minor/technical revision of existing policy <input type="checkbox"/> Major revision of existing policy <input type="checkbox"/> Reaffirmation of existing policy | |

(A) Policy Statement

The role of Clinical Nutrition Services in the provision of enteral tube feeding and parenteral nutrition is defined.

(B) Purpose of Policy

To provide guidelines for provision of nutrition in a form which the patient is able to tolerate.

(C) Procedure

1. All patients placed on tube feeding or parenteral nutrition will be assessed and followed as a part of the nutrition care process. A dietitian will estimate nutritional needs, including calorie, protein, and fluid requirements and make recommendations in the Medical Record.
2. Central and peripheral parenteral nutrition is ordered by the physician, RD (with CNSC privileges), or RD taking verbal order per physician following Documentation Standards hospital policy 3364-87-42 and MNT Order Writing Privileges for Dietitians (3364-104-210). TPN will be supplied by Pharmacy Services.
3. Ready to use enteral products are available per hospital formulary and dispensed by Central Services. A dietitian may order enteral nutrition products RE: appropriate formula for tube feeding or oral supplementation. (Policy 3364-104-210 Medical Nutrition Therapy Order Writing Privileges for Dietitians).

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| Approved by: <hr/> Michele Lovett RD, LD Chief Clinical Dietitian <hr/> Monecca Smith MSN, RN Associate of VP Patient Care Services/CNO <i>Review/Revision Completed By:</i> Clinical Nutrition | Review/Revision Date: 6/2005 6/2/2008 7/1/2011 3/31/14 2/9/17 1/30/20 Next Review Date: 2/20/23 |
| Policies Superseded by This Policy: | |