

PROCEDURE FOR: Lipids: Administration
PROTOCOL FOR: Lipids: Patient Care

- POLICY:
1. Lipids may be administered either centrally or peripherally.
 2. Lipids may be piggy-backed with parenteral nutrition solutions or infused singularly.
 3. Lipids are not to be filtered.
 4. IV tubing will be changed with every lipid bottle.
 5. Lipid infusions should hang no longer than 12 hours.

DESIRED PATIENT

- OUTCOMES:
1. Patient will maintain intake of essential fatty acids.
 2. Patient will demonstrate maintenance of weight.
 3. Patient will remain infection free.

EQUIPMENT: IV tubing or infusion pump tubing - vented
Infusion pump (when appropriate)
Lipids

PROCEDURE:

ACTION

POINTS OF EMPHASIS

- | | |
|---|---|
| 1. Check parenteral nutrition order sheet to verify lipid order. Note rate and duration of lipid infusion. If correct, sign parenteral nutrition order sheet in designated RN signature area. | 1. MD/LIP must specify if it is to be infused continuously or intermittently. |
| 2. Check IV site for patency. | |
| 3. Attach lipid emulsion to vented tubing and prime. | |
| 4. If piggy-backing into parenteral nutrition, connect lipid emulsion tubing to y-site connection <u>below</u> the filter, closest to the patient. | 4. Lipid particles are too large to pass through the filter. |
| 5. Start flow rate as ordered. Lipids ordered intermittently should infuse over time specified by MD/LIP order. | |
| 6. When infusion is completed, disconnect lipid emulsion bottle and tubing and discard. | |

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CLINICAL
ASSESSMENT

- AND CARE:
1. Assess for signs of phlebitis, infection, infiltration or allergic reaction.
 2. Obtain body weight on admission, then 2 times per week or as per MD/LIP order for duration of infusion.
 3. Monitor fluid balance q 8 hours as reflected by I&O, skin turgor and mucous membranes as appropriate or as per MD order.
 4. Check BP and VS as per MD/LIP order and PRN.
 5. If piggy-backing with parenteral nutrition, make sure lipid infusion is attached below the filter.
 6. Check serum triglycerides and liver function according to dietary recommendations and MD/LIP order.

REPORTABLE
CONDITIONS:

1. Evidence of allergic reaction - fever, chills, irritability, flushing, sweating.
2. Evidence of infection at peripheral insertion site.
3. Any change 10% from baseline weight.
4. Phlebitis or infiltration scores of 2 or greater.

APPROVAL: Nursing Standards Committee

EFFECTIVE DATE: 6/77

REVISION DATE: 5/78, 5/79, 5/80, 8/82, 11/85, 3/86, 7/87, 9/88, 8/90, 12/93,
5/96, 10/97, 12/99, 9/02, 10/05, 1/09