

Parenteral Nutrition Piggyback Lipid Administration Competency

| | |
|--------|------------|
| Nurse: | Facility: |
| Date: | Preceptor: |

| | Skills Reviewed | Successful | Unsuccessful |
|--|--|--------------------------|--------------------------|
| 1. | Checks MD order for lipid administration | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Inspect lipid solution for discoloration or other signs of breakdown | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Verify resident name, type of solution, rate, route, and time | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Assemble solution, tubing, needleless connection device, normal saline flushes, and alcohol wipes | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | Explains procedure to patient. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | Perform hand antisepsis. Don non-sterile gloves | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | Place tubing in container and prime tubing | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | Close clamp on tubing | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. | To run "piggyback" into primary Parenteral Nutrition tubing, place at most distal side port (Y connector) after cleansing port with alcohol. | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | Place tubing into pump and set rate as ordered. | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. | Start pump and observe flow. | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. | Note resident response to procedure. | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. | Documents the procedure in patient's chart and MAR according to policy. | <input type="checkbox"/> | <input type="checkbox"/> |
| Procedure Rating: <input type="checkbox"/> Successful <input type="checkbox"/> Unsuccessful | | | |

| | |
|------------------------|-------|
| Student's Signature: | Date: |
| Preceptor's Signature: | Date: |