Name of Policy:	Enteral and Parenteral Nutrition	THE INIVERSITY OF TOLEDO
Policy Number:	3364-104-310	THE UNIVERSITY OF TOLEDO MEDICAL CENTER
Department:	Clinical Nutrition	
Approving Officer:	Senior Hospital Administrator	
Responsible Agent:	Chief Clinical Dietitian	
Scope:	Clinical Nutrition	Effective Date: 4/1/23 Initial Effective Date: 8/2002
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(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 with CNSC experiences over 10 years as defined by 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).

Approved by:		Review/Revision Date: 6/2005 6/2/2008
/s/ Michele Lovett RD, LD Chief Clinical Dietitian	04/03/2023 Date	7/1/2011 3/31/14 2/9/17 1/30/20 3/20/23
/s/ Russell Smith, B.S. Pharm D, MBA, BCPS Senior Hospital Administrator Review/Revision Completed By:	Date	
Clinical Nutrition Policies Superseded by This Policy:		Next Review Date: 4/1/26