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| **Tufts Medicine Care at Home** | | | | |
| **IV Medication Clinical Fact Sheet** | | | | |
| IV Medication: | TPN / PPN /Famotidine/ Pepcid | | Risk Level: | n/a |
| Med Class: | Nutrition | |  |  |
|  |  | Common Uses: | Short or long term nutrition support or | |
|  |  | Labs to Monitor: | n/a |  |
|  |  | Instructions/Precautions: | in pt ċ impaired renal function | |
|  |  |  |  | |
|  |  | First Dose Allowed: | Y |  |
|  |  | Central Line Only: | Y |  |
|  |  | IV Push: | N |  |
|  |  | Vesicant: | N |  |
|  |  | See Procedure Manual: | Inf Therapy TPN |  |
| **\*\*Notes for all TPN Products: TPN patients need a double lumen for labs. If no double lumen available, draw peripheral labs; TPN patients must be on a stable cycle for 24 hours before discharge home; Diabetic patients must be on stable cycle for 48 hours before discharge home** | | | | |
| Notes: | Only drugs listed as First Dose Allowed may be given in the home as a first dose and are | | |  |
| considered for a first dose on a case by case basis by the Manager | | | | |
| The Manager and/or Clinical Director must be consulted before a first dose referral is accepted | | | | |
| Risk Levels: | n/a = | Routinely given; Clinician must be approved to administer IV medications | |  |
|  | 1= | Mgr or Clinical Director approval before referral is accepted | |  |
|  | 2= | Mgr notification; Clinicians must review Special Instructions | |  |