

The following paragraph is from an article titled "Sodium Disorders in a Patient Receiving Total Parenteral Nutrition," published in Clinical Pharmacy in 1993. I edited the article according to the client's house style, which differs from AMA style on several points.

Unedited

Upon achievement of total parenteral nutrition (TPN) goal rate, the Nutritional Support Service decreased the maintenance intravenous fluid (maintenance IV) of dextrose 5%, sodium chloride 0.45% and potassium chloride 20 meq/l from 150 ml/hr to 50 ml/hr. Other intravenous medications at that time included metronidazole 500 mg every 6 hours, cefazolin (as the sodium salt) 1 gm every 6 hours, gentamicin (as the sulfate salt) 120 mg every 8 hours, and penicillin G (as the potassium salt) 2 million units every 4 hours. The TPN continued over the next nine days requiring only small increases in the potassium content so as to maintain the serum potassium concentration within normal limits. The patient tolerated the infusion well without metabolic, renal or hepatic compromise. Nutritionally, after seven days of TPN, the transferrin had increased from 92 to 154 mcg/dl. However, the measured urine urea nitrogen (UNN) of 22.7 gm/day resulted in a negative nitrogen balance of 9.0 gm/day. The NSS increased the TPN rate to 100 ml/hr and subsequently repeated the 24-hour urine to assure UNN accuracy prior to providing a larger protein or calorie dose.

Edited

When the goal infusion rate for total parenteral nutrition (TPN) was achieved, the Nutritional Support Service (NSS) decreased the maintenance intravenous fluid (dextrose 5%, sodium chloride 0.45%, and potassium chloride 20 mEq/L) from 150 mL/hr to 50 mL/hr. Other intravenous medications at that time included metronidazole 500 mg every six hours, cefazolin (as the sodium salt) 1 g every six hours, gentamicin (as the sulfate salt) 120 mg every eight hours, and penicillin G (as the potassium salt) 2 million units every four hours. Over the next nine days, small increases in the potassium content of the TPN solution were required to maintain the serum potassium concentration within normal limits. After seven days of TPN, the transferrin had increased from 92 to 154 µg/dL. However, the measured urine urea nitrogen (UNN) of 22.7 g/day resulted in a negative nitrogen balance of -9.0 g/day. The NSS increased the TPN rate to 100 mL/hr and repeated the 24-hour urine test to ensure that the UNN measurement was accurate before providing a larger protein or caloric dose.