

Table 1. Recommended ages and equivalent ages for the nonacute patient

	Infant	Child	Adolescent	Adult	Infant	Child
Infant (0-11 months)	0-11 months	12-17 months	18-23 months	24-35 months	0-11 months	12-17 months
Child (1-4 years)	1-4 years	5-8 years	9-11 years	12-18 years	1-4 years	5-8 years
Adolescent (5-18 years)	5-18 years	19-21 years	22-24 years	25-30 years	5-18 years	19-21 years
Adult (19 years and older)	19-21 years	22-24 years	25-30 years	31-35 years	19-21 years	22-24 years

Infant (0-11 months) = nonacute patient under 12 months of age.

Child (1-4 years) = nonacute patient between 12 and 47 months of age.

Adolescent (5-18 years) =

nonacute patient between 19 and 30 years of age.

Table 2. Recommended ages and equivalent ages for the pediatric patient

	Pediatric patient	Infant patient	Adolescent or pediatric patient (19-24 years)
Infant	0-11 months	0-11 months	12-18 months
Child	1-4 years	12-17 months	19-21 months
Adolescent	5-18 years	19-21 years	22-24 years
Adult	19-21 years	22-24 years	25-30 years
Nonacute patient	0-11 months	0-11 months	12-18 months
Pediatric patient	0-11 months	0-11 months	12-18 months

Infant (0-11 months) = nonacute patient under 12 months of age.

Child (1-4 years) = nonacute patient between 12 and 47 months of age.

Table 3. Recommended ages and equivalent ages for the nonacute patient

Nonacute patient (0-11 months)	Infant patient (0-11 months)	Nonacute patient (12-17 months)	Infant patient (12-17 months)
Infant (0-11 months)	0-11 months	12-18 months	19-21 months
Child (1-4 years)	1-4 years	19-21 months	22-24 months
Adolescent (5-18 years)	5-18 years	22-24 years	25-30 years

Nonacute patient (0-11 months) = nonacute patient under 12 months of age.

Nonacute patient (12-17 months) = nonacute patient between 12 and 47 months of age.

Table 4. Recommended ages and equivalent ages for the pediatric patient

Pediatric patient	Infant patient	Adolescent patient (19-24 years)	Nonacute patient (19-24 years)
Infant	0-11 months	12-18 months	19-21 months
Child	1-4 years	19-21 months	22-24 months
Adolescent	5-18 years	22-24 years	25-30 years
Adult	19-21 years	22-24 years	25-30 years
Nonacute patient	0-11 months	12-18 months	19-21 months
Pediatric patient	0-11 months	12-18 months	19-21 months

Nonacute patient (0-11 months) = nonacute patient under 12 months of age.

Conclusion

ACGME Workforce Initiatives have developed recommendations for the nonacute patient and the pediatric patient. These recommendations are intended to be used as a guide for the development of a curriculum for the nonacute patient and the pediatric patient. The recommendations are not intended to be a substitute for the ACGME Workforce Initiatives recommendations for the nonacute patient and the pediatric patient.

ACGME Workforce Initiatives has developed recommendations for the nonacute patient and the pediatric patient. These recommendations are intended to be used as a guide for the development of a curriculum for the nonacute patient and the pediatric patient. The recommendations are not intended to be a substitute for the ACGME Workforce Initiatives recommendations for the nonacute patient and the pediatric patient.

Aspen Guidelines For Tpn

Norma Metheny

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A.S.P.E.N. Parenteral Nutrition Handbook Phil Ayers,Peggi

Guenter,Beverly Holcombe,Steve Plogsted,2014-01-01 *Infusion Nursing* Infusion Nurses Society,Mary Alexander,Ann Corrigan,Lisa Gorski,Judy Hankins,Roxanne Perucca,2009-05-08 With a new focus on evidence based practice the 3rd edition of this authoritative reference covers every aspect of infusion therapy and can be applied to any clinical setting Completely updated content brings you the latest advances in equipment technology best practices guidelines and patient safety Other key topics include quality management ethical and legal issues patient education and financial considerations Ideal as a practical clinical reference this essential guide is also a perfect review tool for the CRNI examination Authored by the Infusion Nurses Society this highly respected reference sets the standard for infusion nursing practice Coverage of all 9 core areas of INS certification makes this a valuable review resource for the examination Material progresses from basic to advanced to help new practitioners build a solid foundation of knowledge before moving on to more advanced topics Each chapter focuses on a single topic and can serve as a stand alone reference for busy nursing professionals Expanded coverage of infusion therapy equipment product selection and evaluation help you provide safe effective care A separate chapter on infusion therapy across the continuum offers valuable guidance for treating patients with infusion therapy needs in outpatient long term and home care as well as hospice and ambulatory care centers Extensive information on specialties addresses key areas such as oncology pain management blood components and parenteral nutrition An evidence based approach and new Focus on Evidence boxes throughout the book emphasize the importance of research in achieving the best possible patient outcomes The user friendly design highlights essential information in handy boxes tables and lists for quick access Completely updated coverage ensures you are using the most current infusion therapy guidelines available

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progress relating nutrition to disease

Fluid and Electrolyte Balance Norma Metheny,2012 Fluid and Electrolyte

Balance Nursing Considerations takes a case study and applications approach that is ideal for undergraduate nursing students It provides in depth discussion of fluid and electrolyte balance and imbalance with a strong focus on understanding pathophysiology Further it outlines basic concepts and gives an overview of nursing considerations for fluid and electrolyte problems including sodium potassium calcium magnesium and acid base imbalances

ASPEN Parenteral Nutrition Handbook, Third Edition Phil Ayers,Peggi Guenter,Beverly Holcombe,Steve Plogsted,2020-02-28

Contemporary Nutrition

Support Practice Laura E. Matarese,Michele M. Gottschlich,2003 This comprehensive reference covers the principles and

practices of nutrition support with an emphasis on safety efficacy and science based medicine Chapters throughout this new edition have been updated to include the most timely information and an enhanced organization and new internal design

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Critical Care Practice John W. Hoyt,Alan S. Tonnesen,Steven J. Allen,1991 This informative text sponsored by the American Society of Critical Care Anesthesiologists discusses procedure and performance in care and intensive care units It covers basic acute care such as assessment stabilization preliminary monitoring and data management and life support It includes information on specific organ system failures plus the pathology and therapy of common ICU problems It also provides coverage of imaging outcome pain management complication prevention transport laboratory support ethical and legal considerations and administration

Best Practices for Hospital & Health-system Pharmacy American Society of Health-System Pharmacists,2004 **Best Practices for Health-system Pharmacy** American Society of

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Latifi,Stanley J. Dudrick,2003 The chapters in this book vary from methods of assessing and monitoring nutritional status to those of the use of intravenous and enteral nutritional support Practical chapters define laparoscopic placement of feeding tubes as well as the use of a variety of nutritional substrates which can be administered in different clinical scenarios The discovery implementation and utilization of total parenteral nutritional support have made enormous benefits to patients saving lives and improving clinical outcome

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