

ProT Gold Recommended Standards & Procedures



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Indications:

Unintended Weight Loss > 5% In 30 Days

Protein - Energy Malnutrition

Muscle Wasting: Cachexia, Anorexia, Cancer, Aids, Sarcopenia)

Low Serum Proteins

Post Trauma

At Risk For Pressure Ulcers: Immobility, Incontinence, Co-Morbid Conditions, History Of Pressure Ulcers

Stage I, II, III, IV Pressure Ulcers

Wounds: Surgical, Diabetic, Venous Stasis Ulcers, Burns, Hard To Heal

Renal Disease Dialysis

Recommended Product:



- Suggested Dosage (serving size = 1 fl oz, 30mL): 1-3 serving per day.
- Actual Dosage: Determined by clinician based on condition, estimated need, and dietary intake.
- Administer orally or through feeding tube.

ProT Gold Formula

ProT Gold Liquid Protein

Key Nutrients Per 30 mL

17.5 Grams of Protein, fortified with Arginine, Taurine, Tryptophan, Histidine, Methionine, Glutamine & Cysteine. 3 grams of Arginine. 70 calories.

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Policy:

OP2 Labs standards are to assure optimal nutrition, for all residents/patients at all times. A complete liquid protein can be provided when factors are present that may place residents/patients at nutritional risk or when the following conditions exist: Pressure Ulcers, Significant Weight Loss, Pre and Post Surgery, Post Trauma, Malnutrition with Low Serum Proteins, Muscle Wasting/Cachexia, Bariatric Surgery and End Stage Renal Disease on Dialysis.

Procedure:

1. Each resident/patient is to be assessed and monitored for nutritional risk by the health care clinical team.
2. Existence of any of the following should be documented: Pressure Ulcers, Significant Weight Loss, Imminent or Recent Surgery, Recent Trauma, Malnutrition, Low Serum Proteins, Bariatric Surgery, End Stage Renal Disease on Dialysis.
3. Protein supplementation will be implemented as appropriate for conditions (see chart on reverse).
4. The recommended nutrition intervention will be communicated as appropriate to: nursing, food & nutrition services, physician, resident/family.
5. Administer ProT Gold during med-pass, supplement pass, meal service or via feeding tube as indicated.
6. Label and date bottle upon opening, discard after 3 months opened. Refrigeration is optional.
7. Provide fluids to ensure adequate hydration.
8. Document resident/patient intake per facility policy.
9. Record resident/patient response to intervention.
10. Reassess to determine continued level of intervention. If improvement or healing has occurred but one or more nutritional risk factors remain, consider ongoing supplementation for maintenance.

Administration To Enteral Tube:

1. Flush feeding tube with 30-60 mL water.
2. Measure and administer the proper dosage via syringe.
3. Dilute ProT Gold with 30 mL water.
4. Administer ProT Gold straight into the enteral tube.
5. Flush with 30-60 mL water.



Note:

- Do NOT add ProT Gold to an open or closed system of the tube feeding formula or into a container or enteral feeding.
- Do NOT add medications to ProT Gold, even after dilution.