

-ALL ORDERS MUST BE RECEIVED BY THE I.V. PHARMACY BY 1400 DAILY
 -TPN SOLUTIONS WILL BE STARTED AND CHANGED AT 2000 DAILY.
 -MULTIVITAMINS TRACE ELEMENTS AND VITAMIN K WILL BE ADDED DAILY UNLESS INDICATED OTHERWISE.

1	PATIENT NAME _____	Weight _____	kg lb	Height _____	cm in.
2	VASCULAR ACCESS <input type="checkbox"/> Central <input type="checkbox"/> Peripheral	Check one box			
3	VOLUME & RATE	Check one box or complete blanks			
	<input type="checkbox"/> 1.0 L/DAY @ 40 ml/hr	<input type="checkbox"/> 1.5 L/DAY @ 60 ml/hr	<input type="checkbox"/> 2.0 L/DAY @ 80 ml/hr	<input type="checkbox"/> 2.5 L/DAY @ 100 ml/hr	<input type="checkbox"/> 3.0 L/DAY @ _____ ml/hr
4	BASE SOLUTION	Expressed as final concentration		Check one box	
	<input type="checkbox"/> STANDARD CENTRAL BASE (Amino Acid 5%, Dextrose 20%)			Delivers per liter: 50 Gm protein 680 nonprotein kcal, 880 total kcal	
	<input type="checkbox"/> STANDARD PERIPHERAL BASE (Amino Acid 3.5%, Dextrose 5%)			Delivers per liter: 35 Gm protein, 170 nonprotein kcal, 310 total kcal	
	<input type="checkbox"/> NONSTANDARD BASE. Complete blanks. Specify in final concentrations	Amino Acid Concentration _____ %		Dextrose Concentration _____ %	
	Specialized Amino Acid Formula _____			%	

5 MICRONUTRIENTS DAILY QUANTITIES		Check one box	
<input type="checkbox"/> Standard Electrolytes	<input type="checkbox"/> LOW Standard Electrolytes	<input type="checkbox"/> NON Standard Electrolytes: Complete Blanks	
Sodium 103mEq	Sodium 50mEq	NA { Sodium Chloride mEq Sodium Acetate mEq K { Potassium Chloride mEq Potassium Acetate mEq P { Potassium Phosphates ... mM Sodium Phosphates mM Calcium Gluconate mEq Magnesium Sulfate mEq Trace Elements ml Multivitamins ml Vitamin K mg	
Potassium 60mEq	Potassium 40mEq		
Phosphorous 21mM	Phosphorous 0mM		
Calcium 15mEq	Calcium 10mEq		
Magnesium 15mEq	Magnesium 10mEq		
Acetate 90mEq	Acetate 60mEq		
Chloride 90mEq	Chloride 60mEq		
Trace Elements 3ml	Trace Elements 3ml		
Multivitamins 10ml	Multivitamins 10ml		
Vitamin K 1mg	Vitamin K 1mg		
Additional Micronutrients/DAILY QUANTITIES			CHECK IF APPLICABLE: <input type="checkbox"/> Omit Trace Elements <input type="checkbox"/> Omit Multivitamins <input type="checkbox"/> Omit Vitamin K
1. Regular Human Insulin _____ Units	5. _____		
2. _____	6. _____		
3. _____	7. _____		
4. _____	8. _____		

LEGEND: Potassium Phosphates: 4.4mEq K⁺/3mM P
 Sodium Phosphates: 4.0mEq Na⁺/3mM P

6 IV LIPIDS	<input type="checkbox"/> 10% 500 ml/day @20 ml/hr (550 kcal) <input type="checkbox"/> 10% _____ ml/day @ _____ ml/hr <input type="checkbox"/> No Lipid	<input type="checkbox"/> 20% _____ ml/day @ _____ ml/hr <input type="checkbox"/> 20% _____ ml/day @ _____ ml/hr
--------------------	--	--

INDICATION FOR PARENTAL NUTRITION AT INITIATION OF THERAPY PLEASE COMPLETE <input type="checkbox"/> Ileus <input type="checkbox"/> Short Bowel <input type="checkbox"/> Fistulas/Abscess <input type="checkbox"/> Pancreatitis <input type="checkbox"/> Inflammatory Bowel Disease <input type="checkbox"/> Bone Marrow Transplant <input type="checkbox"/> Bowel Obstruction due to: _____ <input type="checkbox"/> Malabsorption due to: _____ <input type="checkbox"/> Other: _____	TPN Check List <input type="checkbox"/> Enteral feeding considered before TPN initiated <input type="checkbox"/> X-ray verification of central catheter position. <input type="checkbox"/> Anticipated duration of central TPN therapy greater than seven days. <input type="checkbox"/> Laboratory monitoring initiated.
---	--

M.D. SIGNATURE: _____	DATE _____	TIME _____
PRINT NAME: _____	PAGE NUMBER _____	
NURSE SIGNATURE: _____	DATE _____	TIME _____

Patient Label

24 HOUR PARENTERAL NUTRITION ORDER ADULT