

Your
Hospital's
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PARENTERAL NUTRITION FORM

PATIENT IDENTIFICATION

All TPN Orders are due in the Pharmacy by 3:00pm. Late orders will receive (1) next same day processing; (2) a premixed standard PPN or TPN formula; and (3) be sent after a discussion with physician.

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| HEIGHT: | WEIGHT: |
|---------|---------|

1. STANDARD FORMULAS (50/50) - PLEASE SELECT ONE

- A. PERIPHERAL 5.5% aminoacids w/ lytes, (Na-70; K-60; Magnesium-10; Ac-102; Cl-70; PO4-30) / L
D10%; 10% lipid.
(Total volume = 2L. 991 Kcal; 43 gms protein) (63 mls / hr PPN; 21 mls / hr lipid)
- B. CENTRAL 8.5% aminoacids w/ lytes, (Na-70; K-60; Magnesium-10; Ac-130; Cl-70; PO4-30) / L
D40%; 10% lipid.
(Total volume = 2L. 1856 Kcal; 67 gms protein) (63 mls / hr TPN; 21 mls / hr lipid)

2. CUSTOMIZED FORMULAS

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|-----------------------|---------|
| AMINOACID PERCENTAGE: | VOLUME: |
|-----------------------|---------|

- WITH ELECTROLYTES WITHOUT ELECTROLYTES

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| DEXTROSE PERCENTAGE: | VOLUME: |
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TOTAL VOLUME / 24 HRS = _____ MLS

RATE = _____ MLS / HR

INTRAVENOUS LIPID OPTIONS

- 20% LIPID:
 500 ML 250 ML
- 10% LIPID:
 500 ML 250 ML
- HOLD LIPID
- _____ LIPID: _____ ML
- RATE _____ MLS / HR

3. SPECIALTY FORMULAS

- 6.9% Fre - Amine VOLUME _____
- 8.0% HepataSol
- 6.5% RenAmine
- 15% Novamine

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| DEXTROSE PERCENTAGE: | VOLUME: |
|----------------------|---------|

TOTAL VOLUME / 24 HRS = _____ MLS

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|-------------------|---------|
| LIPID PERCENTAGE: | VOLUME: |
|-------------------|---------|

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|-------|-----------|
| RATE: | MLS / HR: |
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4. ADDITIVES

QUANTITY

DAILY REQUIREMENTS

LABS / DATE

| | |
|----------------------|--------------|
| Potassium Chloride | _____ mEq |
| Potassium Phosphate | _____ mMoles |
| Potassium Acetate | _____ mEq |
| Sodium Chloride | _____ mEq |
| Sodium Phosphate: | _____ mMoles |
| Sodium Acetate | _____ mEq |
| Calcium Gluconate | _____ mEq |
| Magnesium Sulfate | _____ mEq |
| MTE-4 Trace Elements | _____ ml |
| Zinc Sulfate | _____ mg |
| MVI-12 | _____ ml |
| Asorbic Acid | _____ mg |
| Selenium | _____ mcg |
| Regular Insulin | _____ units |
| Other | |

| |
|----------------|
| 60 - 120 mEq |
| 15 - 30 mMoles |
| N/A |
| 60 - 80 mEq |
| 15 - 30 mMoles |
| N/A |
| 4.5 - 15mEq |
| 8 - 24 mEq |
| 1 - 2 ml |
| 2 - 5 mg |
| 10 ml |
| 1000 mg |
| 100 - 200 mcg |
| N/A |

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ROUTE OF ADMINISTRATION: CENTRAL (OSMOLARITY > 900 mOsm / L) PERIPHERAL (OSMOLARITY > 900 mOsm / L)

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|------------------------|--------------------------------|----------------------------|
| PHYSICIAN'S SIGNATURE: | DATE / TIME: (Military Time) | NURSE'S SIGNATURE / TITLE: |
|------------------------|--------------------------------|----------------------------|

PART OF THE MEDICAL RECORD