



**ADULT TOTAL PARENTERAL NUTRITION
ORDER FORM**

Date: _____ Time: _____ AM/PM Hang Date: _____

PATIENT DATA

Weight (kg) _____

- Check here only if you **do not** want a Nutrition consult
- Conduct Indirect Calorimetry Test (Requires Nutrition Consult)
- Continue Yesterdays Parenteral Nutrition as Ordered

This form must be completed entirely every 72 hours.

STANDARD CENTRAL FORMULA

(check one)

STANDARD PERIPHERAL FORMULA

(Per liter)

(Per liter)

Amino Acids 50 GM
Dextrose 600 Kcal (17.5%)
Fat 20% 250 Kcal (125 ML)
Standard Electrolytes*
Trace Elements 1 ml/day
Multivitamins 10 ml/day

Amino Acids 50 GM
Dextrose 200 Kcal (6.0%)
Fat 20% 400 Kcal (200 ML)
Standard Electrolytes*
Trace Elements 1 ml/day Osmolarity:
Multivitamins 10 ml/day 950 mOsm/L

Total Volume _____ Liters/Day

Total Volume _____ Liters/Day

*Standard Electrolytes/L: Na-37mEq; K-30mEq; Ca-5mEq; Mg-5mEq; Cl-30mEq; Acetate-35mEq; Phos-9mM

SPECIAL FORMULATION (CHECK ONE)

1. Amino Acids _____ Gm/Day

- Standard (Requires 10 ml/1 gm protein)
- Other (type) _____ REQUIRES NUTRITION SUPPORT TEAM CONSULT

RANGE

0.5-2.5 gm/Kg/Day

GENERAL RULE

1 gm/Kg/Day

ADMINISTRATION ROUTE

- Central
- Peripheral (Requires <1000 mOsm/L)

2. Total Nonprotein (Minimum Volume: Requires 0.5 ml/1 Kcal)

Calories _____ Kcals/Day

Dextrose _____ Kcals

Fat _____ Kcals

10-40 Kcals/Kg/Day

30 Kcals/Kg/Day

40-100% of Total Calories

65% of Total Calories

3. Total Volume _____ ml/day

0-60% of Total Calories

35% of Total Calories

[PROTEIN VOLUME + NON-PROTEIN VOLUME + ELECTROLYTE/ADDITIVES (ADD 100 ML)]

SPECIAL FORMULATION ELECTROLYTES (CHECK ONE)

- Standard Electrolytes/Liter
- Standard Electrolytes Plus Additional Electrolytes Below
- Sodium Acetate mEq/Day
- Sodium Chloride mEq/Day
- Sodium Phosphate mMPO4/Day
- Magnesium Sulfate mEq/Day

- Standard Electrolytes/Liter - No Potassium
- Custom Electrolytes - Fill Out Electrolytes Below
- Potassium Acetate mEq/Day
- Potassium Chloride mEq/Day
- Potassium Phosphate mMPO4/Day
- Calcium Gluconate mEq/day

OTHER ADDITIVES

Human Regular Insulin _____ Units/Day

Heparin Sodium _____ Units/Day

_____/Day

_____/Day

_____/Day

_____/Day

_____/Day

_____/Day

UNLESS OTHERWISE INDICATED, PHARMACY WILL ADD MULTIVITAMIN 10ML/DAY & TRACE ELEMENT SOLUTION 1ML/DAY

SPECIAL INSTRUCTIONS:

PHYSICIAN SIGNATURE _____ BEEPER NUMBER _____

PLEASE PRINT _____ DATE _____

**ORDERS MUST BE SENT TO PHARMACY BY 09:00 FOR 14:00 HANG TIME.
LATE ORDERS WILL RESULT IN THE INTERRUPTION OF SCHEDULED THERAPY**

Original - on chart
Green Copy - Pharmacy
Yellow Copy - Diet Office
(Tube Station E-2)