

## 3105 Sunset Blvd. West Columbia SC 29169

Phone: 803-771-7740 ext 105 Fax: 1-888-417-3658 NPI 1265462659

## **Adult Total Parenteral Nutrition Order**

Patient Name:		DOB: Height: Dos		Dosing V	g Weight:IV Access:		
Allergies:		Indication for PN:			Start Date:		
Dispense:Refill:					Duration:		
TPN Base Formula						10	
Amino Acids		grams		_kcals			
Dextrose	gram		<u>k</u> cals		g/kg Dextrose		
Lipids 10% 20%	ml	grams		_kcals	g/kg Li <sub>l</sub>	pid	
Infuse lipids	days per week	Total Base Volume_	ml/bag				
TPN Providingkcal/daykcal/kg/dayg protein/kg/day						in/kg/day	
GIRmg/kg/min							
Additives (per day) (Normal Dosages)					Davie et :	1	
Sodium Chloride	mEq   1-2 mEq sodium/kg/day			Adult Trace Element	mL/day		
Sodium Acetate	mEq	Ph or CO2 dependent			Adult MVI	10 mL/day	
Sodium Phosphate	mmol of PO4	Consider if hyperkalemic		00	Regular Insulin	Units/day	
Potassium Chloride	mEq	1-2 mEq potassium/kg/day			H₂ Antagonist	mg/day	
Potassium Acetate		pH or CO2 dependent			Total Folic Acid	mcg/day	
Potassium Phosphate	mmol of PO4	20-40 mmol/day (1 mmol Phos=1.5 mEq K+)		q K+)	Total Thiamine	mg/day	
Calcium Gluconate	mEq	5-15 mEq/day			Total Vitamin K	mcg/day	
Magnesium Sulfate mEq		8-24 mEq/day			Other:		
Administration Sche	dule						
☐ Continuous at ml/hour							
☐ Cycle over	hours withhou	r ramp and	_hour taper		<u>.</u>		
Lab Work							
□ Baseline: CMP, CBC, Mg, Phos, Prealbumin, TG □ Day Three: BMP, Mg, Phos □ Monthly: Prealbumin							
CMP, CBC, Mg, Phos, TG weekly until formula stable without changes x 4 weeks, then every other week x 4 weeks, then monthly							
□ Other:							
☐ Flush catheter with 0.9% NS, 5-20 mL IVP pre and post infusion and prn							
☐ Flush catheter with Heparin, 100 units/mL, 1-5 mL IVP post infusion and pm							
Administer by CADD or Curlin Pump (Ambulatory Infusion Pump, Single or Multiple channels, Electric or Battery operated, with administrative equipment, worn by patient (B9004).							
☐ Dispense inf	fusion supplies for external	drug infusion pun	np, per cassette or	bag (B4220).			
☐ Dispense su	pplies for maintenance of o	drug infusion cathe	eter, per week (B42	224).			
☐ Palmetto Infusion	Pharmacist authorized to I	manage TPN with a	adjustments comm	nunicated to a	ttending physician		
	the patient and primary car r after discontinuing TPN	re physician to mo	onitor serum gluco	se via fingerst	ick 2 hours after startin	g TPN, 2 hours before	
Comments:							
Palmetto Infusion Clinician:				Da	Date:		
Physician Signature:				Da	Date:		
Printed Physician Name:				NPI	_NPI:		