

3105 Sunset Blvd. West Columbia SC 29169

Phone: 803-771-7740 Fax: 803-771-7782 NPI 1265462659

Adult Total Parenteral Nutrition Order

Patient Name:			DOB:	Height:	eight: Dosing Weight:		t:IV Access:	
Allergies:			Indication for PN:			Start Date:		
Dispense:Refill:						Duration:		
TPN Base Form	nula							
Amino Acids			gramskcals					
Dextrose			grams <u>k</u> cals			g/kg Dextrose		
Lipids 10% 20%		ml	gramskcals			g/kg Lipid		
Infuse lipids		days per week	Total Base Volume	ml/bag				
TPN Providingkcal/day			kcal/kg/day			g protein/kg/day		
GIR		mg/kg/min						
Additives (per da	ay)	(^	lormal Dosages)	nal Dosages)				
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			Regular Insulin	Units/day	
Potassium Chloride		mEq	1-2 mEq potassium/kg/day			H ₂ Antagonist	mg/day	
Potassium Acetate		mEq	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+)		nEq 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 Schedule								
☐ Continuous at ml/hour								
☐ Cycle over hours withhour ramp andhour taper								
Lab Work								
☐ Baseline: CMP, CBC, Mg, Phos, Prealbumin, TG ☐ Day Three: BMP, Mg, Phos ☐ Monthly: Prealbumin								
□ СМР, СВ	CMP, CBC, Mg, Phos, TG weekly until formula stable without changes x 4 weeks, then every other week x 4 weeks, then monthly							
□ Other: _	Other:							
☐ Flush cat	Flush catheter with 0.9% NS, 5-20 mL IVP pre and post infusion and prn							
☐ Flush cat	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 infusion supplies for external drug infusion pump, per cassette or bag (B4220).								
☐ Dispense supplies for maintenance of drug infusion catheter, per week (B4224).								
□ Palmetto Infusion Pharmacist authorized to manage TPN with adjustments communicated to attending physician								
* It is recomme	ended for	the patient and primary car after discontinuing TPN	_	-			ing TPN, 2 hours before	
Comments:								
Palmetto Infusion Clinician:						Date:		
Physician Signature:						Date:		
Printed Physician Name:						NPI:		