

**REMINDER: ALL MEDICATION ORDERS REQUIRE DOSE, ROUTE, FREQUENCY AND INDICATION
DO NOT USE ABBREVIATIONS**

DOCTORS ORDERS	CHECK OFF/ INITIALS																
TOTAL PARENTERAL NUTRITION (TPN) THERAPY																	
TPN BASE ORDERS (Please Check One)																	
<input type="checkbox"/> STANDARD FORMULATION – CENTRAL																	
<table style="width: 100%; border: none;"> <tr> <td style="width: 15%;">Amino Acid</td> <td style="width: 10%;">10%</td> <td style="width: 15%;">500 mL</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td>Dextrose</td> <td>40%</td> <td>500 mL</td> <td>Total.....</td> <td>1000 mL</td> <td>(Clinimix</td> <td>5/20)</td> <td></td> </tr> </table>	Amino Acid	10%	500 mL						Dextrose	40%	500 mL	Total.....	1000 mL	(Clinimix	5/20)		
Amino Acid	10%	500 mL															
Dextrose	40%	500 mL	Total.....	1000 mL	(Clinimix	5/20)											
<input type="checkbox"/> ALTERNATE FORMULATION – CENTRAL																	
<table style="width: 100%; border: none;"> <tr> <td style="width: 15%;">Amino Acid</td> <td style="width: 10%;">8.5%</td> <td style="width: 15%;">500mL</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td>Dextrose</td> <td>50%</td> <td>500mL</td> <td>Total.....</td> <td>1000 mL</td> <td>(Clinimix</td> <td>4.25/25)</td> <td></td> </tr> </table>	Amino Acid	8.5%	500mL						Dextrose	50%	500mL	Total.....	1000 mL	(Clinimix	4.25/25)		
Amino Acid	8.5%	500mL															
Dextrose	50%	500mL	Total.....	1000 mL	(Clinimix	4.25/25)											
<input type="checkbox"/> ALTERNATE FORMULATION – CENTRAL																	
<table style="width: 100%; border: none;"> <tr> <td style="width: 15%;">Amino Acid</td> <td style="width: 10%;">8.5%</td> <td style="width: 15%;">500mL</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td>Dextrose</td> <td>40%</td> <td>500mL</td> <td>Total.....</td> <td>1000 mL</td> <td>(Clinimix</td> <td>4.25/20)</td> <td></td> </tr> </table>	Amino Acid	8.5%	500mL						Dextrose	40%	500mL	Total.....	1000 mL	(Clinimix	4.25/20)		
Amino Acid	8.5%	500mL															
Dextrose	40%	500mL	Total.....	1000 mL	(Clinimix	4.25/20)											
<input type="checkbox"/> STANDARD FORMULATION – PERIPHERAL																	
<table style="width: 100%; border: none;"> <tr> <td style="width: 15%;">Amino Acid</td> <td style="width: 10%;">5.5%</td> <td style="width: 15%;">500mL</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td>Dextrose</td> <td>10%</td> <td>500mL</td> <td>Total.....</td> <td>1000 mL</td> <td>(Clinimix</td> <td>2.75/5)</td> <td></td> </tr> </table>	Amino Acid	5.5%	500mL						Dextrose	10%	500mL	Total.....	1000 mL	(Clinimix	2.75/5)		
Amino Acid	5.5%	500mL															
Dextrose	10%	500mL	Total.....	1000 mL	(Clinimix	2.75/5)											
FAT EMULSION ORDERS: (Guide – 25%-45% of non-protein calorie total)																	
<input type="checkbox"/> 20% Fat Emulsion 250 mL Infuse _____ mL/hour over _____ hours																	
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> ADD ELECTROLYTES (per 1000mL) _____ MEQ Sodium Chloride _____ MEQ Potassium Chloride _____ MEQ Calcium Gluconate _____ MEQ Magnesium Sulfate _____ MEQ Potassium Acetate _____ MEQ Sodium Acetate _____ MMOL Potassium Phosphate _____ MMOL Sodium Phosphate </td> <td style="width: 50%; vertical-align: top;"> OTHER ADDITIVES (Please Check) <input type="checkbox"/> Multivitamins 10 mL per day <input type="checkbox"/> Trace Elements 2 mL per day <input type="checkbox"/> Vitamin K-1, 1 mg per day <input type="checkbox"/> Regular Human Insulin _____ Units per 1000 mL *Recommend: 1 Unit Regular Insulin per 10-15 Grams of Carbohydrates plus 10 units additional. <input type="checkbox"/> (Other) _____ <input type="checkbox"/> (Other) _____ </td> </tr> </table>	ADD ELECTROLYTES (per 1000mL) _____ MEQ Sodium Chloride _____ MEQ Potassium Chloride _____ MEQ Calcium Gluconate _____ MEQ Magnesium Sulfate _____ MEQ Potassium Acetate _____ MEQ Sodium Acetate _____ MMOL Potassium Phosphate _____ MMOL Sodium Phosphate	OTHER ADDITIVES (Please Check) <input type="checkbox"/> Multivitamins 10 mL per day <input type="checkbox"/> Trace Elements 2 mL per day <input type="checkbox"/> Vitamin K-1, 1 mg per day <input type="checkbox"/> Regular Human Insulin _____ Units per 1000 mL *Recommend: 1 Unit Regular Insulin per 10-15 Grams of Carbohydrates plus 10 units additional. <input type="checkbox"/> (Other) _____ <input type="checkbox"/> (Other) _____															
ADD ELECTROLYTES (per 1000mL) _____ MEQ Sodium Chloride _____ MEQ Potassium Chloride _____ MEQ Calcium Gluconate _____ MEQ Magnesium Sulfate _____ MEQ Potassium Acetate _____ MEQ Sodium Acetate _____ MMOL Potassium Phosphate _____ MMOL Sodium Phosphate	OTHER ADDITIVES (Please Check) <input type="checkbox"/> Multivitamins 10 mL per day <input type="checkbox"/> Trace Elements 2 mL per day <input type="checkbox"/> Vitamin K-1, 1 mg per day <input type="checkbox"/> Regular Human Insulin _____ Units per 1000 mL *Recommend: 1 Unit Regular Insulin per 10-15 Grams of Carbohydrates plus 10 units additional. <input type="checkbox"/> (Other) _____ <input type="checkbox"/> (Other) _____																
TPN INFUSION RATE																	
Startup Rate: _____ mL/hour for _____ hours, then Continuous Rate: _____ mL/hour (Recommended Start Rate = ½ of the Continuous Rate)																	
ROUTINE ORDER CYCLE (Received in Pharmacy by 1400 hours start at 1800 hours). If delay in TPN solution therapy when a new bag is being prepared, infuse Dextrose 10% Injection 1000 mL until new bag is ready. Changes to formulation or electrolytes will always begin when the new bag of solution is prepared. No changes will be made to a TPN solution that has been infusing.																	

DOCTORS ORDERS		CHECK OFF/ INITIALS
TOTAL PARENTERAL NUTRITION (TPN) THERAPY (Continued)		
<u>ROUTINE ORDERS FOR PARENTERAL NUTRITION ASSESSMENT</u>		
1. Initial height and weight (patient condition permitting)		
2. Initial CMP, Magnesium, Phosphorus. (Delete CMP if already done within past 3 days)		
3. Daily Intake and Output.		
4. Daily weight (patient condition permitting).		
5. Pre-albumin, Phosphorus, Magnesium, Serum Osmolarity, Triglycerides – initially and repeat every 7 days.		
6. Initial Urine Urea Nitrogen (UUN – 24 hour urine collection) when TPN is at continuous rate. Repeat every 14 days. (DO NOT do this test if patient has an elevated BUN greater than 20).		
7. Dietitian consult.		
8. Continue all of the above if patient is on a Tube Feeding when parenteral nutrition is discontinued.		
Physician/Date/Time: _____		Nurse/Date/Time: _____
		Secretary/Date/Time: _____

Full page of orders requires only one physician, one nurse and one clerical signature



Original to Patient's Chart

Fax to Pharmacy