

Adult TPN Prescription Order Form

Patient Name: _____ ID#: _____ M F Date of Birth: _____

Height: _____ Present Weight: _____ Usual Weight (if loss): _____ Ideal Body Weight: _____

Diagnoses/ICD9 Code(s): _____ (Specify all applicable)

Access Site: PICC Port-a-Cath Groshong # Lumens _____ Other (specify) _____

Infused _____ days/weeks Check one: 3:1 2:1 If 2:1 checked, administer Lipids over _____ hours/ _____ days/week

Reference Standard

Total Fluid: _____ 25-35 ml/kg

Total Calories: _____ 25-35 kcal/kg

Total Protein: _____ 1-2 gm/kg

Start Date: _____ Duration: < 3 months Indefinite Lifetime Other: _____

Base Solution:

Dextrose: _____ ml _____ gm/day _____ % concentration Total Volume: _____ ml

Amino Acid: _____ ml _____ gm/day _____ % concentration Rate: _____ ml/hr

Fat: _____ ml _____ gm/day _____ % concentration Taper up/down: _____ hrs

Infusion period: _____ hrs/day

Electrolytes:

Ion:	Salt:	Reference Standard:
Sodium _____ mEq/day	Sodium	Sodium 60-100 mEq/day
Potassium _____ mEq/day	- Chloride _____ mEq/day or balance	Potassium 40-60 mEq/day
Chloride _____ mEq/day or balance	- Acetate _____ mEq/day or balance	Calcium 10-15 mEq/day
Acetate _____ mEq/day or balance	- Phosphate _____ mMol/day	Magnesium 8-12 mEq/day
Phosphate _____ mEq/day	Potassium	Phosphate 10-40 mMol/day
Calcium _____ mEq/day	- Chloride _____ mEq/day or balance	Chloride and Acetate to balance
Magnesium _____ mEq/day	- Acetate _____ mEq/day or balance	
	- Phosphate _____ mMol/day	
	Calcium _____ mEq/day	
	Magnesium _____ mEq/day	

RD Assessment PRN Pharmacy to adjust electrolytes based on laboratory results

Additional Items:

Trace Elements: 1 ml / day = Zinc 5 mg, Manganese 0.5 mg, Selenium 60 mcg, Copper 1 mg, and Chromium 10 mcg / day

<input type="checkbox"/> Multi-Vitamins: 10 ml / day	Ascorbic Acid 200 mg	Vitamin K 150 mcg	Vitamin D 5 mcg (200 USP)
	Vitamin A 1 mg (3300 USP)	Thiamine (B1) 6 mg	Riboflavin (B2) 3.6 mg
	Pyridoxine (B6) 6 mg	Niacinamide 40 mg	Dexpanthenol 15 mg
	Vitamin E 10 mg (10 USP)	Biotin 60 mcg	Folic Acid 600 mcg
	Cyanocobalamin 5 mcg		

Reg. Insulin: _____ units/day Vitamin K: _____ Q week Famotidine: _____ mg / day Ranitidine: _____ mg / day

Heparin: _____ units/day Other: _____ Other: _____ Other: _____

Flush and maintain VAD according to Ambrosia Healthcare protocol

Lab Orders:

Standard: CBC w/diff; CMP, Mg, Phos, and TG Q week (usually on Monday or Tuesday); Prealbumin Q month

Other: _____

Pump: Curlin IV Pole Type of Pump: _____

Physician Name: _____ NPI: _____

Physician Signature: _____ Date: _____

Pharmacist Name: _____ Pharmacist Signature: _____ Date: _____