PARENTERAL NUTRITION THERAPY – INITIAL PHYSICIAN'S ORDER

A standardized parenteral nutrition formula (Clinimix) will be provided for the first 24 hours.
Central Line: 5% Amino Acids, 15% Dextrose with electrolytes
Peripheral Line: 4.25% Amino Acids, 10% Dextrose with electrolytes
No Lipids for the first 24 hours

Electrolytes per Liter	
Sodium	35 mEq
Potassium	30 mEq
Magnesium	5 mEq
Calcium	4.5 mEq
Phosphate	15 mmol

Initial Bag to be hung the same day ordered at 18:00.

All subsequent parenteral nutrition orders are to be written on a TPN order sheet daily.
Orders need to be written and faxed to Pharmacy daily by 13:00.

Suggested initial rates are based on patient weight. For patients with renal failure or other fluid restrictions, the initial rate should be chosen based on volume.

☐ **Central Formula -** must have confirmed central access

Rate (Select one)	Patient Weight	24 hour Volume	Grams Protein/24 hr	Total Calories/24hr
☐ 40mls/hr	less than 40kg	960	48	682
☐ 50mls/hr	40-54kg	1200	60	852
☐ 60mls/hr	55-64kg	1440	72	1022
☐ 70mls/hr	65-75kg	1680	84	1193
☐ 80mls/hr	greater than 75kg	1920	96	1363

☐ **Peripheral Formula**

Rate (Select one)	Patient Weight	24 hour Volume	Grams Protein/24 hr	Total Calories/24hr
☐ 50mls/hr	less than 55kg	1200	51	612
☐ 60mls/hr	55-64kg	1440	61	734
☐ 70mls/hr	65-75kg	1680	71	857
☐ 80mls/hr	greater than 75kg	1920	82	979

☐ **Check box to initiate below:**

1. Dietitian Consult for TPN assessment (to be completed within 24 hours)
2. Obtain and record Height
3. Obtain and record daily weights
4. Monitor and record Intake/Output every shift.
5. Finger-stick glucose every 4 hours

☐ **Recommended labs: (6-8)**

6. CMP, CBC with Diff, magnesium, phosphorous, Prealbumin, triglycerides, and INR prior to initial TPN and then every Monday
7. BMP daily x 4 starting day 2 of TPN, then every Wednesday
8. CMP and triglycerides every Friday

☐ Labs other than noted above: ______________________________

Physician Signature ______________________ Date ______________ Time __________

PROHIBITED ABBREVIATION	REQUIRED TERM	PROHIBITED ABBREVIATION	REQUIRED TERM
ug	***Write*** Microgram	1.0 Zero after decimal point	***Write*** 1. Do not use zero after decimal point
qd, q.d.	***Write*** Daily		
qod	***Write*** Every Other Day or Every 48 hrs	MS	***Write*** Morphine
		MgSO4, MSO4	***Write*** Magnesium sulfate or Morphine sulfate
U or u	***Write*** Units	*IU*	***Write*** International units
.5 No zero before decimal point	***Write*** 0.5 - make sure you use preceding 0	*OS, OD, OU*	***Write*** Left or right eye or both eyes
		AS, AD, AU	***Write*** Left or right ear or both ears

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A Ministry of the Sisters of Charity Health System

PATIENT LABEL

MR.ORDER

SVPOD-076 (12/08)