

Patient Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Weight: \_\_\_\_\_  
IV Access: \_\_\_\_\_ Height: \_\_\_\_\_  
Allergies: \_\_\_\_\_

## Total Parenteral Nutrition (TPN) Order Form

- ◆ Orders are initiated unless crossed out by provider.
- Check box to initiate order.

**Diagnoses:** \_\_\_\_\_ **ICD-10:** \_\_\_\_\_

**Medication Orders:**

Days per week: \_\_\_\_\_

- Cyclic: Infuse over \_\_\_\_\_ hours (Taper up and down x1 hour)       Continuous (24 hours/day)

**Macronutrient Components:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Clinimix (5/15) 2000 ml | <input type="checkbox"/> Clinimix (4.25/10) 2000 ml | <input type="checkbox"/> Custom Formula |
| Amino Acids 5%/ Dextrose 15%                     | Amino Acids 4.25%/Dextrose 10%                      | Amino Acids (4 kcal/gm) _____ %         |
| 1490 kCal  | 1020 kCal   | Dextrose (3.4 kcal/gm) _____ %          |
| (Recommended for patients >65 kg)                | (Recommended for patients <65 kg)                   | Volume (excludes lipids): _____         |

- Lipids (20%):**     250 ml/day (500 kcal/day)     \_\_\_\_\_ ml/day
- Frequency:     Daily     Twice weekly     Three times weekly     Other: \_\_\_\_\_

**Electrolytes:**

- |   |  |
|---|--|
| <input type="checkbox"/> Standard: <ul style="list-style-type: none"> <li>◆ Sodium 35 mEq/L</li> <li>◆ Potassium 30 mEq/L</li> <li>◆ Magnesium 5mEq/L</li> <li>◆ Calcium 4.5 mEq/L</li> <li>◆ Phosphate 15 mMol/L</li> <li>◆ Acetate 80 mEq/L</li> <li>◆ Chloride 39 mEq/L</li> </ul> | <input type="checkbox"/> Custom (specify amount of each electrolyte) <ul style="list-style-type: none"> <li>◆ Na: _____ mEq (60-100 mEq)</li> <li>◆ K: _____ mEq (60-100 mEq)</li> <li>◆ Mg: _____ mEq (10-20 mEq)</li> <li>◆ Ca: _____ mEq (9-18 mEq)</li> <li>◆ Phosphate: _____ mEq (20-30 mEq)</li> <li>◆ Acetate: _____ mEq (0-100 mEq)</li> <li>◆ Chloride: _____ mEq</li> </ul> |
|---|--|

**Additives:** Check all required additives and specify amount

- |   |                                    |                                       |
|---|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Multivitamin (MVI-12)* | <input type="checkbox"/> 10 ml/day | <input type="checkbox"/> _____ ml/day |
| <input type="checkbox"/> Trace Elements**:      | <input type="checkbox"/> 1 ml/day  | <input type="checkbox"/> _____ ml/day |
| <input type="checkbox"/> Regular Insulin*:      | _____ units/day                    |                                       |
| <input type="checkbox"/> Famotidine*:           | _____ mg/day                       |                                       |
| <input type="checkbox"/> Ranitidine*:           | _____ mg/day                       |                                       |
| <input type="checkbox"/> Other:                 | _____                              |                                       |

- \* To be added immediately before administration
- \*\* Trace elements per 1ml:
- ◆ Zinc 5mg
  - ◆ Copper 1mg
  - ◆ Manganese 0.5mg
  - ◆ Chromium 10mcg
  - ◆ Selenium 60mcg

- Clinical Pharmacist to monitor labs and adjust formula as needed
- ◆ Alteplase 2mg IV to de clot central IV access per protocol as needed for occlusion.
- ◆ Flush line with D5W, 0.9% NaCl and/or Heparin 10 u/ml or 100 u/ml per Infusion Solutions protocol.
- ◆ Lidocaine 1% - up to 0.2ml intradermally PRN (may buffer with sodium bicarbonate 8.4% in 10:1 ratio).
- ◆ Infusion Reaction Management per Infusion Solutions Protocol as needed.

**Labs:**

- |  |                                 |                                      |
|--|---------------------------------|--------------------------------------|
| <input type="checkbox"/> CBC with Diff | <input type="checkbox"/> weekly | <input type="checkbox"/> every _____ |
| <input type="checkbox"/> CMP           | <input type="checkbox"/> weekly | <input type="checkbox"/> every _____ |
| <input type="checkbox"/> Magnesium     | <input type="checkbox"/> weekly | <input type="checkbox"/> every _____ |
| <input type="checkbox"/> Phosphorus    | <input type="checkbox"/> weekly | <input type="checkbox"/> every _____ |
| <input type="checkbox"/> Pre-albumin   | <input type="checkbox"/> weekly | <input type="checkbox"/> every _____ |
| <input type="checkbox"/> Other:        | <input type="checkbox"/> weekly | <input type="checkbox"/> every _____ |

**Blood Glucose Monitoring:**

- Twice daily (for continuous infusion)
- 1 hour before infusion (for cyclic infusion)
- 2 hours into infusion (for cyclic infusion)
- With routine labs (if stable)
- Other: \_\_\_\_\_

\_\_\_\_\_  
Prescriber Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Name