Infusion Solutions Inc.
Home Infusion & Specialty Pharmacy

477 W. Horton Rd.
Bellingham, WA 98226
Phone (360) 933-4892
Fax (360) 933-1197

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.** Please complete this form and fax to (360)933-1197

Diagnoses: _____ ICD-10:_____

Medication Orders:

Days per week: _____

☐ Cyclic: Infuse over _____ hours (Taper up and down x1 hour) ☐ Continuous (24 hours/day)

Macronutrient Components:

☐ Clinimix (5/15) 2000 ml
Amino Acids 5%/ Dextrose 15%
1490 kCal
(Recommended for patients >65 kg)

☐ Clinimix (4.25/10) 2000 ml
Amino Acids 4.25%/Dextrose10%
1020 kCal
(Recommended for patients <65 kg)

☐ Custom Formula
Amino Acids (4 kcal/gm) _____ %
Dextrose (3.4 kcal/gm) _____ %
Volume (excludes lipids): _____

Lipids (20%): ☐ 250 ml/day (500 kcal/day) ☐ _____ ml/day
Frequency: ☐ Daily ☐ Twice weekly ☐ Three times weekly ☐ Other: _____

Electrolytes:

☐ Standard:
- ◆ Sodium 35 mEq/L
- ◆ Potassium 30 mEq/L
- ◆ Magnesium 5mEq/L
- ◆ Calcium 4.5 mEq/L
- ◆ Phosphate 15 mMol/L
- ◆ Acetate 80 mEq/L
- ◆ Chloride 39 mEq/L

☐ Custom (specify amount of each electrolyte)
- ◆ Na: _____ mEq (60-100 mEq)
- ◆ K: _____ mEq (60-100 mEq)
- ◆ Mg: _____ mEq (10-20 mEq)
- ◆ Ca: _____ mEq (9-18 mEq)
- ◆ Phosphate: _____ mEq (20-30 mEq)
- ◆ Acetate: _____ mEq (0-100 mEq)
- ◆ Chloride: _____ mEq

Additives: Check all required additives and specify amount

☐ Multivitamin (MVI-12)* ☐ 10 ml/day ☐ _____ ml/day
☐ Trace Elements**: ☐ 1 ml/day ☐ _____ ml/day
☐ Regular Insulin*: _____ units/day
☐ Famotidine*: _____mg/day
☐ Ranitidine*: _____mg/day
☐ 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 declot central IV access per Infusion Solutions 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:

☐ CBC with Diff ☐ weekly ☐ every _____
☐ CMP ☐ weekly ☐ every _____
☐ Magnesium ☐ weekly ☐ every _____
☐ Phosphorus ☐ weekly ☐ every _____
☐ Pre-albumin ☐ weekly ☐ every _____
☐ Other: _____ ☐ weekly ☐ 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

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