



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

Patient Name: _____

Date of Birth: _____ Weight: _____

IV Access: *central line required _____ Height: _____

Allergies: _____

Total Parenteral Nutrition (TPN) Order Form

Please fax this form, copies of insurance cards, demographics, and supporting clinical documentation to
(360) 933-1197 to facilitate an efficient referral. Thank you for choosing Infusion Solutions!

Diagnoses: _____ ICD-10: _____

Orders:

Infusion Solutions to provide Total Parenteral Nutrition.

Dietitian and Pharmacist to determine appropriate starting formula, and adjust formula based on labs and clinical assessment?

Yes *recommended* (skip to "Labs" section) No (complete "Formula Specifications" section below)

- ◆ Alteplase 2mg IV to declot central IV access per Infusion Solutions protocol as needed for occlusion.
- ◆ Flush line with Sodium Chloride 0.9%, D5W, 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.

Formula Specifications (optional):

Days per week: _____ Cyclic: _____ hours/day (Taper up and down x1 hr) 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: _____

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

Electrolytes:

- | | |
|---|--|
| <input type="checkbox"/> Standard: <ul style="list-style-type: none"> ◆ 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 | <input type="checkbox"/> Custom (specify amount of each electrolyte) <ul style="list-style-type: none"> ◆ 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
- Other: _____

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

Labs:

- ◆ CBC w/diff, CMP, Magnesium, Phosphorus weekly every _____
- ◆ Triglycerides, Prealbumin, and CRP monthly every _____
- ◆ Home blood glucose monitoring twice daily until stable, then PRN for symptoms every _____
- ◆ Additional labs as ordered by dietitian/pharmacist
- Other: _____

 Prescriber Signature

 Date

 Please Print Name