



SCANNED TO PHARMACY

STAT MEDICATION

Nursing will hang a 24 hour bag daily at 1800 hours. Changes received after 1600 hours will be initiated the next day unless the physician orders otherwise.

(Optional) Dietitian to assess and custom orders to be written by pharmacist & dietitian. Pharmacist will fill out the rest of this form except for laboratory portion. Desired TPN volume \_\_\_\_\_ ml/24 hrs.

Custom       Standard       Trauma Standard       Trauma Custom

			Trauma Standard	Trauma Custom
Aminosyn 7% (35gm/500mls)	ml/24hrs			
Aminosyn 10% (50 grams/500ml)	ml/24hrs	500 ml/L	Protein 40 gm/L	grams/L
Dextrose 50% (850kcal/500ml)	ml/24hrs	500 ml/L**	12.5% final conc.	% final conc.
Dextrose 70% (1190kcal/500ml)	ml/24hrs	_____		
NaCl	mEq/24hrs	50 mEq/L	75 mEq/L	mEq/L
KCl	mEq/24hrs	40 mEq/L	20 mEq/L	mEq/L
Potassium Phosphate	mEq/24hrs	15 mEq/L	20 mEq/L	mEq/L
Calcium Gluconate	mEq/24hrs	5 mEq/L	mEq/L	mEq/L
Magnesium Sulfate	mEq/24hrs	8 mEq/L	10 mEq/L	mEq/L
MVI	10 ml/24hrs	10 ml/24hrs	10 ml/24hrs	10 ml/24hrs
Trace Elements	1 ml/24hrs	1 ml/24hrs	1 ml/24hrs	1 ml/24hrs
Insulin (Humulin R)	Units/24hrs	Units/24hrs	Units/24hrs	Units/24hrs
H-2 Antagonist	mg/24hrs	mg/24hrs	mg/24hrs	mg/24hrs
H <sub>2</sub> O (to balance)			740 ml	
Approx. volume/24hrs	ml	1056 ml	2400 ml	
Rate	ml/hr*	44 ml/hr	50 ml/hr x 4 hours, 75 ml/hr x 4 hours, then 100 ml/hr	50 ml/hr x 4 hours, 75 ml/hr x 4 hours, then 100 ml/hr
Fat Emulsion 10% (550kcal/500ml)	ml <input type="checkbox"/> Daily <input type="checkbox"/> Q48H	500 ml Daily	21 ml/hr	
Fat Emulsion 20% (1000kcal/500ml)	ml <input type="checkbox"/> Daily <input type="checkbox"/> Q48H			

- Weigh patient daily       Blood glucose fingerstick \_\_\_\_\_ times per day.
- Protime weekly       CBC, CMP, Phosphorus, Magnesium, CO<sub>2</sub>, Triglycerides, **Daily** or \_\_\_\_\_
- Above Check boxes as previously ordered on last form (lab orders stay the same)

\*Custom TPN volumes vary depending on the amount of electrolyte additions. The pharmacist will calculate the final volume and adjust rate to infuse the entire amount of TPN ordered over 24 hours.

\*\*500ml Dextrose 25% Day 1 if Glucose level greater than 150, day 2 will increase to 500ml 50% Dextrose

Pharmacist to fill in:

Final Volume \_\_\_\_\_ Adjust rate to: \_\_\_\_\_ Pharmacist \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ Physician \_\_\_\_\_



### Adult Total Parenteral Nutrition (TPN) Order Form

Patient Identification