

DATE:	ADULT PARENTERAL NUTRITION ORDER FORM ** ORDERS MUST BE SUBMITTED TO PHARMACY BY 1300 **			
Day # : _____	<input type="checkbox"/> no changes, continue same PN as previous			
Daily monitoring:	Total fluids (TPN + MIVF) = _____ mL/hr			
<input type="checkbox"/> daily weights	PN Indication:		Primary Diagnosis:	
<input type="checkbox"/> strict I/O	Height: in.	Weight: kg	Allergies:	
Required labs while on TPN (obtain baseline labs and then at specified intervals)	Administration Route: <input type="checkbox"/> CVC or PICC <input type="checkbox"/> Peripheral IV			
	Administration Rate GOAL RATE=_____ mL/hr			
	<input type="checkbox"/> Standard: Initial bag will start at half-rate on day 1. Advance rate by 25% on day 2 and if tolerated, to goal rate on day 3.			
	<input type="checkbox"/> Other administration rate: _____ mL/hr			
Daily Labs • Chem7 • Magnesium • Phosphorus • Calcium Weekly Labs (baseline and Q Monday) • AST • ALT • Alk Phos • Total bilirubin • Albumin • Cholesterol • Triglycerides • PT/PTT • CBC	Please See Infusion Rate Chart on Back for Reference			
	<input type="checkbox"/> CLINIMIX E AA 4.25% · DEX 5% PERIPHERAL Administration 2000mL	<input type="checkbox"/> CLINIMIX E AA 5% · DEX 20% CENTRAL Administration 2000mL	<input type="checkbox"/> CUSTOM TPN (additives per bag)	
	Amino Acid 85gm	Amino Acid 100gm	Amino Acid _____	gm
	Dextrose 100gm	Dextrose 400gm	Dextrose _____	gm
	Sodium 70mEq	Sodium 70mEq	SODium Chloride _____	mEq
	Potassium 60mEq	Potassium 60mEq	SODium Acetate _____	mEq
	Magnesium 10mEq	Magnesium 10mEq	SODium hosphate _____	mMol
	Calcium 9mEq	Calcium 9mEq	POTassium Chloride _____	mEq
	Phosphate 30mMol	Phosphate 30mMol	POTassium Acetate _____	mEq
	Acetate 140mEq	Acetate 140mEq	POTassium Phosphate _____	mMol
Chloride 78mEq	Chloride 78mEq	MAGnesium Sulfate _____	mEq	
		CALcium Gluconate _____	mEq	
		Others: _____		
		Total volume (rate mL/hr x 24hr) _____ mL/24hrs		
	Vitamins / Additives: <input type="checkbox"/> Daily Adult MVI 10 mL <input type="checkbox"/> Daily Trace Elements 2 mL <input type="checkbox"/> Thiamine 100mg			
	Other Additives: <input type="checkbox"/> Regular Insulin _____ units/bag <input type="checkbox"/> Other _____ <input type="checkbox"/> Heparin _____ units/bag <input type="checkbox"/> Other _____			
	Other: (Please see hyperglycemia protocol for reference) <input type="checkbox"/> Initiate insulin sliding scale every _____ hours <input type="checkbox"/> Use GMHA hyperglycemia protocol for insulin sliding scale coverage <input type="checkbox"/> Low dose SSI <input type="checkbox"/> Medium Dose SSI <input type="checkbox"/> High Dose SSI <input type="checkbox"/> Use insulin sliding scale coverage per MD (please write separate SSI orders).			
Dose Ranges: 0.5-2g/kg/day Maximum: 2.5 g/kg/day or 60% of total calories (PPN) Maximum Infusion Rate: 50 mL/hr	Fat Emulsion: 20% Lipid (2kcal/mL) – run over 12 hours <input type="checkbox"/> 250mL daily <input type="checkbox"/> 250 mL _____ times / week <input type="checkbox"/> Alternative Instructions: _____			

Physician:	Date:	Time:
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Adult Parenteral Nutrition Order Form

Guam Memorial Hospital Authority

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Revised: 4/9/16 Approved SCC 3/17/16 MEC 3/21/16 P&T 3/17/16

Medicine 3/17/16 HIMC 4/15/16

Form# CPOE-025

PATIENT ID LABEL

DAILY INTAKE OF CLINIMIX E TPN SOLUTION PER INFUSION RATE

4.25/5 CLINIMIX E INJECTIONS						
Rate ml/hr	24hr volume	Protein (gm)	Protein (kcal)	Dextrose (gm)	Dextrose (kcal)	Total kcal
30	720	31	122	36	122	245
35	840	36	143	42	143	286
40	960	41	163	48	163	326
41.6	1000	42.5	170	50	170	340
45	1080	46	184	54	184	367
50	1200	51	204	60	204	408
55	1320	56	224	66	224	449
60	1440	61	245	72	245	490
63	1500	64	255	75	255	510
65	1560	66	265	78	265	530
70	1680	71	286	84	286	571
75	1800	77	306	90	306	612
80	1920	82	326	96	326	653
83.3	2000	85	340	100	340	680
85	2040	87	347	102	347	694
90	2160	92	367	108	367	734
95	2280	97	388	114	388	775
100	2400	102	408	120	408	816
105	2520	107	428	126	428	857
110	2640	112	449	132	449	898
115	2760	117	469	138	469	938
120	2880	122	490	144	490	979
125	3000	128	510	150	510	1020

5/20 CLINIMIX E INJECTIONS						
Rate ml/hr	24hr volume	Protein (gm)	Protein (kcal)	Dextrose (gm)	Dextrose (kcal)	Total kcal
30	720	36	144	144	490	634
35	840	42	168	168	571	739
40	960	48	192	192	653	845
41.6	1000	50	200	200	680	880
45	1080	54	216	216	734	950
50	1200	60	240	240	816	1056
55	1320	66	264	264	898	1162
60	1440	72	288	288	979	1267
63	1500	75	300	300	1020	1320
65	1560	78	312	312	1061	1373
70	1680	84	336	336	1142	1478
75	1800	90	360	360	1224	1584
80	1920	96	384	384	1306	1690
83.3	2000	100	400	400	1360	1760
85	2040	102	408	408	1387	1795
90	2160	108	432	432	1469	1901
95	2280	114	456	456	1550	2006
100	2400	120	480	480	1632	2112
105	2520	126	504	504	1714	2218
110	2640	132	528	528	1795	2323
115	2760	138	552	552	1877	2429
120	2880	144	576	576	1958	2534
125	3000	150	600	600	2040	2640

Daily Electrolyte Guidelines for Adult Parenteral Nutrition Formulations – adapted from *The ASPEN Nutrition Support Practice Manual*, 2nd ed, 2005

Nutrient	Standard daily requirement	Dosage form
Calcium	10-15 mEq	Ca gluconate
Magnesium	8-20 mEq	Mg sulfate
Phosphorus	20-40 mmol	Na phosphate K phosphate
Sodium	1-2 mEq/kg	Na phosphate Na chloride Na acetate
Potassium	1-2 mEq/kg	K phosphate K chloride K acetate

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