

PARENTERAL NUTRITION ORDER SET

All TPN changes MUST be documented on the Parenteral Nutrition
 All orders must be received in Pharmacy by **1400 for same day processing**
Please phone Pharmacy to confirm receipt of new or change orders (phone: 22299)

SOLUTION (CHECK ONE)

STANDARD SOLUTION WITH ELECTROLYTES	<input type="checkbox"/> 5/15 Central	<input type="checkbox"/> 5/20 Central	<input type="checkbox"/> Custom (1 TPN bag per 24 hrs)	
Amino Acids	5%	5%	Amino Acids 10%	ml
Dextrose	15%	20%	Dextrose 70%	ml
Gram Protein per liter	50	50	Total Volume (mL per 24 hours)	ml
Total Calories per Liter (Dextrose and Amino Acids)	710	880	Electrolytes	Amount / 24 hours (1 bag per 24 hours)
Standard Electrolyte per Liter			Calcium Gluconate	mEq
Sodium Chloride	40 mEq/Liter		Magnesium Sulfate	mEq
Potassium Chloride	30 mEq/Liter		Potassium Acetate	mEq
Magnesium Sulfate	8 mEq/Liter		Potassium Chloride	mEq
Calcium Gluconate	5 mEq/Liter		Potassium Phosphate	mmol
Sodium Acetate	50 mEq/Liter		Sodium Acetate	mEq
Sodium Phosphate	10 mmole/Liter		Sodium Chloride	mEq
			Sodium Phosphate	mmol

ADDITIVES

<input type="checkbox"/> Multivitamin 10 mL / 24 hours	<input type="checkbox"/> Insulin Regular _____ units / 24 hours
<input type="checkbox"/> Trace Elements 5 mL / 24 hours (if available)	<input type="checkbox"/> Famotidine _____ mg / 24 hours
<input type="checkbox"/> Vitamin K 10 mg every Friday	<input type="checkbox"/> Other _____

Infusion Rate: _____ ml / hour x _____ hours, then _____ ml / hour

LIPIDS (20%) Rate: _____ ml / hour Daily M-W-F Other: _____
 Discontinue Lipids

Regular Insulin Sliding Scale every 6 hours (ONLY if patient does NOT have an active order for other insulin; DC if more aggressive orders are written)

Blood Glucose (mg/dL)	Regular Insulin Dose (Subcutaneous)(Total dose less than 40 units/day)
100-150	0 units
151-200	1 unit
201-250	2 units
251-300	4 units
301-350	5 units
351-400	6 units
Greater than 400	8 units

- Notify physician when blood sugar is less than 70 mg/dL or greater than 400 mg/dL
- For Blood Glucose 50-69 mg/dL, give 25 mL (12.5 gm) 50% dextrose IV push
- For Blood Glucose below 50 mg/dL, give 50 mL (25 gm) 50% dextrose IV push
- Repeat finger-stick every 15 minutes until blood glucose is above 80 mg/dL x 2 measurements.

STANDARD LABS

• DAILY: BMP, magnesium, phosphorus, ionized calcium	• WEEKLY: CMP, LFT, Triglycerides
• Glucometer Q6 hours	

Physician Signature

Date (required)

Time (required)



PT.
MR.#/P.M.
DR.