

ORDERS

Sample Premix PN Order Form – Adult

Indication for Therapy:

☐ Failed Tube Feeding ☐ Needs NPO > 7 days ☐ GI hemorrhage (acute) ☐ Ileus
☐ Short bowel syndrome ☐ Severe diarrhea/vomiting ☐ High output fistula ☐ Obstruction

Instructions:

This form must be completed for a new order or change in formula and faxed to the pharmacy by 1300 to receive prepared by 1800 hang time. All changes including rate must be on a PN form. The pharmacy will not accept orders that are not on a PN form.

Administration Route:

☐ **Central IV** (CVC or PICC) Note: Proper tip placement of the CVC or PICC must be confirmed prior to PN infusion
☐ **Peripheral IV** (PIV) (Final PN Osmolarity < 920 mOsm/L)

Monitoring: In addition to this form, a signed PN order set should be placed on the chart. **Weight:** _____ kg

Rate and Volume _____ mL/hour X 24 hours = _____ mL/day or **Cyclic Schedule** _____ see below

Base Solution: Parenteral nutrition MUST be administered through a dedicated infusion port filtered with a 1.2 micron in-line filter (attached in pharmacy) at all times. Discard any unused volume after 24 hours.

_____ % Amino Acids

_____ % Dextrose

_____ ml 20% fat emulsion

Total Calories _____ kcal/day

_____ Standard Peripheral
 2.75% Amino Acids (27.5 grams protein/liter)
 10% Dextrose (100 grams dextrose/liter)
 50gram 20% fat emulsion/day

*Total Kcals: 450/liter Amino Acids & Dextrose plus 500 kcals/day from lipids

Electrolyte Additives: (per liter)

Sodium 35 mEq/liter

Potassium 30 mEq/liter

Chloride 39 mEq/liter

Acetate based on the amino acid concentration

Phosphate 15 mmol/liter

Calcium 4.5 mEq/liter

Magnesium 5 mEq/liter

Insulin Additive:

Regular Insulin _____ units/day

Routine Additives: (will be added unless crossed out)

Adult Multivitamins: 1 vial (10mL)

(includes 150 micrograms Vitamin K per dose)

Adult Trace Elements:

Zinc 4 mg, Copper 1.6 mg, Manganese 0.4 mg

Chromium 16 micrograms, Selenium 80 micrograms

Cyclic Schedule:

_____ ml/hour for _____ hour(s)

_____ ml/hour for _____ hour(s)

_____ ml/hour for _____ hour(s)

Total Volume _____ mL Total hours _____

Pharmacy Use Only:

Calcium/Phosphorus Limit Checked _____

Final PN Osmolarity _____ mOsm/L (must be < 900 for PPN)

Other Additives:

Zinc _____ mg/day

Folic Acid _____ mg/day

Famotidine (Pepcid) _____ mg/day

Special Instructions:

Physician's Signature: _____ Number: _____ Date/time: _____

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Suggested Daily Electrolyte Requirements of Adult Patients on Parenteral Nutrition²

Electrolyte	Dose
Sodium (Na)	1-2 mEq/kg
(dose divided between Chloride, Acetate and Phosphate salt)	
Potassium (K)	1-2 mEq/kg
(dose divided between Chloride, Acetate and Phosphate salt)	
Calcium Gluconate	5-15 mEq/day
Magnesium Sulfate	8-24 mEq/day
Phosphate	20-40 mmol/day
1 mmol PO ₄ = 1.5 mEq K	
1 mmol PO ₄ = 1.3 mEq Na	

References:

1. Safe practices for parenteral nutrition. J Parenter Enteral Nutr. 2004;28:S39-S70.
2. A.S.P.E.N. Nutrition Support Manual 2nd Edition