



134 Prince Avenue, Suite B  
 Bellingham, WA 98226  
 Phone (360) 933-4892  
 Fax (360) 933-1197

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Weight: \_\_\_\_\_

IV Access: \_\_\_\_\_ Height: \_\_\_\_\_

Allergies: \_\_\_\_\_

## Total Parenteral Nutrition (TPN) Order Form

◆ Orders are initiated unless crossed out by provider.

Check box to initiate order.

Please complete this form and fax to (360)933-1197

**Diagnoses:** \_\_\_\_\_ ICD-9: \_\_\_\_\_

**Medication Orders:**

Days per week: \_\_\_\_\_

Cyclic: Infuse over \_\_\_\_\_ hours (Taper up and down x1 hour)       Continuous (24 hours/day)

**Macronutrient Components:**

<input type="checkbox"/> Clinimix (5/15) 2000 ml Amino Acids 5%/ Dextrose 15% 1490 kCal (Recommended for patients >65 kg)	<input type="checkbox"/> Clinimix (4.25/10) 2000 ml Amino Acids 4.25%/Dextrose 10% 1020 kCal (Recommended for patients <65 kg)	<input type="checkbox"/> Custom Formula Amino Acids (4 kcal/gm) _____ % Dextrose (3.4 kcal/gm) _____ % Volume (excludes lipids): _____
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**Lipids (20%):**     250 ml/day (500 kcal/day)     \_\_\_\_\_ ml/day  
 Frequency:       Daily       Twice weekly     Three times weekly     Other: \_\_\_\_\_

**Electrolytes:**

<input type="checkbox"/> Standard: ◆ 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) ◆ 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
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**Additives:** Check all required additives and specify amount

<input type="checkbox"/> Multivitamin (MVI-12)*	<input type="checkbox"/> 10 ml/day	<input type="checkbox"/> _____ ml/day
<input type="checkbox"/> Trace Elements**	<input type="checkbox"/> 1 ml/day	<input type="checkbox"/> _____ ml/day
<input type="checkbox"/> Regular Insulin*:	_____ units/day	
<input type="checkbox"/> Famotidine*:	_____ mg/day	
<input type="checkbox"/> Ranitidine*:	_____ mg/day	
<input type="checkbox"/> Other:	_____	

\* To be added immediately before administration

\*\* Trace elements per 1ml:

- ◆ Zinc 5mg
- ◆ Copper 1mg
- ◆ Manganese 0.5mg
- ◆ Chromium 10mcg
- ◆ Selenium 60mcg

- Clinical Pharmacist to monitor labs and adjust formula as needed
- ◆ Alteplase 2mg IV to de clot central IV access per Infusion Solutions protocol as needed for occlusion.
- ◆ Flush line with D5W, 0.9% NaCl and/or Heparin 10 u/ml or 100 u/ml per Infusion Solutions protocol.
- ◆ Infusion Reaction Management per Infusion Solutions Protocol as needed.

**Labs:**

<input type="checkbox"/> CBC with Diff	<input type="checkbox"/> weekly	<input type="checkbox"/> every _____
<input type="checkbox"/> CMP	<input type="checkbox"/> weekly	<input type="checkbox"/> every _____
<input type="checkbox"/> Magnesium	<input type="checkbox"/> weekly	<input type="checkbox"/> every _____
<input type="checkbox"/> Phosphorus	<input type="checkbox"/> weekly	<input type="checkbox"/> every _____
<input type="checkbox"/> Pre-albumin	<input type="checkbox"/> weekly	<input type="checkbox"/> every _____
<input type="checkbox"/> Other:	<input type="checkbox"/> weekly	<input type="checkbox"/> every _____

**Blood Glucose Monitoring:**

<input type="checkbox"/> Twice daily (for continuous infusion)
<input type="checkbox"/> 1 hour before infusion (for cyclic infusion)
<input type="checkbox"/> 2 hours into infusion (for cyclic infusion)
<input type="checkbox"/> With routine labs (if stable for 3 to 4 days)
<input type="checkbox"/> Other: _____

\_\_\_\_\_  
 Prescriber Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Please Print Name