### Total Parenteral Nutrition (TPN) Order Form

- Orders are initiated unless crossed out by provider.
- Check box to initiate order.

#### Diagnoses:

<table>
<thead>
<tr>
<th>Diagnoses:</th>
<th>ICD-10:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Medication Orders:

- Days per week: __________
- Cyclic: Infuse over ________ hours (Taper up and down x1 hour)
- Continuous (24 hours/day)

#### Macronutrient Components:

<table>
<thead>
<tr>
<th>Clinimix (5/15) 2000 ml</th>
<th>Clinimix (4.25/10) 2000 ml</th>
<th>Custom Formula</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amino Acids 5%</td>
<td>Dextrose 15%</td>
<td>Amino Acids 4.25%/Dextrose 10%</td>
</tr>
<tr>
<td>1490 kCal</td>
<td>1020 kCal</td>
<td>(Recommended for patients &gt;65 kg)</td>
</tr>
</tbody>
</table>

#### Lipids (20%):

- 250 ml/day (500 kcal/day)
- ________ ml/day

#### Electrolytes:

- Standard:
  - Sodium 35 mEq/L
  - Potassium 30 mEq/L
  - Magnesium 5 mEq/L
  - Calcium 4.5 mEq/L
  - Phosphate 15 mMol/L
  - Acetate 80 mEq/L
  - Chloride 39 mEq/L
- 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

#### Additives:

- Multivitamin (MVI-12)*
- Trace Elements**:
- Regular Insulin*:
- Famotidine*:
- Ranitidine*:
- Other:

#### Labs:

- CBC with Diff
- CMP
- Magnesium
- Phosphorus
- Pre-albumin
- Other:

#### Blood Glucose Monitoring:

- Twice daily (for continuous infusion)
- 1 hour before infusion (for cyclic infusion)
- 2 hours into infusion (for cyclic infusion)
- With routine labs (if stable)

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**Please Print Name**

**Prescriber Signature**

**Date**

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**Please Print Name**

**Form # 306**

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