

## Patient and Physician Information

Patient Name:	Physician Name:
Date of Birth:	Physician Phone:
Allergies:	Physician Fax:
Height: _____ cm _____ inches	Rx Start Date:
Weight: _____ kilograms _____ pounds	PN Indication:
ICD-10: Code: _____ Description: _____	Estimated length of therapy: _____ Months _____ Years
Code: _____ Description: _____	

## Parenteral Nutrition Formula

Amino Acids type: <input type="checkbox"/> FreAmine 10% <input type="checkbox"/> Aminosyn 15%	Dose: _____ gm/day _____ ml/day
Dextrose 70% _____ gm/day _____ ml/day	<b>Substitution:</b>
<input type="checkbox"/> Intralipid 20% <input type="checkbox"/> Smoflipid 20% _____ gm/day _____ ml/day	
Total PN Bag Volume: _____ ml/day	Infuse over: _____ hrs/day _____ days/wk
Pump Type: CURLIN 6000 set in TPN mode	Up Ramp: _____ hrs Down Ramp: _____ hrs
<input type="checkbox"/> Home Parenteral Nutrition to be calculated & managed by InfuCare Rx Nutrition Support Team	

## Comments:

Electrolytes	Suggested Daily Requirements	Additives		
Sodium Chloride mEq/day	Sodium: 1-2 mEq/kg/day + Replacement (1 mmol of PO4=1.3 mEq Na)	<input type="checkbox"/> MVI-13 (Infuvite)	<input type="checkbox"/> MVI-12	<input type="checkbox"/> MVI-(Ped)
Sodium Acetate mEq/day		10 mLs/day	_____ mLs/day	_____ mLs/day
Sodium Phosphate mmol/day		Vitamin K mg/day	OTHER ADDITIVES	
Potassium Chloride mEq/day	Potassium: 1-2 mEq/kg/day Phosphate: 20-40 mmol/day (1mmol of PO4 = 1.5mEq K)	Thiamine mg/day		
Potassium Acetate mEq/day		Folic Acid mg/day		
Potassium Phosphate mmol/day		Famotidine mg/day		
Magnesium Sulfate mEq/day	Mg: 8-20 mEq/day	Zantac mg/day		
Calcium Gluconate mEq/day	Ca: 10-15 mEq/day	Iron Dextran (2:1 only) mg/day		
Chloride-Acetate Ratio: Chloride: _____ Acetate: _____		Regular Insulin units/bag		

## Trace Elements

MTE-C5 1 mL \*\*Due to MTE shortage: TPN may contain the standard dose of the MTE product available or the equivalent individual TE's \*\*

Individual TE's: Se \_\_\_\_\_ mcg (60mcg) Cu \_\_\_\_\_ mg (1mg) Cr \_\_\_\_\_ mcg (10mcg) Mn \_\_\_\_\_ mcg (50mcg) Zn \_\_\_\_\_ mg (5mg)

IV Access:  PIV  Central Venous Access  Port  PICC # of Lumens \_\_\_\_\_

Access device requires weekly dressing changes and/or port needle replacement.

PN Flush Protocol:	Saline	Heparin 10 units/ml	Heparin 100 units/ml
	(PICC/Port)	(PICC)	(Port)
	5-10 ml	3-5 ml	3-5 ml

## Weekly Lab Orders

<input type="checkbox"/> Monday	<input type="checkbox"/> CBC w/diff	<input type="checkbox"/> CMP	<input type="checkbox"/> MG	<input type="checkbox"/> PO4	<input type="checkbox"/> TRIG	<input type="checkbox"/> PreAlbumin	<input type="checkbox"/> CRP	<input type="checkbox"/> CA
<input type="checkbox"/> Tuesday	<input type="checkbox"/> Trace Minerals every 3 months (check deficiencies & nutrition assessment completed)							

## Additional Requested Supplies

Glucometer  Weight Scale  Other: \_\_\_\_\_

## Prescriber Signature(s)

Orders sent from: \_\_\_\_\_  Verbally  Faxed Time: \_\_\_\_\_ Date: \_\_\_\_\_

Clinician Name (print): \_\_\_\_\_

Clinician Signature: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I herby certify that the above infusion and service are medically necessary and are authorized by me**