

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	Substitution:	LIPIDS
<input type="checkbox"/> Intralipid 20% <input type="checkbox"/> Smoflipid 20% _____ gm/day _____ ml/day		<input type="checkbox"/> 3:1
Total PN Bag Volume: _____ ml/day	Infuse over: _____ hrs/day _____ days/wk	<input type="checkbox"/> 2:1
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

Monday Tuesday

CBC w/diff CMP MG PO4 TRIG PreAlbumin CRP CA

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