

Order Date: _____

HOME PARENTERAL NUTRITION

Order Form

Del. Date: _____

Initial order Updated order

NOTE: Two (2) business days notice required

Routine delivery

Patient surname		First Name			Telephone No.
Address		Apt	City		Postal Code
Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Weight kg	Height cm	Venous Access <input type="checkbox"/> PICC <input type="checkbox"/> Hickman <input type="checkbox"/> Implanted port <input type="checkbox"/> Other: _____ # of lumens _____	
PN Indication / Diagnosis			Allergies (Reaction)		

PARENTERAL NUTRITION FORMULA

	Check desired box	<input type="checkbox"/> Standard	<input type="checkbox"/> Specify:		Check desired box	<input type="checkbox"/> Standard	<input type="checkbox"/> Specify:
Macronutrients	Dextrose 3.4 kcal/g	<input type="checkbox"/>	200 g /bag	<input type="checkbox"/>	Sodium	<input type="checkbox"/>	35
	Amino acid 4 kcal/g	<input type="checkbox"/>	50 g/bag	<input type="checkbox"/>	Potassium	<input type="checkbox"/>	30
	Fat emulsion 20% 10 kcal/g or 2kcal/mL	<input type="checkbox"/>	50 g/bag	<input type="checkbox"/>	Calcium	<input type="checkbox"/>	2.25
Fluids	NaCl 0.9%	<input type="checkbox"/>	--	<input type="checkbox"/>	Magnesium	<input type="checkbox"/>	2.5
	Total volume	<input type="checkbox"/>	1250 mL	<input type="checkbox"/>	Phosphorus	<input type="checkbox"/>	15
Patient Additives				Electrolytes mmol/bag	Cl: Acetate Ratio Pharmacy to adjust		
<input type="checkbox"/>	Multivitamins	<input type="checkbox"/>	10 mL/bag		Check desired box <input type="checkbox"/> Standard <input type="checkbox"/> Specify:		
<input type="checkbox"/>	Ranitidine	<input type="checkbox"/>	_____ mg/bag		Zinc (Maximum 10mg/L or 150 umol/L)	<input type="checkbox"/>	75
<input type="checkbox"/>	Vitamin K	<input type="checkbox"/>	_____ mg/bag → <input type="checkbox"/> daily/ <input type="checkbox"/> weekly		Copper	<input type="checkbox"/>	15
<input type="checkbox"/>	Carnitine	<input type="checkbox"/>	_____ units/bag		Manganese	<input type="checkbox"/>	9
					Chromium	<input type="checkbox"/>	0.2
					Selenium	<input type="checkbox"/>	0.75
				Iodide	<input type="checkbox"/>	0.5	

Rate & Volume	Frequency
_____ mL/hour for _____ hours = _____ ml/day	_____ days per week

SPECIAL HYDRATION ORDERS

--

ATTENDING PHYSICIAN

Name	Signature	Telephone	Fax
------	-----------	-----------	-----

Desjardins Pharmacy to complete:

Reservoir Volume = _____ mL; Infusion volume = _____ mL; Infusion period = _____ hrs _____ min; Taper-up = _____ min.; Taper-Down = _____ min.

MACRONUTRIENT	DAILY REQUIREMENT	Example calculation (73 kg patient)	Min./Max
1. Total calories	20-30 kcal/kg/d ¹	30 kcal/kg/d x 73kg= 2200 total kcal	
2. Protein 4kcal/g	0.8-1.5g/kg/d ^{1,4} (Maximum 2g/kg/d) ²	1.5 g/kg/d x 73kg= 110g x 4 kcal/g= 440 protein kcal	0-58 gm/L
3. Fat 20% 2kcal/mL 10kcal/g	15-30% of non-protein calories ¹	i. (2200kcal-440 kcal) x .30 =528 fat kcal ii. 528kcal ÷ 2 kcal/mL= 264 mL fat or 528 ÷ 10kcal/g= 53 g fat	Min. 2% final concentration 20-61 g/L
4. Dextrose 3.4 kcal/g	70-85% non-protein calories ¹ (Maximum 5.75g/kg/d) ²	i. 2200kcal-440kcal-528kcal= 1232 dextrose kcal ii. 1232 kcal÷ 3.4kcal/g= 362 g dextrose OR (2200- 440) x .70= 1232 dextrose kcal	0-250 g/L

Macronutrient Calculation Worksheet:

- Total calories** 20 to 30 kcal x ____ kg= ____ total kcal
- Protein** 0.8 to 1.5g x ____ kg= ____ g protein x 4 kcal/g= ____ protein kcal
- Fat 20%** (____ total kcal - ____ protein kcal) x .15 to .30= ____ fat kcal ÷10 kcal/g= ____ g fat
[____ fat kcal ÷2 = ____ mL fat]
- Dextrose** total kcal –protein kcal- fat kcal= ____ kcal ÷3.4 = ____ g dextrose
- Enter ____ g protein, ____ g fat , ____ g dextrose on reverse to specify tailored PN formula.

Note: Calculation of caloric content of prescribed PN (total kcal) = (__g glucose x3.4) + (__g protein x4)+ (__mL lipids x2)

FLUID DAILY REQUIREMENTS¹	30-40 mL/kg/day
---	-----------------

MULTIVITAMIN 10 mL Contents:	
Ascorbic Acid	200 mg
Vitamin A	6600 units
Vitamin D	400 units
Vitamin E	20 units
Pyridoxine	8 mg
Thiamine	6 mg
Riboflavin	7.2 mg
Niacinamide	80 mg
Biotin	120 mcg
Folic Acid	800 mcg
Vitamin B ₁₂	10 mcg
Pantothenyl alcohol	30 mg

ELECTROLYTE DAILY REQUIREMENTS¹		Calculation	Min./Max²
Sodium	1-2mmol/kg	Wt x 1-2mmol = ____ mmol NaCl	1-82 mmol/L
Potassium	1-2mmol/kg	Wt x 1-2 mmol= ____ mmol K ⁺	15 meq/hr
Calcium	5-7.5 mmol		0-3.4 mmol/L ³
Magnesium	4-10 mmol	Wt x 4-10 mmol = ____ mmol MgSO ₄	0-12.5 mmol/L
Phosphate	20-40 mmol		0-25 mmol/L

¹American Society for Parenteral & Enteral Nutrition. Appropriate Dosing for Parenteral Nutrition: ASPEN Recommendations: https://www.nutritioncare.org/Guidelines_and_Clinical_Resources/Clinical_Guidelines/

²American Society for Parenteral & Enteral Nutrition. The A.S.P.E.N. Nutrition Support Core Curriculum. 2007.

³Newton DW & Driscoll DF. Calcium and phosphate compatibility: revisited again. Am J Health-Syst Pharm. 2008; 65: 73-80

⁴American Society for Parenteral & Enteral Nutrition. The A.S.P.E.N. Nutrition Support Core Curriculum. 2007.