### Parenteral Nutrition Order Form

**Consult:**  
- ☐ NSS-RECOMMENDATIONS with ORDERS.  
- ☐ NSS-RECOMMENDATIONS ONLY.

<table>
<thead>
<tr>
<th>Ht</th>
<th>Wt</th>
<th>IBW</th>
<th>Adj. Wt</th>
<th>Assessed Needs</th>
<th>KCal</th>
<th>g Protein</th>
</tr>
</thead>
<tbody>
<tr>
<td>___</td>
<td>___</td>
<td>_____</td>
<td>---------</td>
<td>----------------</td>
<td>------</td>
<td>-----------</td>
</tr>
</tbody>
</table>

- **Amino Acids 10%**  
  - mL: [___] g per [___] Kcal  
  - g per Kg

- **Dextrose 70%**  
  - mL: [___] g per [___] Kcal  
  - mg per Kg per min

- **Lipids 20%**  
  - mL: [___] g per [___] Kcal  
  - g per Kg

**Total Calories:**  
- [___]

**Other Ingredients:**
- **Calcium gluconate:**  
  - mEq: [___]

- **Magnesium sulfate:**  
  - mEq: [___]

- **Potassium chloride:**  
  - mEq: [___]

- **Potassium phosphate:**  
  - mM: [___]

- **MVI-12:**  
  - mL: [___]

- **Trace elements:**  
  - mL: [___]

- **Pepcid:**  
  - mg: [___]

- **Regular Human Insulin:**  
  - units: [___]

- **Infuse thru a 1.2 micron filter at:**  
  - mL per hr

### Monitoring Orders

**CHECK AND COMPLETE ALL THAT APPLY**

- ☒ Fluid intake and output (I & O’s) q shift with 24 hour totals.
- ☒ Weigh patient q 3 days.

**Nutrition Order Set (CMP, PO4, Mg, Chol, TG)**  
- Tomorrow a.m., and every Monday and Thursday a.m.

**Pre-albumin:**  
- Tomorrow a.m.  
- Every Monday

**24 hour urine for urine urea nitrogen, begin urine collection:**  
- ☐

**Metabolic Study:**  
- ☐

**Capillary glucose every 6 hours**  
- ☒

**Humulin R**  
- Correction dosing:

<table>
<thead>
<tr>
<th>Cap Glucose</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>150 - 199 mg/dL</td>
<td>2</td>
</tr>
<tr>
<td>200 - 249 mg/dL</td>
<td>4</td>
</tr>
<tr>
<td>250 - 299 mg/dL</td>
<td>6</td>
</tr>
<tr>
<td>300 - 349 mg/dL</td>
<td>8</td>
</tr>
<tr>
<td>&gt; 349</td>
<td>10</td>
</tr>
</tbody>
</table>

- ☒ If glucose less than 60mg%, administer 25ml Dextrose 50% IV. If TPN contains insulin, discontinue TPN and hang Dextrose 10% in water at 50ml/hr. Notify nutrition team or prescribing physician ASAP.

- ☐ If TPN bag is completed early, hang Dextrose 10% and infuse at 50 mL per hr until next TPN bag available.

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**Date**  
- [/]

**Time**  
- [___]

**Physician Signature**  
- [___]

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**DOCTOR’S ORDERS**

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**BOTTOM EDGE OF PATIENT LABEL**  
- REV 02/13; SD40-3