

| | | | | |
|-----------------------------------|---------------------|----|-------------------------|-------------------------|
| Demographics | PATIENT NAME | | | |
| | FOLLOWING PHYSICIAN | | | |
| | Date of Birth | | | |
| | Primary Diagnosis | | | |
| | PN Indication | | | |
| | Height | cm | inches | |
| | Weight | kg | lbs | |
| | Allergies | | | |
| Weekly Labs | CBC / Diff | | | |
| | CMP | | | |
| | Magnesium | | | |
| | Phosphorous | | | |
| | Prealbumin | | | |
| Base Formula | Amino Acids | % | gm | |
| | Dextrose | % | gm | |
| | Lipids | % | gm | |
| | Sterile Water | | ml | |
| | SODIUM Chloride | | | mEq |
| SODIUM Acetate | | | mEq | |
| SODIUM Phosphate | | | mmol of PO ₄ | |
| Electrolytes and Additives | POTASSIUM Chloride | | | mEq |
| | POTASSIUM Acetate | | | mEq |
| | POTASSIUM Phosphate | | | mmol of PO ₄ |
| | Calcium Gluconate | | | mEq |
| | Magnesium Sulfate | | | mEq |
| | Regular Insulin | | | units |
| | Multitrac Elements | | | ml MTE 5 |
| | Multivitamins | | | ml |
| | Famotidine | | | mg |
| | Zinc | | | mg |
| | Folic Acid | | | mg |
| | Vitamin C | | | mg |
| | Thiamine | | | mg |
| | Other | | | mg/units |
| | Other | | | mg/units |
| Other | | | mg/units | |

| Administration ("√" if Continuous) | |
|------------------------------------|--------------------------|
| ★ Continuous Administration: | <input type="checkbox"/> |
| Rate: | _____ ml/hr over 24 hr |
| Volume: | _____ ml formula |

| Administration ("√" if Cyclic) | |
|--------------------------------|--------------------------|
| ★ Cyclic Administration(*): | <input type="checkbox"/> |
| Duration: | _____ hour(s) per day |
| Rate: | _____ ml/hr |
| Volume: | _____ ml formula |

Cyclic Note: (*) If TPN is administered for 18 hours per day or LESS, the infusion rate will automatically be calculated with a ONE HOUR RAMP UP (at start of daily infusion) & ONE HOUR RAMP DOWN at end of infusion unless Prescriber states otherwise.

| Supplies and Equipment | |
|---|--------------------------|
| TPN Supply Kit, Daily(B4220) | <input type="checkbox"/> |
| TPN Admin. Kit, Daily(B4224) | <input type="checkbox"/> |
| Ambulatory Infusion Pump(B9004) | <input type="checkbox"/> |
| Saline Flush 10ml Syringe(A4216) | <input type="checkbox"/> |
| Heparin Flush 100u/ml 5ml Syringe (J1642) | <input type="checkbox"/> |
| Other _____ | <input type="checkbox"/> |

| GUIDANCE: Usual Daily Dose | |
|--|--|
| SODIUM: 50-200mEq (1-2mEq/kg/day) Phosphate (as Sodium Phosphate): 20-40 mmol (1 mmol phos = 1.5mEq K+) | |
| POTASSIUM: 50-120mEq (1-2mEq/kg/day) Phosphate (as Potassium Phosphate): 20-40 mmol (1 mmol phos = 1.5mEq K+) | |
| Calcium: 5-15mEq | |
| Magnesium: 8-24mEq | |
| Based on Serum Glucose | |
| Trace Elements: 1ml | |
| Multivitamins: 10ml | |
| Famotidine: 20-40mg | |
| Zinc: 2.5 -- 4mg | |
| Folate: 0.5 -- 3mg | |
| Vitamin C: 100 -- 500mg | |
| Thiamine: 30 -- 90mg | |

| Lab Orders | |
|-------------------------|--|
| Done in Clinic / Day: | |
| Done by HH / Lab Order: | |

| Home Health Agency | |
|--------------------|--|
| Name: | |
| Phone: | |
| Fax: | |

Physician Signature _____

Date _____

NPI _____