## ADULT TOTAL PARENTERAL NUTRITION ORDER FORM

40.0 mg

15.0 mg

10.0 IU

7. Niacinamide

9. Vitamin E

FORM TO BE COMPLETED TO INSURE THE CHANGE IS ACKNOWLEDGED BY

11. Maximum CALCIUM/PHOSPHATE concentrations are limited to the sum of (mEq

Ca++/1000ml) + (2x PO4-/1000ml) value being: <60

8. Dexpanthenol

REFERENCE

AIDS

**ELECTROLYTES** 

Order custom electrolytes in whole or

half (0.5) units only. Amino acids contribute additional electrolytes to

individual formulations.

The Adult Dose (10 ml) of Multivitamin (M.V.I.) Contains:

100.0 mg

3,300.0 IU

200.0 IU

1. Ascorbic Acid

THE PHARMACY.

2. Vitamin A

3. Vitamin D

4. Thiamin (B1)	3.0 mg	10.	Biotin	60.0 mcg	DEXTROSE
5. Riboflavin (B2)	3.6 mg	11.	Folic Acid	400.0 mcg	Each gram provides 3.4 Kcal
<ol><li>Pyridoxine (B6)</li></ol>	4.0 mg	12.	Cyanocobalamin (B12)	5.0 mcg	
The Adult Dose (1ml) of Trace Element (T.E.) Solution Contains:					1 gm = 1.43 ml
1. Zinc	5.0 mg		Copper	1.0mg	Peripheral concentrations should not
<ol><li>Manganese</li></ol>	0.5 mg		Chromium	10.0 mcg	exceed 340 non-protein Kcal per 1000
		5.	Selenium	60 mcg	ml.
Instructions For Using This Form:					444110 4010
Check INDIRECT CALORIMETRY if desired.					AMINO ACID
To CONTINUE THE SAME PARENTERAL NUTRITION order for an additional 48 hours, check the appropriate box.					Each gram provides 4 Kcal
Order STANDARD CENTRAL or STANDARD PERIPHERAL formulas by liters per day. Nutritional components as shown are per liter. Standard formulas include M.V.I., T.E. and standard electrolytes.					Travasol (standard) 10% protein 0.10 gm/ml volume 1 gm/10 ml
**************************************					acetate 0.87 mEq/gm
<ol> <li>Use the SPECIAL FORMULATION section for any changes to existing standard formulations. This includes additions and/or deletions to standard electrolytes.</li> </ol>					chloride 0.4 mEq/gm
formulations. This includes additions and/or deletions to standard electrolytes.					
<ol> <li>Order AMINO ACIDS as grams per day. Use the other (TYPE) line to specify special amino acid products, i.e. RENAL, HEPATIC; or VOLUME RESTRICTED. Use of "OTHER" products requires a nutrition support team consult.</li> </ol>				Novamine (volume restricted) 15% protein 0.15 gm/ml volume 1 gm/7 ml acetate 1.06 mEq/gm	
6. Order TOTAL NON-PROTEIN CALORIES as Kcals per day. Specify the number of calories to be supplied by dextrose and lipids.					
<ol> <li>Order TOTAL VOLUME as mls per day observing minimum volume recommendations. Electrolytes and additives require approximately 100 ml of volume.</li> </ol>					Nephramine (renal) 5.4% protein 0.054 gm/ml
<ol> <li>If STANDARD ELECTROLYTES OR STANDARD ELECTROLYTES-NO POTASSIUM are desired check the appropriate box.</li> </ol>					volume 1 gm/19 ml sodium 0.095 mEq/gm acetate 0.84 mEg/gm
<ol><li>If CUSTOM ELECTROLYTES are desired, check the appropriate box and specify total mEq and/or mM, per day. If STANDARD ELECTROLYTES PLUS</li></ol>					acetate 0.84 metygm
additional electro liter) listed under phosphate or soo	ADDITIONAL ELECTROLYTES are desired, check the appropriate box and specify additional electrolytes in mEq and/or mM, per day. Use standard electrolytes (per liter) listed under Standard Formulas as a guide. NOTE: 1mM of potassium phosphate or sodium phosphate supplies 1.47 mEq and 1.33 mEq of potassium or sodium respectively.				Hepatamine (hepatic) 8.0% protein 0.08 gm/ml volume 1 gm/13 ml sodium 0.13 mEq/gm acetate 0.81 mEq/gm
10. Specify OTHER ADDITIVES as total units, mg, or mEq per day. REQUESTS FOR CHANGES TO PREVIOUSLY WRITTEN ORDERS REQUIRE A NEW ORDER					phosphate 0.13 mM/gm