



**ADULT TOTAL PARENTERAL NUTRITION
ORDER FORM (CENTRAL LINE ONLY)**

Ht: _____ cm

Wt.: _____ kg

Allergies: _____

Please note: Prescribers must make selections in each section of form

1. Base Solution (final concentration)

- ☐ Standard Base - D20W/4.25% amino acids
☐ Individual Base
Dextrose _____% Amino acids _____%
Lipids* _____& (*University only)

If lipid not included in TPN:

Lipid 20% 250 mLs infused over 12 hours

- ☐ Every day
☐ Every other day
☐ Other schedule: _____

2. Infusion schedule

Begin TPN at 2100 at _____ mL/hour _____

OR cycling schedule - see separate orders

3. Electrolytes/additives (May check standard if patient is not in renal failure)

- ☐ Standard electrolytes/additives — NaCl 40 mEq/L, NaAc 20 mEq/L, KCl 20 mEq/L, Kphos 20 mEq/L, CaGlu 5 mEq/L, MagSO4 8 mEq/L, Adult MVI - 10 mLs/day, MTE-5 3 mLs/day

- ☐ Individual electrolytes/additives:

NaCl _____ mEq/L

KCl _____ mEq/L

☐ Adult MVI (10 mLs/day)

NaAc _____ mEq/L

KAc _____ mEq/L

☐ MTE-5 (3 mLs/day)

Na Phos _____ mEq/L

K Phos _____ mEq/L

☐ Vitamin C 500 mg/day

Ca Glu _____ mEq/L

Mag SO4 _____ mEq/L

☐ Regular Insulin _____ units/Liter

Other additives (per day): _____

4. Standing Orders

- Consult Nutrition Support Team.
- Weigh patient daily.
- Strict I/O & document in chart.
- Keep TPN line inviolate, and if TPN interrupted for any reason, hang D10W at current TPN rate
- Blood glucose monitoring every _____ hour(s) with sliding scale regular human insulin.
- Sliding scale insulin: ☐ P and T protocol ☐ Individualized sliding scale (on separate page)
Route ☐ SQ ☐ IV

Optional orders

- ☐ CMP, Mg, Phos, triglyceride, prealbumin in the AM
☐ Renal panel, Mg every AM X 3 days then every Monday & Thursday, starting _____
☐ Prealbumin every Monday
☐ Metabolic study per RT (University only)
☐ 24 hour UUN and creatinine clearance

5. Physician Signature

Date/Time

