

# PHYSICIAN'S ORDERS

ANOTHER BRAND OF DRUG IDENTICAL IN FORM AND  
CONTENT MAY BE DISPENSED UNLESS CHECKED

Date & Time Ordered	<b>TOTAL PARENTERAL NUTRITION PHYSICIAN ORDERS</b>	PAGE 1 OF 1
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Date/Time

**Notify dietitian for complete nutritional assessment**

\_\_\_\_\_

**1) Intravenous Therapy:**

Standard Solution:

Clinimix 4.25% Dextrose 25%

Total Volume 2000 mL

Provided in solution: Sodium 19 mEq/L (sulfite free) & Acetate 30.6 mEq/L

Additives	Standard	Modification
KCL (40 mEq/10 mL)	40 mEq/liter	
NcCL (2.5 mEq/mL)	35 mEq/liter	
CaGluconate (0.465 mEq/mL)	4.65 mEq/liter	
MgSO4 (8 mEq/2 mL)	8 mEq/liter	
K PO4 (3 mMP/mL) (4.4 mEq K/mL)	15 mMP/liter 22 mEq K/Liter	
Trace elements	1 mL daily	
MVI – 12 (Multi-Vit)	10 mL daily	

Standard TPN Dextrose/amino acid sol 'N provides 1020 calories & 42.5 gm protein per/liter

Infuse TPN via IV pump at a rate of \_\_\_\_\_  
(50 mL/hr = 1224 KCAL; 50 gms protein/24 hours)

**2) Labs:**

Repeat each Monday as long as TPN continues or \_\_\_\_\_

Repeat every day for 3 days; then every other day or \_\_\_\_\_

- |  |                                      |   |
|--|--------------------------------------|---|
| <input type="checkbox"/> Comp          | <input type="checkbox"/> Basic       | <input type="checkbox"/> Albumin                |
| <input type="checkbox"/> Mg            | <input type="checkbox"/> Phosphorous | <input type="checkbox"/> Albumin/Tot Protein    |
| <input type="checkbox"/> Glucose       | <input type="checkbox"/> CBC         | <input type="checkbox"/> Pre-Albumin (sent out) |
| <input type="checkbox"/> Liver Profile |                                      |   |

**3) Nursing Orders:**

- Daily weights
- I&O every shift
- Dressing changes to central site QOD
- FSBS QID (ac and HS) x \_\_\_\_\_ hrs initially and with rate changes, then BID
- FSBS every 6 hours x \_\_\_\_\_ hr initially and with rate changes; then BID
- Sliding scale protocol
  - Low
  - Medium
  - High

**4) Medications:**

- Lyposin 10% - 500 mL twice a week on Tuesday & Saturday over 8 hours or \_\_\_\_\_  
(This provides 550 calories per 500 mL).
- Vitamin K: 10 mg subcutaneously weekly

Physician Signature \_\_\_\_\_