DARUL SEHAT HOSPITAL

Department of Pharmacy Services

Parenteral Nutrition Order form

Diagnosis:_____

Age:_____

Weight:_____

Height:_____

Male ☐ **Female** ☐

Patient's Addressograph

Name:_____

M.R No:_____

I.P No:_____

Bed No:_____ **Ward No:**_____

FOR CENTRAL LINE

Select one	Suggested Formula	Composition (volume in ml)	ml/bag	cc/hr X 24 hours	Protein (gms)	Dextrose (gms)	Fat (gms)	Total Kcal	Kcal: g N
[ ]	Formula APNI	AA10%+D25W+LIPID20 (500+1000+200)	1700	71	50	250	40	1400	
[ ]	Formula APNII	AA10%+D25W+LIPID20 (500+1300+200)	2000	83	50	325	40	1700	
[ ]	Formula APNIII	AA10%+D25W+LIPID20 (1000+1500+400)	2900	121	100	375	80	2400	
[ ]	Formula APNIV	AA10%+D25W+LIPID20 (1000+1400+600)	3000	125	100	350	120	2700	

FOR PERIPHERAL LINE

Select one	Suggested Formula	Composition (volume in ml)	ml/bag	cc/hr X 24 hours	Protein (gms)	Dextrose (gms)	Fat (gms)	Total Kcal	Kcal: g N
[ ]	Formula PPNI	AA10%+D10W+LIPID20 (500+1800+200)	2500	104	50	180	40	1200	
[ ]	Formula PPNII	AA10%+D10W+LIPID20 (500+1100+400)	2000	83	50	110	80	1300	
[ ]	Formula PPNIII	AA10%+D10W+LIPID20 (500+900+600)	2000	83	50	90	120	1600	

OTHER SPECIFY

Amino acids_____gm

Dextrose_____gm

Fat_____gm

Rate of Administration_____ ml / hr

Total Volume / 24 hours _____ ml

ELECTROLYTES AND OTHER ADDITIVES (TO BE ADDED IN 24 HOURS SUPPLY)

Phosphate (as potassium phosphate)_____mM

Potasium (as chloride)_____mEq

Sodium (as chloride)_____ mEq

Zinc (as sulphate)_____ mg

Magnesium(as sulphate)_____mEq

Calcium (as gluconate)_____ mEq

Vitamin B12_____ml

B-Complex_____ml

Multivitamin_____ml

Heparin_____units

Insulin Regular_____units

Other_____

LAB REPORTS

Serum Sodium_____mmol/L Serum Potassium_____mmol/L Magnesium_____mmol/L

Phosphorus_____mmol/L Calcium _____ mmol/L Reflo _____

Doctor's Signature:_____ **Date:**_____ **Time:**_____

Original copy send to IVPB pharmacy by 11:00 a.m.