

DARUL SEHAT HOSPITAL

Department of Pharmacy Services

Parenteral Nutrition Order form

Diagnosis: _____
Age: _____
Weight: _____
Sex: _____

Patient's Addressograph

Name: _____
M.R No: _____
I.P No: _____
Bed No: _____ Ward No: _____

ROUTE OF ADMINISTRATION

Central [] Umbilical [] Peripheral []

STANDARD SOLUTIONS

| Per 1000 ml | PN 10/2 | PN 20/2 | PN 25/3 | PN 30/3 |
|-----------------|---------|---------|---------|---------|
| Dextrose | 100g | 200g | 250g | 300g |
| Amino Acids | 20g | 20g | 30g | 30g |
| Potassium | 20mEq | 20mEq | 20mEq | 20mEq |
| Sodium | 30mEq | 30mEq | 30mEq | 30mEq |
| Calcium | 15mEq | 15mEq | 15mEq | 15mEq |
| Magnesium | 10mEq | 10mEq | 10mEq | 10mEq |
| Phosphorus* | 10mM | 10mM | 10mM | 10mM |
| Chloride | 30mEq | 30mEq | 30mEq | 30mEq |
| Acetate | 35(24) | 35(24) | 50(34) | 50(34) |
| Trace Elements* | Yes | Yes | Yes | Yes |
| Vitamins | Yes | Yes | Yes | Yes |
| Calories | 420 | 760 | 970 | 1140 |
| Osmolarity | 900 | 1500 | 1800 | 2200 |

* Potassium Phosphate 3mM/ml

* Zinc Sulphate 1000 mcg/ml

Intravenous Fat Emulsion

| | 10% | 20% |
|------------|------------|----------|
| Calories | 1.1 cal/ml | 2 cal/ml |
| Osmolarity | 276 mOsm | 258 mOsm |

Total volume _____ ml/day
at the rate _____ ml/hour
over _____ hour

IV Fat 20% _____ g/kg Volume _____ ml
Dextrose 10% 25% _____ g/kg Volume _____ ml
Amino Acids 10% _____ g/kg Volume _____ ml

Potassium: _____ mEq
Sodium: _____ mEq
Calcium: _____ mEq
Magnesium: _____ mEq
Phosphorus: _____ mEq
Heparin: _____ units
Trace Elements: _____ mcg/ml
Multivitamin: _____ ml

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 10:00 a.m.