

PARENTERAL ALIMENTATION (TPN) ORDERS FOR ADULTS

PATIENT IDENTIFICATION

The following are **NEVER** to be used in Medical Record documentation:
U, IU, QD, QOD, Trailing zero (X.0), Lack of leading zero (.X), MS, MSO₄, MgSO₄

Date: _____

All parenteral alimentation orders for a 24 hour period beginning at 1800 hours.

Estimated calorie requirements: _____ Estimated protein requirements: _____

SOLUTION (check one)

VOLUME

CLINIMIX E 2.75/5 _____ ml

CLINIMIX E 4.25/10 _____ ml

PERIPHERAL VEIN ADMINISTRATION

CENTRAL VEIN ADMINISTRATION

CLINIMIX E 4.25/25 _____ ml

CENTRAL ADMINISTRATION ONLY

ADDITIONAL ADDITIVES:

Reg. Human Insulin.....	_____ units	Calcium Gluconate 10% (0.47 mEq/ml).....	_____ mEq
Famotidine.....	_____ mg	Sodium Phos. (Na=4mEq/ml:P 3mmol/ml).....	_____ mmol
Sodium Chloride (4mEq/ml).....	_____ mEq	Potassium Phos. (K=4.4mEq/ml:P =3mmol/ml)....	_____ mmol
Sodium Acetate (2 mEq/ml).....	_____ mEq	Magnesium Sulf. (4mEq/ml) (1 GM/ml).....	_____ mEq
Potassium Chloride (2mEq/ml).....	_____ mEq	Other.....	_____
Potassium Acetate (2mEq/ml).....	_____ mEq	Other.....	_____

STANDARD VITAMINS ARE ADDED AUTOMATICALLY UNLESS CHECKED HERE NO VITAMINS
STANDARD TRACE METALS ARE ADDED AUTOMATICALLY UNLESS CHECKED HERE NO TRACE METALS

DEXTROSE 50% _____ gm _____ ml _____ kcal
FAT EMULSIONS: 10% _____ ml (3 in 1 bag) 10% _____ ml (infused separately) _____ ml/hour
 20% _____ ml (3 in 1 bag) 20% _____ ml (infused separately) _____ ml/hour
PROTEIN 10% _____ gm _____ ml _____ kcal

GIVE PHYTONADIONE (VITAMIN K) _____ MG every _____ IM SQ PO (check one)

TOTAL VOLUME IS _____ ml TO BE INFUSED AT _____ ml/hour
_____ kcal (Dextrose and Fat) _____ kcal total

PRACTITIONER SIGNATURE REQUIRED PRINTED NAME Date/Time: _____

CONTENTS OF CLINIMIX-E INJECTION SOLUTIONS	Dextrose (g/100ml)	Amino Acids (g/100ml)	Total Nitrogen (mg/100ml)	Sodium (mEq/L)	Potassium (mEq/L)	Magnesium (mEq/L)	Calcium (mEq/L)	Acetate (mEq/L)	Chloride (mEq/L)	Phosphate (mEq/L)	Caloric Content (kcal/L)
CLINIMIX E 2.75/5	5	2.75	454	35	30	5	4.5	51	39	30	170
CLINIMIX E 4.25/10	10	4.25	702	35	30	5	4.5	70	39	15	340
CLINIMIX E 4.25/25	25	4.25	702	35	30	5	4.5	70	39	30	850

