HOME INFUSION | SPECIALTY PHARMACY | NUCLEAR PHARMACY

TPN Order Form

Patient: DOB: Height: Weight:

Primary Diagnosis: PN Indication:

Access Device: Date TPN to start: Expected Length of Therapy:

Insurance Info: ☐ Medicare ☐ Other ID#

Base Solution	**Custom**	**Standard** (via central access)
Amino Acids (10% Travasol Or 10% FreAmine or 15%)	_____ gms/day	50gms/Liter
Dextrose 70%	_____ gms/day	150gms/Liter
Lipid Emulsion 20%	_____ gms/day	30gms/Liter
Or _____ gms lipid _____ x per week		
Additives		
Sodium Chloride	_____ mEq/day	35mEq/Liter
Sodium Acetate	_____ mEq/day	
Potassium Chloride	_____ mEq/day	
Potassium Acetate	_____ mEq/day	20mEq/Liter
Sodium Phosphate	_____ mEq/day	
Potassium Phosphate	_____ mEq/day	15mEq/Liter
Calcium Gluconate	_____ mEq/day	4.5mEq/Liter
Magnesium Sulfate	_____ mEq/day	5mEq/Liter
Multivitamin (MVI-13)	_____ ml/day	10ml/day
Multi-trace Elements	_____ ml/day	Standard
Regular Insulin	_____ Units/day	
Other _____	_____ /day	
Other _____	_____ /day	
Other _____	_____ /day	
Other _____	_____ /day	

Final Volume: _____ ml/day.
_____Continuous infusion to be infused over 24 hr at _____/hr via pump.
_____Cyclic infusion to be infused over _____ hr w/ 1 hr taper up and down, via pump.
Infuse daily, dispense every _____ days, and refill _____ times.
Provide parenteral infusion pump [B9004], supply kit [B4222], and administration set [B4224].

Lab Orders:
CMP, CBC, Phosphorus, Magnesium weekly or _____.
Prealbumin, Triglycerides baseline and monthly thereafter, or _____.
Other: _____.
Blood sugar monitoring: (if insulin added to TPN)
_____Fingerstick Glucose q _____ hr x 3 days, then q _____ hr
_____Fingerstick BG 2 hrs after TPN starts and 2 hours after infusion DC'd

Activase Protocol: 2mg/2ml, used to restore line patency, as needed.
PICC or Port Maintenance: Normal saline 10ml flush, as needed for line and port care; heparin 10 units/ml for line care; and Heparin 100 units/ml for port care.

Physician: Physician Signature:

Date: Office Phone: Office Fax:

DEA # Address: