HOME PARENTERAL NUTRITION (ADULT) PRESCRIBER ORDER FORM						
Patient Name:						
Address:						
Date of Birth:			Height:	\square in \square cm	Weight:	☐ Ibs ☐ kg
	Clinic	al Info	rmation			
Primary Diagnosis Description:		ICD-10 Code:			de:	
Parenteral Nutrition Order and Management						
Option Care Health Nutrition Support Team: Initia	te home PN and adv	ance to	goal.			
Physician Managed (Complete Sections Below)						
Macronutrients			Electrolytes			
Amino Acids:	gm/day		Sodium Chlorid			mEq/day
Amino Acid Type:			Sodium Acetat			mEq/day
Dextrose: Lipids:	gm/day gm/day		Sodium Phosp Potassium Chlo			mMol/day mEq/day
Lipids. Lipid Type:	gill/uay		Potassium Ace			mEq/day
Lipid Type:	days/week		Potassium Pho			mMol/day
Total Volume:	mL	Magnesium Sulfate:				mEq/day
Infuse Over:	hour(s)		Calcium Gluco			mEq/day
Taper Up:	hour(s)		Additives			-p 7
Taper Down:	hour(s)		Adult Multivita	amin (10 mL/day):		mL/day
Total Calories:	kcal/day		Other Vitamins:			
kcal,			Trace Element	Solution (1 mL/day):		mL/day
			Other Trace Ele	ements:		
			Other Additive	es:		
	Dosir	ng Reco	mmendations			
Protein (gm/kg/day) 0.8 to 1.5			Sodium	1 to 2 mEq/kg/d		
Dextrose (gm/kg/min) 4 to 5			Chloride As needed to maintain acid-base balance. Potassium 1 to 2 mEg/kg/day			
Lipids (gm/kg/day) 1			Potassium 1 to 2 mEq/kg/day Acetate As needed to maintain acid-base balance.			
Volume (mL/kg/day) 30 to 40			Phosphorus 20 to 40 mMol/day			
			Magnesium 8 to 20 mEq/day			
			Calcium	10 to 15 mEq/day		
Anticipated duration of therapy:	☐ mon	ths 🗆	weeks	20 to 2029, ac	- 1	
		illary (
Anaphylaxis Orders If this is a first dose and patient is at risk of a react ☐ Yes − with 1 st dose ☐ No						
IV Flush Orders						
☐ PICC and Central Tunneled/Non-Tunneled: 0.9% Sodium Chloride 5 mL pre-/post-use, 5 mL pre-lab draw, and 10 mL post-lab draw.						
Heparin \square (10 unit/mL) 5 mL $\underline{or} \square$ (100 unit/mL) 3 mL post-use.						
For maintenance, heparin (10 unit/mL) 5 mL or (100 unit/mL) 3 mL every 24 hr.					,	11
☐ Implanted Port: 0.9% Sodium Chloride unit/mL) 3 to 5 mL pos			to 10 mL pre-/post-use and 10 to 20 mL pre-/post-lab draw. Heparin (100			
			eparin (100 unit/mL) 3 to 5 mL every 24 hr if accessed or weekly to monthly if not			
Lab Orders						
☐ CBC w/ diff, CMP (BMP + LFTs), magnesium, ph	osphorus, triglycerid	les prio	r to PN initiation, tw	ice weekly until stable	, then weekly on	ce stable.
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Other:			611 1			
Skilled nurse to assess, teach, and train self-administration of PN to patient and/or caregiver. Refill above ancillary orders as directed x 1 year.						
I certify that the use of the indicated treatment is medically necessary, and I will be supervising the patient's treatment.						
Prescriber Signature: Date:						
Prescriber Information						
Prescriber Name:			e:	Fax:	:	
Address:		NPI:				
City, State: Zip:			Office Contact:			
Fax completed form, insurance information, and clinical documentation to:						

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