

HOME PARENTERAL NUTRITION (ADULT) PRESCRIBER ORDER FORM

Patient Name:

Address:

Date of Birth:

Gender:

Height:

in cm

Weight:

lbs kg

Clinical Information

Primary Diagnosis Description:

ICD-10 Code:

Parenteral Nutrition Order and Management

Option Care Health Nutrition Support Team: Initiate home PN and advance to goal.

Physician Managed (Complete Sections Below)

Macronutrients		Electrolytes	
Amino Acids: _____ gm/day		Sodium Chloride: _____ mEq/day	
Amino Acid Type: _____		Sodium Acetate: _____ mEq/day	
Dextrose: _____ gm/day		Sodium Phosphate: _____ mMol/day	
Lipids: _____ gm/day		Potassium Chloride: _____ mEq/day	
Lipid Type: _____		Potassium Acetate: _____ mEq/day	
Lipid Days: _____ days/week		Potassium Phosphate: _____ mMol/day	
Total Volume: _____ mL		Magnesium Sulfate: _____ mEq/day	
Infuse Over: _____ hour(s)		Calcium Gluconate: _____ mEq/day	
Taper Up: _____ hour(s)			
Taper Down: _____ hour(s)		Additives	
Total Calories: _____ kcal/day		Adult Multivitamin (10 mL/day): _____ mL/day	
_____ kcal/kg		Other Vitamins: _____	
		Trace Element Solution (1 mL/day): _____ mL/day	
		Other Trace Elements: _____	
		Other Additives: _____	
Dosing Recommendations			
Protein (gm/kg/day)	0.8 to 1.5	Sodium	1 to 2 mEq/kg/day
Dextrose (gm/kg/min)	4 to 5	Chloride	As needed to maintain acid-base balance.
Lipids (gm/kg/day)	1	Potassium	1 to 2 mEq/kg/day
Volume (mL/kg/day)	30 to 40	Acetate	As needed to maintain acid-base balance.
		Phosphorus	20 to 40 mMol/day
		Magnesium	8 to 20 mEq/day
		Calcium	10 to 15 mEq/day

Anticipated duration of therapy: months weeks

Ancillary Orders

Anaphylaxis Orders

If this is a first dose and patient is at risk of a reaction, would you like an anaphylaxis kit provided?

Yes – with 1st 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 (10 unit/mL) 5 mL or (100 unit/mL) 3 mL post-use.

For maintenance, heparin (10 unit/mL) 5 mL or (100 unit/mL) 3 mL every 24 hr.

Implanted Port: 0.9% Sodium Chloride 5 to 10 mL pre-/post-use and 10 to 20 mL pre-/post-lab draw. Heparin (100 unit/mL) 3 to 5 mL post-use.

For maintenance, heparin (100 unit/mL) 3 to 5 mL every 24 hr if accessed or weekly to monthly if not accessed.

Lab Orders

CBC w/ diff, CMP (BMP + LFTs), magnesium, phosphorus, triglycerides prior to PN initiation, twice weekly until stable, then weekly once stable.

Other: _____

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.

If patient is seen within a provider led infusion clinic, Option Care Health's infusion reaction management policy, skilled nursing plan of treatment, and IV flush administration will be followed per provider oversight. No individual anaphylaxis kit will be dispensed.

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:

Phone:

Fax:

Address:

NPI:

City, State:

Zip:

Office Contact:

Fax completed form, insurance information, and clinical documentation to:

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