

PARENTERAL NUTRITION (PEDIATRIC) 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

Macronutrients

Amino Acids: _____ ☐ gm/day ☐ gm/kg

Amino Acid Type: _____

Dextrose: _____ ☐ gm/day ☐ gm/kg

Lipid: _____ ☐ gm/day ☐ gm/kg

Lipid Type: _____

Lipid Days: _____ days/week

Total Volume: _____ mL/kg/day

Infuse Over: _____ hours/day

Taper Up: _____ hour(s)

Taper Down: _____ hour(s)

Total Calories: _____ kcal/day

_____ kcal/kg

Electrolytes

Sodium Chloride: _____ ☐ mEq/day ☐ mEq/kg

Sodium Acetate: _____ ☐ mEq/day ☐ mEq/kg

Sodium Phosphate: _____ ☐ mEq/day ☐ mEq/kg

Potassium Chloride: _____ ☐ mEq/day ☐ mEq/kg

Potassium Acetate: _____ ☐ mEq/day ☐ mEq/kg

Potassium Phosphate: _____ ☐ mEq/day ☐ mEq/kg

Magnesium Sulfate: _____ ☐ mEq/day ☐ mEq/kg

Calcium Gluconate: _____ ☐ mEq/day ☐ mEq/kg

Additives

Multivitamins: ☐ Peds MVI: _____ mL ☐ Adult MVI: _____ mL

Trace Element Solution (1 mL/day): _____ mL/day

Other Trace Elements: _____

Other Additives: _____

Dosing Recommendations

	Infants	Children	Adolescents		Infants/Children	Adolescents
Protein (gm/kg/day)	2.5 to 3	1.5 to 2.5	0.8 to 2	Sodium	2 to 5 mEq/kg	1 to 2 mEq/kg
Dextrose (mg/kg/min)	10 to 14	8 to 10	5 to 6	Chloride	As needed to maintain acid-base balance.	
Lipid (g/kg/day)	2.5 to 3	2 to 2.5	1 to 2	Potassium	2 to 4 mEq/kg	1 to 2 mEq/kg
				Acetate	As needed to maintain acid-base balance.	
				Phosphorus	0.5 to 2 mEq/kg	10 to 40 mEq/day
				Magnesium	0.3 to 0.5 mEq/kg	10 to 30 mEq/day
				Calcium	0.5 to 4 mEq/kg	10 to 20 mEq/day

Anticipated duration of therapy: _____ ☐ months ☐ weeks

Ancillary Orders

IV Flush Orders

☐ PICC:

2 to 20 kg: 0.9% Sodium Chloride 1 mL pre-/post-use, 1 to 3 mL pre-/post-lab draw. Heparin (10 unit/mL) 1 to 3 mL post-use. For maintenance, heparin (10 unit/mL) 1 to 3 mL every 24 hr.

> 20 kg: 0.9% Sodium Chloride 1 to 3 mL pre-/post-use, 3 to 5 mL pre-/post-lab draw. Heparin (10 unit/mL) 1 to 3 mL post-use. For maintenance, heparin (10 unit/mL) 1 to 3 mL every 24 hr.

☐ Implanted Port:

NS 1 to 3 mL pre-/post-use and 3 to 5 mL pre-/post-lab draw. Heparin (10 unit/mL) 3 to 5 mL post-use. For maintenance, heparin (10 unit/mL) 3 to 5 mL every 24 hr if accessed or weekly to monthly if not accessed.

☐ Central Tunneled/Non-Tunneled:

2 to 20 kg: 0.9% Sodium Chloride 1 to 3 mL pre-/post-use and pre-/post-lab draw. Heparin (10 unit/mL) 1 to 3 mL post-use. For maintenance, heparin (10 unit/mL) 1 to 3 mL every 24 hr.

> 20 kg: 0.9% Sodium Chloride 1 to 3 mL pre-/post-use, 3 to 5 mL pre-/post-lab draw. Heparin (10 unit/mL) 1 to 3 mL post-use. For maintenance, heparin (10 unit/mL) 1 to 3 mL every 24 hr.

Lab Orders

☐ CBC w/ diff, CMP (BMP + LFTs), magnesium, phosphorus, triglycerides weekly

☐ 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: _____

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