



option care health®

Dear Provider,

Specialty therapies can be complex, and complete information is essential to help ensure timely access to care.

The following prescriber order form is designed to capture the necessary clinical and patient information the dispensing pharmacy requires to begin the applicable prescribed therapy.

If your patient has elected to use Option Care Health, please fax completed form and required clinical documentation to _____.

Sincerely,
Option Care Health

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: _____ mMol/day mMol/kg

Potassium Chloride: _____ mEq/day mEq/kg

Potassium Acetate: _____ mEq/day mEq/kg

Potassium Phosphate: _____ mMol/day mMol/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 mMol/kg	10 to 40 mMol/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 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: _____

CONFIDENTIAL HEALTH INFORMATION: Healthcare information is personal information related to a person's healthcare. It is being faxed to you after appropriate authorization or under circumstances that do not require authorization. You are obligated to maintain it in a safe, secure, and confidential manner. Re-disclosure of this information is prohibited unless permitted by law or appropriate customer/patient authorization is obtained. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state laws. **IMPORTANT WARNING:** This message is intended for the use of the person or entity to whom it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this information is STRICTLY PROHIBITED. If you have received this message in error, please notify us immediately. Brand names are the property of their respective owners.