

PARENTERAL NUTRITION (PEDIATRIC) PRESCRIBER ORDER FORM

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



Patient Name: _____

Address: _____

Date of Birth: _____

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
				Acetate	As needed to maintain acid-base balance.
				Phosphorus	0.5 to 2 mMol/kg
				Magnesium	0.3 to 0.5 mEq/kg
				Calcium	0.5 to 4 mEq/kg
					10 to 40 mMol/day
					10 to 30 mEq/day
					10 to 20 mEq/day

Anticipated duration of therapy: _____ months weeks

Ancillary Orders

IV Flush Orders

PICC:

2 to 20 kg: NS 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: NS 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: NS 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: NS 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), mag, phos, 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.

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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