

DARUL SEHAT HOSPITAL

Department of Pharmacy Services

Parenteral Nutrition Order form

Diagnosis: _____
Age: _____
Weight: _____
Sex: _____

Patient's Addressograph

Name: _____
M.R No: _____
I.P No: _____
Bed No: _____ Ward No: _____

ROUTE OF ADMINISTRATION

Central [] Umbilical [] Peripheral []

STANDARD SOLUTIONS

Per 1000 ml	PN 10/2	PN 20/2	PN 25/3	PN 30/3
Dextrose	100g	200g	250g	300g
Amino Acids	20g	20g	30g	30g
Potassium	20mEq	20mEq	20mEq	20mEq
Sodium	30mEq	30mEq	30mEq	30mEq
Calcium	15mEq	15mEq	15mEq	15mEq
Magnesium	10mEq	10mEq	10mEq	10mEq
Phosphorus*	10mM	10mM	10mM	10mM
Chloride	30mEq	30mEq	30mEq	30mEq
Acetate	35(24)	35(24)	50(34)	50(34)
Trace Elements*	Yes	Yes	Yes	Yes
Vitamins	Yes	Yes	Yes	Yes
Calories	420	760	970	1140
Osmolarity	900	1500	1800	2200

* Potassium Phosphate 3mM/ml

* Zinc Sulphate 1000 mcg/ml

Intravenous Fat Emulsion

	10%	20%
Calories	1.1 cal/ml	2 cal/ml
Osmolarity	276 mOsm	258 mOsm

Total volume _____ ml/day
at the rate _____ ml/hour
over _____ hour

IV Fat 20% _____ g/kg Volume _____ ml
Dextrose 10% 25% _____ g/kg Volume _____ ml
Amino Acids 10% _____ g/kg Volume _____ ml

Potassium: _____ mEq
Sodium: _____ mEq
Calcium: _____ mEq
Magnesium: _____ mEq
Phosphorus: _____ mEq
Heparin: _____ units
Trace Elements: _____ mcg/ml
Multivitamin: _____ ml

LAB REPORTS

Serum Sodium _____ mmol/L Serum Potassium _____ mmol/L Magnesium _____ mmol/L
Phosphorus _____ mmol/L Calcium _____ mmol/L Reflo _____

Doctor's Signature: _____ Date: _____ Time: _____

Original copy send to IVPB pharmacy by 10:00 a.m.