



HOLY CROSS HOSPITAL

PARENTERAL NUTRITION TWENTY FOUR HOUR ADULT

Friday, March 14 - Dr. Nawaz fails to order nutrition per consult recommendation. - Nurses fail to note lack of nutrition. Patient provided no food since March 12. Saturday, March 15 - Hospital fails to submit this nutritional order, resulting in additional 24-hour delay. Sunday, March 16 - Hospital alters date from 3/15 to 3/16 and submits order.

annexed 7-34A

INSTRUCTIONS:

Check boxes for all orders that apply. Fill-in all blank spaces of all checked orders. Write signature and print name, time and date at bottom of each form

ALL ORDERS MUST BE RECEIVED BY THE I.V. PHARMACY by 2 PM DAILY

VASCULAR ACCESS [ ] Central [X] Peripheral Time TPN started: 24 hr. bottle number: DOES PT. TOLERATE ORAL/ENTERAL INTAKE? [ ] Yes [ ] No RN Signature

BASE SOLUTION CHECK ONE BOX. Table with columns for STANDARD CENTRAL, STANDARD PERIPHERAL, and Non-STANDARD. Rows for Protein, Dextrose, and Lipids.

Sources: protein (Aminosyn 15%)=4 kCal/gm; dextrose 70%=3.4 kCal/gm; fat 20% =10 kCal/gm

VOLUME & RATE CHECK ONE BOX

[ ] 1 Liter/DAY @ 42 mL/hr [ ] 1.5 Liters/DAY @ 63 mL/hr [X] 2 Liters/DAY @ 83 mL/hr [ ] 2.5 Liters/DAY @ 104 mL/hr [ ] 3 Liters/DAY @ 125 mL/hr [ ] Liters/DAY @ mL/hr [ ] CYCLE Liter x hrs

MICRO NUTRIENTS CHECK ONE BOX

ONE DAY (24 hr) QUANTITIES

---This is NOT per Liter---

Table for Micro Nutrients with columns for Standard-Central line ONLY, LOW Standard-Central or Peripheral, and NON-Standard (for 24 hrs) Fill in. Rows for Sodium, Potassium, Calcium, Magnesium, Phosphate, Chloride, Acetate, Trace Elements, and Multivitamins.

ADDITIONS for 24 hrs [NO: Vitamin K (Phytonadione), Albumin, or Meds]

[ ] Insulin, Reg. Human Units [ ] [ ] [ ] [ ] [ ] [ ]

\*K Phosphate= 4.4 mEq K & 3 mM Phosphorous /mL \*\*N: Phosphate= 4 mEq Na & 3 mM Phosphorous /mL

CHECK IF APPLICABLE

[ ] Omit Multivitamins [ ] Omit Trace Elements

STANDING ORDERS:

[X] Baseline, then every Monday and Thursday: Metabolic-basic, Metabolic-comprehensive, and Pre-albumin #132 [X] Baseline, then every Monday: albumin, Magnesium, and triglycerides [X] Vitamin K 10 mg subcutaneously every Monday [X] Weigh patient every Monday and Thursday

[X] START and CHANGE TPN SOLUTIONS DAILY at 8 PM. [X] IF TPN is DISCONTINUED TEMPORARILY for ANY REASON start D10%W in ITS PLACE at the SAME RATE. [X] Discontinue standing orders when TPN is discontinued.

If you have any questions, please contact the IV Pharmacist x7309 or unit Dietitian (x7724)

PHYSICIAN SIGNATURE: [Signature] PHYSICIAN NAME (PRINT)/PAGER #: [Signature] TIME: 3/16/03 DATE: 1230

WHITE - CHART YELLOW - PHARMACY