

One Source Homecare
Home Start Total Parenteral Nutrition Order
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| | | | | | |
|---|---|----------------|--|--|----------------|
| DEMOGRAPHICS | Patient Name | | | DOB | Patient ID |
| | Height | Current Weight | Goal Weight | Target Calories | Target Protein |
| | Diagnosis | | | | |
| | Catheter Type | | | Pump Type | |
| BASE FORMULA | Standard Formula | | | Customized Formula | |
| | Amino Acid (Final Concentration) | 70 gm (3.5%)* | | Protein | |
| | Dextrose (Final Concentration) | 200 gm (10%)* | | Dextrose | |
| | Lipid Emulsion (Final Concentration) | 40 gm (2%)* | | Lipid | |
| | Total Volume | 2000 ml* | | Total Volume | |
| | Total Calories | 1360 kcal | | Total Calories | |
| * This is an initial TPN Formulation. Adjustments to be made as tolerated to meet the patient's nutritional needs. NOTE: For patients whose weight is less than 60 kg, infuse half (1000 ml) of the standard formula | | | | | |
| ELECTROLYTES | Guidelines | | Please select one | | |
| | Usual Adult Requirements (per 24 hours) | | <input type="checkbox"/> Standard (per 24 hours) | <input type="checkbox"/> Custom (per 24 hours) | |
| | Na 60-100 mEq | | Na 100 mEq | Na _____ | mEq |
| K 60-100 mEq | | K 70 mEq | K _____ | mEq | |
| Ca 10-15 mEq | | Ca 9.2 mEq | Ca _____ | mEq | |
| Mg 10-20 mEq | | Mg 16 mEq | Mg _____ | mEq | |
| Phos 20-45 mM | | Phos 20 mM | Phos _____ | mM | |
| Cl As needed to maintain | | Cl: Ace 1:1 | Cl _____ | mEq | |
| Ace acid/base balance | | | Ace _____ | mEq | |
| MISCELLANEOUS | Vitamins, Minerals, Additives, Supplies & Equipment | | | | |
| | <input type="checkbox"/> Multiple trace elements (MTE) <input type="checkbox"/> Adult Multiple Vitamins <input type="checkbox"/> Famotidine <input type="checkbox"/> Regular Human Insulin <input type="checkbox"/> Heparin | | <input type="checkbox"/> Glucometer and test strips <input type="checkbox"/> Anaphylaxis kit <input type="checkbox"/> Flush and maintain VAD per protocol <input type="checkbox"/> Pharmacy to manage labs and formula <input type="checkbox"/> Other _____ | | |
| LAB ORDERS | Please select | | | | |
| | <input type="checkbox"/> CMP, Mg, Phos, LFTs & TG - at baseline, within 48 hours of TPN initiation and then weekly. If stable, obtain labs weekly thereafter. <input type="checkbox"/> CBC w/diff - at baseline, then weekly <input type="checkbox"/> Prealbumin - at baseline, then monthly <input type="checkbox"/> Blood glucose check 2 hours into the infusion, every 8 hours and 1 hour after stopping (if applicable). This should be done for the first 3 days and with any change in dextrose concentration. | | | | |
| OTHER | Nursing | | Additional Instructions | | |
| | <input type="checkbox"/> OSHS To provide nursing services <input type="checkbox"/> Name of agency providing nursing _____ | | The patient shall be instructed to contact One Source or his/her MD if the blood glucose level is below 80 or above 180. If adding insulin, start low with 20-30 units per bag and monitor with blood glucose testing. Before insulin addition to cyclic TPN is recommended, increase the taper up/down to 2 hours with a finger stick glucose level at 2 hours into the cycle and 1 hour after discontinuation. | | |
| Recommended Slow Initiation for Starting TPN at home: | | | | | |
| Infuse _____ ml intravenously over _____ hours per day, _____ days per week. Continuous infusions are recommended for initial doses of TPN. Taper the rate up/down over the first and last hours if cyclic. | | | | | |
| Physician Name: _____ NPI# _____ Physician Signature: _____ Date: _____ | | | | | |