

**TPN Medications**

**Peripheral TPN (HMSL Only) (Single Response)**

- |                                                |                                                         |
|------------------------------------------------|---------------------------------------------------------|
| ( ) D10% Neonatal Standard Starter TPN         | intravenous, for 24 Hours, daily at 1500<br>Indication: |
| ( ) Neonate Premature TPN ( LESS than 2.5 kg ) | intravenous, for 24 Hours, daily at 1500<br>Indication: |
| ( ) Neonatal Infant TPN ( 0-1 year )           | intravenous, for 24 Hours, daily at 1500<br>Indication: |

**Peripheral TPN (HMH, HMStC Only) (Single Response)**

**(X) Peripheral Standard Starter (Single Response)**

Standard Starter TPN - For immediate use. Contains no MTE, MVI, or cysteine. No changes made to Standard Starter

- |                                                 |                                                         |
|-------------------------------------------------|---------------------------------------------------------|
| ( ) D5% Neonatal Standard Starter TPN           | intravenous, for 24 Hours, daily at 1500<br>Indication: |
| ( ) D10% Neonatal Standard Starter TPN          | intravenous, for 24 Hours, daily at 1500<br>Indication: |
| ( ) Neonatal Premature TPN ( LESS than 2.5 kg ) | intravenous, for 24 Hours, daily at 1500<br>Indication: |
| ( ) Neonatal Infant TPN ( 0-1 year )            | intravenous, for 24 Hours, daily at 1500<br>Indication: |

**Peripheral TPN (HMSJ Only) (Single Response)**

**(X) Peripheral Standard Starter (Single Response)**

Standard Starter TPN - For immediate use. Contains no MTE, MVI, or cysteine. No changes made to Standard Starter

- |                                                 |                                                         |
|-------------------------------------------------|---------------------------------------------------------|
| ( ) D5% Neonatal Standard Starter TPN           | intravenous, for 24 Hours, daily at 2000<br>Indication: |
| ( ) D10% Neonatal Standard Starter TPN          | intravenous, for 24 Hours, daily at 2000<br>Indication: |
| ( ) Neonatal Premature TPN ( LESS than 2.5 kg ) | intravenous, for 24 Hours, daily at 2000<br>Indication: |
| ( ) Neonatal Infant TPN ( 0-1 year )            | intravenous, for 24 Hours, daily at 2000<br>Indication: |

**Peripheral TPN (HMWB Only) (Single Response)**

**(X) Peripheral TPN (HMWB Only) (Single Response)**

Standard Starter TPN - For immediate use. Contains no MTE, MVI, or cysteine. No changes made to Standard Starter

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|------------------------------------------------|----------------------------------------------------------------------------|
| ( ) D5% Neonatal Standard Starter TPN          | intravenous, for 24 Hours, continuous neo TPN, S at 3:00 PM<br>Indication: |
| ( ) D10% Neonatal Standard Starter TPN         | intravenous, for 24 Hours, continuous neo TPN, S at 3:00 PM<br>Indication: |
| ( ) Neonate Premature TPN ( LESS than 2.5 kg ) | intravenous, for 24 Hours, continuous neo TPN, S at 3:00 PM<br>Indication: |
| ( ) Neonatal Infant TPN ( 0-1 year )           | intravenous, for 24 Hours, continuous neo TPN, S at 3:00 PM<br>Indication: |

**Peripheral TPN (HMW, HMTW Only) (Single Response)**

**(X) Peripheral Standard Starter (Single Response)**

Standard Starter TPN - For immediate use. Contains no MTE, MVI, or cysteine. No changes made to Standard Starter

<input type="checkbox"/> Neonatal Premix Starter TPN (AA3% D5W Calcium 0.75 mmol/100 mL Heparin 0.5 Unit/mL) infusion	intravenous, for 24 Hours, daily at 2000 Indication:
<input type="checkbox"/> Neonatal Premix Starter TPN (AA3% D10W Calcium 0.75 mmol/100 mL Heparin 0.5 Unit/mL) infusion	intravenous, daily at 2000 Indication:
<input type="checkbox"/> Neonatal Premature TPN ( LESS than 2.5 kg )	intravenous, for 24 Hours, daily at 2000 Indication:
<input type="checkbox"/> Neonatal Infant TPN ( 0-1 year )	intravenous, for 24 Hours, daily at 2000 Indication:

**Peripheral TPN (HMStJ Only) (Single Response)**

<input type="checkbox"/> Neonatal Premix Starter TPN AA3% D10W Calcium 3mM Heparin 1 Units/mL	intravenous, for 24 Hours, daily at 2000 Indication:
<input type="checkbox"/> Neonate Premature TPN ( LESS than 2.5 kg )	intravenous, for 24 Hours, daily at 2000 Indication:
<input type="checkbox"/> Neonatal Infant TPN ( 0-1 year )	intravenous, for 24 Hours, daily at 2000 Indication:

**Central TPN (HMStL Only) (Single Response)**

<input type="checkbox"/> D10% Neonatal Standard Starter TPN	intravenous, for 24 Hours, daily at 1500 Indication:
<input type="checkbox"/> Neonate Premature TPN ( LESS than 2.5 kg )	intravenous, for 24 Hours, daily at 1500 Indication:
<input type="checkbox"/> Neonatal Infant TPN ( 0-1 year )	intravenous, for 24 Hours, daily at 1500 Indication:

**Central TPN (HMH, HMStC Only) (Single Response)**

<input checked="" type="checkbox"/> Central Standard Starter (Single Response) Standard Starter TPN - For immediate use. Contains no MTE, MVI, or cysteine. No changes made to Standard Starter	
<input type="checkbox"/> D5% Neonatal Standard Starter TPN	intravenous, for 24 Hours, daily at 1500 Indication:
<input type="checkbox"/> D10% Neonatal Standard Starter TPN	intravenous, for 24 Hours, daily at 1500 Indication:
<input type="checkbox"/> Neonatal Premature TPN ( LESS than 2.5 kg )	intravenous, for 24 Hours, daily at 1500 Indication:
<input type="checkbox"/> Neonatal Infant TPN (0-1 year )	intravenous, for 24 Hours, daily at 1500 Indication:

**Central TPN (HMStJ Only) (Single Response)**

<input checked="" type="checkbox"/> Central Standard Starter (Single Response) Standard Starter TPN - For immediate use. Contains no MTE, MVI, or cysteine. No changes made to Standard Starter	
<input type="checkbox"/> D5% Neonatal Standard Starter TPN	intravenous, for 24 Hours, daily at 2000 Indication:
<input type="checkbox"/> D10% Neonatal Standard Starter TPN	intravenous, for 24 Hours, daily at 2000 Indication:
<input type="checkbox"/> Neonatal Premature TPN ( LESS than 2.5 kg )	intravenous, for 24 Hours, daily at 2000 Indication:
<input type="checkbox"/> Neonatal Infant TPN (0-1 year )	intravenous, for 24 Hours, daily at 2000 Indication:

**Central TPN (HMWB Only) (Single Response)**

<input checked="" type="checkbox"/> Central Standard Starter (Single Response) Standard Starter TPN - For immediate use. Contains no MTE, MVI, or cysteine. No changes made to Standard Starter	
<input type="checkbox"/> D5% Neonatal Standard Starter TPN	intravenous, for 24 Hours, continuous neo TPN, S at 3:00 PM Indication:

<input type="checkbox"/> D10% Neonatal Standard Starter TPN	intravenous, for 24 Hours, continuous neo TPN, S at 3:00 PM Indication:
<input type="checkbox"/> Neonate Premature TPN ( LESS than 2.5 kg )	intravenous, for 24 Hours, continuous neo TPN, S at 3:00 PM Indication:
<input type="checkbox"/> Neonatal Infant TPN ( 0-1 year )	intravenous, for 24 Hours, continuous neo TPN, S at 3:00 PM Indication:

#### Central TPN (HMStJ ONLY) (Single Response)

<input type="checkbox"/> Neonatal Premix Starter TPN AA3% D10W Calcium 3mM Heparin 1 Units/mL	intravenous, for 24 Hours, daily at 2000 Indication:
<input type="checkbox"/> Neonate Premature TPN ( LESS than 2.5 kg )	intravenous, for 24 Hours, daily at 2000 Indication:
<input type="checkbox"/> Neonatal Infant TPN ( 0-1 year )	intravenous, for 24 Hours, daily at 2000 Indication:

#### Central TPN (HMW, HMTW Only) (Single Response)

<input checked="" type="checkbox"/> Central Standard Starter (Single Response)	
Standard Starter TPN - For immediate use. Contains no MTE, MVI, or cysteine. No changes made to Standard Starter	
<input type="checkbox"/> Neonatal Premix Starter TPN (AA3% D5W Calcium 0.75 mmol/100 mL Heparin 0.5 Unit/mL) infusion	intravenous, for 24 Hours, daily at 2000 Indication:
<input type="checkbox"/> Neonatal Premix Starter TPN (AA3% D10W Calcium 0.75 mmol/100 mL Heparin 0.5 Unit/mL) infusion	intravenous, daily at 2000 Indication:
<input type="checkbox"/> Neonatal Premature TPN ( LESS than 2.5 kg )	intravenous, for 24 Hours, daily at 2000 Indication:
<input type="checkbox"/> Neonatal Infant TPN (0-1 year )	intravenous, for 24 Hours, daily at 2000 Indication:

#### Lipids (HMH, HMSL, HMSTC, HMTW Only)

<input type="checkbox"/> neonatal fat emulsion 20% (INTRALIPID,LIPOSYN) infusion	intravenous, for 24 Hours, daily at 1500
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#### Lipids (HMWB only)

<input type="checkbox"/> neonatal fat emulsion 20% (INTRALIPID,LIPOSYN) infusion	intravenous, for 24 Hours, continuous neo TPN, S at 3:00 PM
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#### Lipids (HMW, HMSJ, HMSTJ ONLY)

<input type="checkbox"/> neonatal fat emulsion 20% (INTRALIPID,LIPOSYN) infusion	intravenous, for 24 Hours, daily at 2000
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## Labs

#### Labs Once

<input type="checkbox"/> Comprehensive metabolic panel	Once For 1 Occurrences
<input type="checkbox"/> Basic metabolic panel	Once For 1 Occurrences
<input type="checkbox"/> Calcium level	Once For 1 Occurrences
<input type="checkbox"/> Magnesium	Once For 1 Occurrences
<input type="checkbox"/> Phosphorus	Once For 1 Occurrences
<input type="checkbox"/> Alkaline phosphatase	Once For 1 Occurrences
<input type="checkbox"/> ALT (SGPT)	Once For 1 Occurrences
<input type="checkbox"/> Bilirubin direct	Once For 1 Occurrences
<input type="checkbox"/> Prealbumin level	Once For 1 Occurrences
<input type="checkbox"/> Albumin level	Once For 1 Occurrences
<input type="checkbox"/> Triglycerides	Once For 1 Occurrences
<input type="checkbox"/> urine glucose-ketones test strip	miscellaneous, PRN At every void

