Location: _____

General

Labs

Labs Once

- [ ] **Comprehensive metabolic panel** **Frequency:** Once **Frequency Limit:** 1 Occurrences **Ordering Quantity:** 1 **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3
- [ ] **Magnesium** **Frequency:** Once **Frequency Limit:** 1 Occurrences **Ordering Quantity:** 1 **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3 **Comments:** prior to starting parenteral nutrition
- [ ] **Phosphorus** **Frequency:** Once **Frequency Limit:** 1 Occurrences **Ordering Quantity:** 1 **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3 **Comments:** prior to starting parenteral nutrition
- [ ] **Prealbumin level** **Frequency:** Once **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3 **Comments:** prior to starting parenteral nutrition
- [ ] **Triglycerides** **Frequency:** Once **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

Labs Repeat - All Facilities Except HMSJ

- [ ] **Comprehensive Metabolic Panel** **Frequency:** AM draw repeats **Frequency Limit:** 2 Occurrences **Start Date:** S+7 **Ordering Quantity:** 1 **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3
- [ ] **Phosphorus** **Frequency:** AM draw repeats **Frequency Limit:** 2 Occurrences **Start Date:** S+7 **Ordering Quantity:** 1 **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3
- [ ] **Magnesium level** **Frequency:** AM draw repeats **Frequency Limit:** 2 Occurrences **Start Date:** S+7 **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3
- [ ] **Prealbumin** **Frequency:** AM draw repeats **Frequency Limit:** 2 Occurrences **Start Date:** S+2 **Ordering Quantity:** 1 **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3
- [ ] **Triglycerides** **Frequency:** AM draw repeats **Frequency Limit:** 2 Occurrences **Start Date:** S+2 **Ordering Quantity:** 1 **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

Nutritional Services Consult

Ancillary Consults

- [x] **Consult to Nutrition Services** **Frequency:** Once **Priority:** Routine
  Question(s):
  Reason For Consult? ○ Other (Specify)
  Specify: TPN and PPN
  Purpose/Topic:
  Reason for Consult?

TPN

Pharmacy to Dose TPN Consult

- (●) **Pharmacy consult to manage TPN therapy** **Frequency:** Until discontinued **Priority:** STAT
  Question(s):
  Enteral Nutrition:
  Indication:
  Location of venous access:
  Is patient volume restricted:
  Anticipated duration:
  Will patient likely require TPN on discharge?

TPN solutions (CLINIMIX) - HMSL Only

- [ ] **TPN Solutions with Electrolytes**
  - ( ) **amino acids 4.25%-dextrose 5%-ELECTROLYTES (CLINIMIX E) with additives** **Route:** intravenous **Frequency:** continuous TPN
    Admin Instructions:
    May be administered via a midline or peripheral line.
    Product Admin Instructions:
    Use a 1.2 micron filter.

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

○ **amino acids 5%-dextrose 15%-ELECTROLYTES (CLINIMIX E) with additives** **Route:** intravenous **Frequency:** continuous TPN
Admin Instructions:
For Central Line Use ONLY.
Product Admin Instructions:
Use a 1.2 micron filter.

○ **amino acids 5%-dextrose 20%-ELECTROLYTES (CLINIMIX E) with additives** **Route:** intravenous **Frequency:** continuous TPN
Admin Instructions:
For Central Line Use ONLY.
Product Admin Instructions:
Use a 1.2 micron filter.

○ **amino acids 8%-dextrose 10%-ELECTROLYTES (CLINIMIX E) with additives** **Route:** intravenous **Frequency:** continuous TPN
Admin Instructions:
For Central Line Use ONLY.
Product Admin Instructions:
Use a 1.2 micron filter.

○ **amino acids 8%-dextrose 14%-ELECTROLYTES (CLINIMIX E) with additives** **Route:** intravenous **Frequency:** continuous TPN
Admin Instructions:
For Central Line Use ONLY.
Product Admin Instructions:
Use a 1.2 micron filter.

☐ **TPN Solutions - HMSL Only**

○ **Adult Custom Clinimix 4.25/5 TPN** **Frequency:** continuous TPN
Product Admin Instructions:
Use a 1.2 micron filter.

○ **Adult Custom Clinimix 5/15 TPN** **Frequency:** continuous TPN
Admin Instructions:
For Central Line Use ONLY.
Product Admin Instructions:
Use a 1.2 micron filter.

○ **Adult Custom Clinimix 5/20 TPN** **Frequency:** continuous TPN
Admin Instructions:
For Central Line Use ONLY.
Product Admin Instructions:
Use a 1.2 micron filter.

○ **Adult Custom Clinimix 8/10 TPN** **Frequency:** continuous TPN
Admin Instructions:
For Central Line Use ONLY.
Product Admin Instructions:
Use a 1.2 micron filter.

☐ **Lipids**

○ **fat emulsion-olive,soybean oil (CLINOlipid) 20 % infusion** **Dose:** 20 **Frequency:** 3 times weekly at 2100
Product Admin Instructions:
Use a 1.2 micron filter.

○ **fat emulsion-MCT-olive-soy-fish (SMOFlipid) 20% infusion** **Dose:** 20 **Frequency:** 3 times weekly at 2100
Product Admin Instructions:
Use a 1.2 micron filter.

TPN solutions (CLINIMIX E) - HMW Only

☑ **TPN Solutions - HMW Only**

○ **amino acids 4.25%-dextrose 5%-ELECTROLYTES (CLINIMIX E) with additives** **Route:** intravenous **Frequency:** continuous TPN
Admin Instructions:
May be administered via a midline or peripheral line.
Product Admin Instructions:
Use a 1.2 micron filter.

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

○ **amino acids 5%-dextrose 15%-ELECTROLYTES (CLINIMIX E) with additives** **Route:** intravenous **Frequency:** continuous TPN
Admin Instructions:
For Central Line Use ONLY.
Product Admin Instructions:
Use a 1.2 micron filter.

○ **amino acids 5%-dextrose 20%-ELECTROLYTES (CLINIMIX E) with additives** **Route:** intravenous **Frequency:** continuous TPN
Admin Instructions:
For Central Line Use ONLY.
Product Admin Instructions:
Use a 1.2 micron filter.

☐ **Lipids**

○ **fat emulsion-olive,soybean oil (CLINOlipid) 20 % infusion** **Dose:** 20 **Frequency:** 3 times weekly at 2100
Product Admin Instructions:
Use a 1.2 micron filter.

○ **fat emulsion-MCT-olive-soy-fish (SMOFlipid) 20% infusion** **Dose:** 20 **Frequency:** 3 times weekly at 2100
Product Admin Instructions:
Use a 1.2 micron filter.

TPN solutions (CLINIMIX or CLINIMIX E) HMB Only

☐ **Clinimix Premix TPN Solutions**

○ **amino acids 4.25%-dextrose 5%-ELECTROLYTES (CLINIMIX E) with additives** **Route:** intravenous **Frequency:** continuous TPN
Product Admin Instructions:
Use a 1.2 micron filter.

○ **amino acids 4.25%-dextrose 5% (CLINIMIX) with additives** **Route:** intravenous **Frequency:** continuous TPN
Product Admin Instructions:
Use a 1.2 micron filter.

○ **amino acid 5%-dextrose 20%-ELECTROLYTES (CLINIMIX E) with additives** **Dose:** 5 **Route:** intravenous **Frequency:** continuous TPN
Product Admin Instructions:
Use a 1.2 micron filter.

○ **amino acids 5%-dextrose 20% (CLINIMIX) with additives** **Dose:** 5 **Route:** intravenous **Frequency:** continuous TPN
Product Admin Instructions:
Use a 1.2 micron filter.

☐ **Lipids**

○ **fat emulsion-olive,soybean oil (CLINOlipid) 20 % infusion** **Dose:** 20 **Frequency:** 3 times weekly at 2100
Product Admin Instructions:
Use a 1.2 micron filter.

○ **fat emulsion-MCT-olive-soy-fish (SMOFlipid) 20% infusion** **Dose:** 20 **Frequency:** 3 times weekly at 2100
Product Admin Instructions:
Use a 1.2 micron filter.

TPN solutions (CLINIMIX) - HMCCH only

☐ **TPN Solutions with Electrolytes**

○ **amino acids 4.25%-dextrose 5%-ELECTROLYTES (CLINIMIX E) with additives** **Route:** intravenous **Frequency:** continuous TPN
Admin Instructions:
May be administered via a midline or peripheral line.
Product Admin Instructions:
Use a 1.2 micron filter.

○ **amino acids 5%-dextrose 15%-ELECTROLYTES (CLINIMIX E) with additives** **Route:** intravenous **Frequency:** continuous TPN
Admin Instructions:
For Central Line Use ONLY.
Product Admin Instructions:
Use a 1.2 micron filter.

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

○ **amino acids 5%-dextrose 20%-ELECTROLYTES (CLINIMIX E) with additives Route:** intravenous **Frequency:** continuous TPN
Admin Instructions:
For Central Line Use ONLY.
Product Admin Instructions:
Use a 1.2 micron filter.

○ **amino acids 8%-dextrose 10%-ELECTROLYTES (CLINIMIX E) with additives Route:** intravenous **Frequency:** continuous TPN
Admin Instructions:
For Central Line Use ONLY.
Product Admin Instructions:
Use a 1.2 micron filter.

○ **amino acids 8%-dextrose 14%-ELECTROLYTES (CLINIMIX E) with additives Route:** intravenous **Frequency:** continuous TPN
Admin Instructions:
For Central Line Use ONLY.
Product Admin Instructions:
Use a 1.2 micron filter.

☐ **TPN Solutions (CLINIMIX) - HMCCH Only**

○ **Adult Custom Clinimix 4.25/5 TPN Frequency:** continuous TPN
Product Admin Instructions:
Use a 1.2 micron filter.

○ **Adult Custom Clinimix 5/15 TPN Frequency:** continuous TPN
Admin Instructions:
For Central Line Use ONLY.
Product Admin Instructions:
Use a 1.2 micron filter.

○ **Adult Custom Clinimix 5/20 TPN Frequency:** continuous TPN
Admin Instructions:
For Central Line Use ONLY.
Product Admin Instructions:
Use a 1.2 micron filter.

○ **Adult Custom Clinimix 8/10 TPN Frequency:** continuous TPN
Admin Instructions:
For Central Line Use ONLY.
Product Admin Instructions:
Use a 1.2 micron filter.

☐ **Lipids**

○ **fat emulsion-olive,soybean oil (CLINOlipid) 20 % infusion Dose:** 20 **Frequency:** 3 times weekly at 2100
Product Admin Instructions:
Use a 1.2 micron filter.

○ **fat emulsion-MCT-olive-soy-fish (SMOFlipid) 20% infusion Dose:** 20 **Frequency:** 3 times weekly at 2100
Product Admin Instructions:
Use a 1.2 micron filter.

○ **soybean oil (INTRAlipid) 20% infusion Dose:** 20 **Frequency:** nightly
Product Admin Instructions:
Use a 1.2 micron filter.

TPN solutions (CLINIMIX) - HMCY only

☑ **TPN Solutions - HMCY**

○ **amino acids 4.25%-dextrose 5%-ELECTROLYTES (CLINIMIX E) with additives Route:** intravenous **Frequency:** continuous TPN
Admin Instructions:
May be administered via a midline or peripheral line.
Product Admin Instructions:
Use a 1.2 micron filter.

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

○ **amino acids 5%-dextrose 15%-ELECTROLYTES (CLINIMIX E) with additives** **Route:** intravenous **Frequency:** continuous TPN
Admin Instructions:
For Central Line Use ONLY.
Product Admin Instructions:
Use a 1.2 micron filter.

○ **amino acids 5%-dextrose 20%-ELECTROLYTES (CLINIMIX E) with additives** **Route:** intravenous **Frequency:** continuous TPN
Admin Instructions:
For Central Line Use ONLY.
Product Admin Instructions:
Use a 1.2 micron filter.

☐ **Lipids**

○ **fat emulsion-olive,soybean oil (CLINOlipid) 20 % infusion** **Dose:** 20 **Frequency:** 3 times weekly at 2100
Product Admin Instructions:
Use a 1.2 micron filter.

○ **fat emulsion-MCT-olive-soy-fish (SMOFlipid) 20% infusion** **Dose:** 20 **Frequency:** 3 times weekly at 2100
Product Admin Instructions:
Use a 1.2 micron filter.

Adult TPN - HMCL Only

☑ **TPN Solutions**

○ **amino acids 5%-dextrose 20%-ELECTROLYTES (CLINIMIX E) with additives** **Route:** intravenous **Frequency:** continuous TPN
Admin Instructions:
For Central Line Use ONLY.
Product Admin Instructions:
Use a 1.2 micron filter.

○ **Adult Custom Clinimix TPN** **Route:** intravenous **Frequency:** continuous TPN
Admin Instructions:
For Central Line Use ONLY.
Product Admin Instructions:
Use a 1.2 micron filter.

○ **Adult Custom Central TPN** **Route:** intravenous **Frequency:** continuous **Frequency Limit:** 24 Hours **Priority:** Routine
Minimum Infusion Duration: 24.000 Hours
Question(s):
Indication:
This medication must be given via central line, and this patient does not have a central line documented in Lines/Drains/Airway. Do you attest to the following:
Admin Instructions:
For Central Line Use ONLY. Do NOT administer via a Midline or peripheral line.
Product Admin Instructions:
Use a 1.2 micron filter.

○ **Adult PERIPHERAL TPN** **Route:** intravenous **Frequency:** continuous **Frequency Limit:** 24 Hours **Priority:** Routine
Minimum Infusion Duration: 24.000 Hours
Question(s):
Indication:
Admin Instructions:
May be administered via a midline or peripheral line.
Product Admin Instructions:
Use a 1.2 micron filter.

○ **Adult CYCLIC CENTRAL TPN** **Route:** intravenous **Frequency:** cyclic TPN - see admin instructions **Priority:** Routine
Question(s):
Indication:
This medication must be given via central line, and this patient does not have a central line documented in Lines/Drains/Airway. Do you attest to the following:
Admin Instructions:
For Central Line Use ONLY. Do NOT administer via a Midline or peripheral line.
Product Admin Instructions:
Use a 1.2 micron filter.

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

○ **Adult CYCLIC PERIPHERAL TPN** **Route:** intravenous **Frequency:** cyclic TPN - see admin instructions **Priority:** Routine
Question(s):
Indication:
Admin Instructions:
May be administered via a midline or peripheral line.
Product Admin Instructions:
Use a 1.2 micron filter.

☐ **Lipids**

○ **fat emulsion-olive,soybean oil (CLINOlipid) 20 % infusion** **Dose:** 20 **Frequency:** 3 times weekly at 2100
Product Admin Instructions:
Use a 1.2 micron filter.

○ **fat emulsion-MCT-olive-soy-fish (SMOFlipid) 20% infusion** **Dose:** 20 **Frequency:** 3 times weekly at 2100
Product Admin Instructions:
Use a 1.2 micron filter.

☑ **Post-TPN administration NS flushes** (Required)

☑ **sodium chloride 0.9% flush** **Dose:** 10 mL **Route:** intravenous **Frequency:** PRN **Start Date:** S+1 **Start Time:** 2100
PRN Comment: flush after TPN infusion completetion (1 of 2) **PRN Reasons:** line care
Admin Instructions:
(1 of 2) Total of 20 mL NS flush solutions to be administered after TPN infusion completion and PRIOR to next TPN bag administration.

☑ **sodium chloride 0.9% flush** **Dose:** 10 mL **Route:** intravenous **Frequency:** PRN **Start Date:** S+1 **Start Time:** 2102
PRN Comment: flush after TPN infusion completetion (2 of 2) **PRN Reasons:** line care
Admin Instructions:
(2 of 2) Total of 20 mL NS flush solutions to be administered after TPN infusion completion and PRIOR to next TPN bag administration.

Adult TPN - NOT HMCL

☐ **Adult TPN**

○ **Adult Central TPN** **Route:** intravenous **Frequency:** continuous TPN **Frequency Limit:** 24 Hours **Priority:** Routine
Minimum Infusion Duration: 24.000 Hours
Question(s):
Indication:
This medication must be given via central line, and this patient does not have a central line documented in Lines/Drains/Airway. Do you attest to the following:
Admin Instructions:
For Central Line Use ONLY. Do NOT administer via a Midline or peripheral line.
Product Admin Instructions:
Use a 1.2 micron filter.

○ **Adult Peripheral TPN** **Route:** intravenous **Frequency:** continuous TPN **Frequency Limit:** 24 Hours **Priority:** Routine
Minimum Infusion Duration: 24.000 Hours
Question(s):
Indication:
Admin Instructions:
May be administered via a midline or peripheral line.
Product Admin Instructions:
Use a 1.2 micron filter.

○ **Adult CYCLIC Peripheral TPN** **Route:** intravenous **Frequency:** cyclic TPN - see admin instructions **Priority:** Routine
Question(s):
Indication:
Admin Instructions:
May be administered via a midline or peripheral line.
Product Admin Instructions:
Use a 1.2 micron filter.

○ **Adult CYCLIC Central TPN** **Route:** intravenous **Frequency:** cyclic TPN - see admin instructions **Priority:** Routine
Question(s):
Indication:
This medication must be given via central line, and this patient does not have a central line documented in Lines/Drains/Airway. Do you attest to the following:
Admin Instructions:
For Central Line Use ONLY. Do NOT administer via a Midline or peripheral line.
Product Admin Instructions:
Use a 1.2 micron filter.

☐ **Lipids**

○ **fat emulsion-olive,soybean oil (CLINOlipid) 20 % infusion** **Dose:** 20 **Frequency:** 3 times weekly at 2100
Product Admin Instructions:
Use a 1.2 micron filter.

○ **fat emulsion-MCT-olive-soy-fish (SMOFlipid) 20% infusion** **Dose:** 20 **Frequency:** 3 times weekly at 2100
Product Admin Instructions:
Use a 1.2 micron filter.

☑ **Post-TPN administration NS flushes** (Required)

☑ **sodium chloride 0.9% flush** **Dose:** 10 mL **Route:** intravenous **Frequency:** PRN **Start Date:** S+1 **Start Time:** 2100
PRN Comment: flush after TPN infusion completetion (1 of 2) **PRN Reasons:** line care
Admin Instructions:
(1 of 2) Total of 20 mL NS flush solutions to be administered after TPN infusion completion and PRIOR to next TPN bag administration.

☑ **sodium chloride 0.9% flush** **Dose:** 10 mL **Route:** intravenous **Frequency:** PRN **Start Date:** S+1 **Start Time:** 2102
PRN Comment: flush after TPN infusion completetion (2 of 2) **PRN Reasons:** line care
Admin Instructions:
(2 of 2) Total of 20 mL NS flush solutions to be administered after TPN infusion completion and PRIOR to next TPN bag administration.

dextrose 10% for Disruption of TPN Therapy

Start 10% dextrose IV during any interruption in TPN at previous TPN rate up to a MAXIMUM rate of 40 mL/hr.

☑ **dextrose 10 % infusion** **Dose:** 40 mL/hr **Route:** intravenous **Frequency:** continuous PRN **PRN Comment:** For disruption of TPN therapy. **PRN Reasons:** other
Admin Instructions:
Start 10% dextrose IV prior to initiation or during any interruption in TPN of 30 minutes or greater at the previous TPN rate up to a MAXIMUM rate of 40 mL/hr. Check blood glucose (BG) every 4 hours. Stop D10 if BG 200 or above and notify prescriber for further orders.

Sign:_____ **Printed Name:**_____ **Date/Time:**_____