Plaza Home Care Pharmacy

Patient: _____

HOME START TOTAL PARENTERAL NUTRITION ORDER

DEMOGRAPHICS

Patient Name:		DOB:	Insurance ID:	
Height:	Current Weight:	Goal Weight:	Target Calories:	Target Protein:
Diagnosis:			Catheter Type:	

❑ Plaza Home Care Pharmacy to Formulate TPN

BASE FORMULA

❑ Standard Formula:		❑ Custom Formula:	
Amino Acid (Final Concentration)	75 gm(3.75)*	Protein	
Dextrose (Final Concentration)	300 gm (15%)*	Dextrose	
Lipid Emulsion (Final Concentration)	30 gm (1.5%)*	Lipid	
Total Volume	2000 ml*	TPN Volume	
Duration	7 days/week	Duration	days/week

ELECTROLYTES

Guidelines:	Please Select One:	
Usual Adult Requirements (per 24 hours)	❑ Standard (Per 24 hours)	❑ Custom (Per 24 hours)
Na 60-100 mEq	Na 78 mEq	Na mEq
K 60-100 mEq	K 50 mEq	K mEq
Ca 10 -15 mEq	Ca 10 mEq	Ca mEq
Mg 10-20 mEq	Mg 16 mEq	Mg mEq
Phos 20-45 mM	Phos 6.8mM	Phos mM
Cl as needed to maintain	Trace Element 3 ml	Cl mEq
Ace acid/base balance		Ace mEq

MISC

Additional Order:

❑ Glucometer and test strips ❑ Regular Human Insulin ……. Unit/day

❑ Pharmacy to manage labs ad formula ❑ Other: _____

LAB ORDERS

Please Select:

❑ CMP, Mg, Phos, LFTs & TG - at baseline, within 48 hours of TPN initiation and then weekly. If stable obtain labs weekly thereafter.

❑ 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.

❑ CBC w/diff - at baseline, then weekly ❑ Prealbumin - at baseline, then monthly

OTHER

Nursing:

❑ Plaza Pharmacy to coordinate nursing services ❑ MD's office will coordinate nursing

❑ Home health agency: _____ ❑ Nursing will NOT be required

Delivery Instructions

❑ Patient's Home ❑ Infusion Suite ❑ Physician's Office ❑ Other: _____

Physician Name:	NPI#:
Signature:	Date:

Fax completed form to (626) 585-8031

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