

Home Parenteral Nutrition (Adult) Prescriber Order and Referral Form

Pharmacists with the Froedtert Pharmacy will be supporting this patient's infusion medication management.

Fax completed form, insurance information and clinical documentation to 414-805-0513.

Patient Name: _____ Date of Birth: _____
 Address: _____
 Phone: _____ Height: _____ inches cm Weight: _____ lbs kg

Clinical Information

Primary Diagnosis Description: _____ ICD-10 Code(s): _____

Parenteral Nutrition Order and Management

- Froedtert Home Infusion Nutrition Support Team: Initiate home parenteral nutrition (PN) and advance to goal.**
- Physician Managed (complete sections below)

Macronutrients	Electrolytes
Amino Acids: _____ gm/day Amino Acid Type: _____ Dextrose: _____ gm/day Lipids: _____ gm/day Lipid Type: _____ Lipid Days: _____ days/weeks Total Volume: _____ mL Infuse Over: _____ hour(s) Taper Up: _____ hour(s) Taper Down: _____ hour(s) Total Calories _____ kcal/day _____ kcal/kg	Sodium Chloride: _____ mEq/day Sodium Acetate: _____ mEq/day Sodium Phosphate: _____ mEq/day Potassium Chloride: _____ mEq/day Potassium Acetate: _____ mEq/day Potassium Phosphate: _____ mEq/day Magnesium Sulfate: _____ mEq/day Calcium Gluconate: _____ mEq/day
	Additives
	Adult Multivitamin (10 mL/day): _____ mL/day Other Vitamins: _____ Trace Element Solution (1 mL/day): _____ mL/day Other Trace Elements: _____ Other Additives: _____

Dosing Recommendations

Protein (gm/kg/day) 0.8 to 1.5 Dextrose (gm/kg/min) 4 to 5 Lipids (gm/kg/day) 1 Volume (mL/kg/day) 30 to 40	Sodium Chloride 1 to 2 mEq/kg/day As needed to maintain acid-base balance. Potassium Acetate 1 to 2 mEq/kg/day As needed to maintain acid-base balance. Phosphorous 20 to 40 mEq/day Magnesium 8 to 20 mEq/day Calcium 10 to 15 mEq/day
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Anticipated duration of therapy: _____ months weeks

Ancillary Orders

Anaphylaxis Orders

- Treat per Froedtert Home and Specialty Infusion protocol.
- 1) TOTAL PARENTERAL NUTRITION (Select One)
 - 10 TO 51 GRAMS OF PROTEIN (B4189)
 - 74 TO 100 GRAMS OF PROTEIN (B4197)
 - 52 TO 73 GRAMS OF PROTEIN (B4193)
 - OVER 100 GRAMS OF PROTEIN (B4199)
- 2) TPN TO INCLUDE LIPIDS (B4185)
- 3) SUPPLY KIT, PER DAY (B4220)
- 4) ADMINISTRATION KIT, PER DAY (B4224)
- 5) INFUSION PUMP, PORTABLE (B9004)
- 6) IV POLE (E0776)

IV Access and Flush Orders: RN to access and monitor venous infusion line as indicated below:
 Peripheral: Flush with 0.9% NS - 10 ml pre/post-use.
 Implanted Port or PICC: Flush with 0.9% NS - 10 ml pre/20 ml post-use and 10 ml pre/20 ml post-lab draw.

Lab Orders

- CBC w/ diff, CMP (BMP + LFTs), MAG, phosphorous, triglycerides prior to PN initiation, twice weekly until stable, then weekly once stable.
- Other: _____

Skilled nurse to administer doses intravenously in the home or alternate care setting. Refill above ancillary orders as directed x 1 year.
I certify that the use of the indicated treatment is medically necessary and I will be supervising the patient's treatment.

Prescriber Signature _____ Date _____ Time _____
 Prescriber Name _____ Phone _____ Fax _____
 Address _____ NPI _____
 City, State, Zip _____ Office Contact _____

