

UMC Health System NICU PARENTERAL NUTRITION PLAN	Patient Label Here
---	---------------------------

PHYSICIAN ORDERS

Diagnosis _____

Weight _____ **Allergies** _____

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER ORDER DETAILS

Patient Care

NICU Total Parenteral Nutrition Policy/P (NICU Total Parenteral Nutrition Policy/Procedure)
 See Reference Text

POC Blood Sugar Check
 q12h, Until TPN is discontinued.

Communication

Notify Provider (Misc)
 T;N, Reason: POC Blood Glucose is LESS than 50 mg/dL or GREATER than 150 mg/dL.

IV Solutions

Parenteral Nutrition

Starter NICU TPN
parenteral nutrition solution (Starter NICU TPN 5%)
 IV, mL/hr
 Starter TPN 5% Dextrose with heparin 0.25 units/mL. Recommended max rate is 100 mL/kg/day.

parenteral nutrition solution (Starter NICU TPN 10%)
 IV, mL/hr
 Starter TPN 10% Dextrose with heparin 0.25 units/mL. Recommended max rate is 100 mL/kg/day.

Starter NICU TPN with Calcium
parenteral nutrition solution (Starter NICU TPN 10% with Calcium (central line))
 IV, mL/hr
 Starter TPN 10% Dextrose + Calcium with heparin 0.25 units/mL. Recommended max rate is 100 mL/kg/day.

Please fill out electronic form to order TPN.

Continuous Fluids

D10W
 IV, mL/hr

D5W
 IV, mL/hr

Laboratory

You must enter the date and time you want labs to be drawn on every lab order that is timed,

Chemistry

Bilirubin Direct
 Timed, Comment: Draw at 24 hours of life.

Bilirubin Direct
 Timed, q24h 2 days

Comprehensive Metabolic Panel (CMP)
 Timed, Comment: Draw at 24 hours of life.

<input type="checkbox"/> TO	<input type="checkbox"/> Read Back	<input type="checkbox"/> Scanned Powerchart	<input type="checkbox"/> Scanned PharmScan
-----------------------------	------------------------------------	---	--

Order Taken by Signature: _____ Date _____ Time _____
 Physician Signature: _____ Date _____ Time _____

