UMC Health System PARENTERAL NUTRITION PLAN		Patient Label Here				
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Diagno		N ORDERS				
Weight	Allergies Place an "X" in the Orders column to designate orders of choice AN	D on llull in the one sifis and				
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OKDEK	Patient Care					
	Pattent Care ***Parenteral Nutrition Formula orders will be filled out ON PAPER FORM by Parenteral Nutrition Pharmacist or Physician by 1400 daily.*** Daily Weight					
	Strict Intake and Output					
	Parenteral Nutrition Administration Guid (Parenteral Nutrition Administration Guidelines)					
	POC Blood Sugar Check					
	Communication Notify Provider (Misc) Reason: POC Blood Glucose is less than 70 mg/dL.					
	IV Solutions Parenteral Nutrition Formulation Form PRINT REFERENCE TEXT FOR PAPER FORM THEN SCAN TO PHARMACY.					
	D10W IV, mL/hr Run at same rate as PN. PRN if PN Solution unavailable. Administer D10W at PN current ordered rate.					
	Medications					
	Medication sentences are per dose.       You will need to calculate a total daily dose if needed.         insulin regular (Low Dose Insulin Regular Sliding Scale)       □         0-10 units, subcut, inj, q6h, PRN glucose levels - see parameters, x 72 hr         Low Dose Insulin Regular Sliding Scale         If blood glucose is less than 70 mg/dL notify provider.					
	<ul> <li>70-139 mg/dL - 0 units</li> <li>140-180 mg/dL - 2 units subcut</li> <li>181-240 mg/dL - 3 units subcut</li> <li>241-300 mg/dL - 4 units subcut</li> <li>301-350 mg/dL - 6 units subcut</li> <li>351-400 mg/dL - 8 units subcut</li> <li>If blood glucose is greater than 400 mg/dL, administer 10 units subcut, notify provider, and repeat POC blood sugar check in 1</li> <li>hour. Continue to repeat 10 units subcut and POC blood sugar checks every 1 hour until blood glucose is less than 300 mg/dL, then resume normal POC blood sugar check and insulin regular sliding scale.</li> </ul>					
	Laboratory					
	CBC Routine, T;N, Every M and Th					
	Comprehensive Metabolic Panel Routine, T;N, Every M and Th					
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Order Take	en by Signature:	Date	Time			
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