### NEONATAL TOTAL PARENTERAL NUTRITION (TPN) ORDER FORM

- **New Parenteral Nutrition Therapy Order**
- **Change in Current Therapy**

<table>
<thead>
<tr>
<th>Provider (Print Signature)</th>
<th>Provider Date</th>
<th>Provider Time</th>
<th>Room Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>AM / PM</td>
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</tbody>
</table>

- **Telephone Order**
- **Verbal Order**

<table>
<thead>
<tr>
<th>Written By (Print Name, Title, Date, Time)</th>
<th>Per Doctor (Name, Pager)</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>Transcribed By (Name, Title, Date, Time)</th>
<th>Transcription Verified By (Name, Title, Date, Time)</th>
</tr>
</thead>
</table>

**POST CONCEPTIONAL AGE (PCA)**

**WEIGHT AND FLUID GOAL**
- Weight of patient ________ kg
- Fluid Goal _________ mL/kg
- Meds and Flush _______________ mL

<table>
<thead>
<tr>
<th>oral intake included</th>
<th>oral intake _________ mL</th>
<th>NPO (nothing by mouth)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
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<tr>
<td>No</td>
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</tbody>
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**ADDITIONAL IV FLUID**

- Dopamine ________ mcg/kg/min
- Umbilical Arterial Catheter (UAC) _________ mL/hour
- Dobutamine ______ mcg/kg/min
- Umbilical Venous Catheter (UVC) #2 ______ mL/hour
- Peripherally Inserted Central Catheter (PICC) #2 ______ mL/hour

**TPN RATE**
- Infuse ___________________________ mL/hour
- Total TPN volume _______________ mL

**TYPE OF LINE**

- UVC
- PICC Central
- PICC Peripheral
- Peripheral
- Broviac® central line

**BASE SOLUTION**

- Amino Acids ______ gr / 100 mL
- Dextrose ___________ gr / 100 mL

(Note: Protein (Amino Acids) contains 4 calories per gram, Dextrose contains 3.4 calories per gram)

**ADDITIVES** (indicate amount to be added to each 100 mL)

- Calcium Gluconate ___________ milligram
- Magnesium Sulfate ____________ mEq
- Potassium as Chloride __________ mEq
- Potassium as Phosphate __________ mEq
- Potassium as Acetate __________ mEq
- Sodium as Chloride ____________ mEq
- Sodium as Phosphate __________ mEq
- Sodium as Acetate __________ mEq
- Heparin __________ units
- Famotidine __________ milligram
- Albumin __________ gr
- Levo Carnitine (up to 34 weeks PCA) __________ milligram

**VITAMINS AND MINERALS**

- Multivitamin (MVI) Pediatric
  - Infants less than 1 kg: 1.5 mL/day
  - Infants 1 to 3 kg: 3.25 mL/day
  - Infants more than 3 kg: 5 mL/day
- Trace Elements: 0.2 mL/kg/day as Pediatric Trace Elements -4
- Selenium: 3 mcg/kg/day
- Infants less than 3 kg: Zinc additional 100 mcg/kg/day

**INTRAVENTOUS FAT**

- No Fat Emulsion
- 20% Fat Emulsion ( 20 grams / 100 mL = 2 calories / mL)

Infuse Fat Emulsion at __________ mL/hour for ______ hours
Total daily Volume = _______________ mL

Neonatal parenteral nutrition orders must be written by 2:00 pm. New orders and changes to existing orders written after 2:00 pm will routinely be prepared the following day.

Form #: HFH-78-1199MR-1110

WHITE COPY - MEDICAL RECORD  YELLOW COPY - PHARMACY