Touchstone Infusion
9101 Lakeview Parkway Ste. 500
Rowlett, TX 75088
P: (469) 925-1010 F: (877) 257-0305

Patient Name: _____
Date of Birth: _____
Height: _____(in) Weight: _____ (kg)
Allergies: _____
Therapy Start Date: _____
Therapy End Date: _____

Total Parenteral Nutrition (TPN) Order Form

Please complete and return this form via fax to (877) 257-0305

Step 1: Diagnoses

☐ Bowel Obstruction ☐Complications of Bariatric Procedures. ☐Crohn's Disease. ☐ Enterocutaneous Fistula
☐ Gastroparesis ☐ Hyperemesis Gravidarum ☐ Malabsorption ☐ Pancreatitis ☐ Small Bowel Syndrome
☐ Other: _____

Step 2: Patient Evaluation

Does patient have designated IV access for TPN? ☐Yes ☐No
Line Acess: ☐ Hickman ☐Broviac ☐Groshong ☐Port ☐PICC
Delivery Method: ☐ Infusion Pump ☐Other: _____
Has patient previously received TPN? ☐ Yes ☐No
Check all that apply to the patient: ☐Ambulatory ☐ Non-ambulatory ☐Renal Disease ☐Liver Disease ☐Minor Surgery
☐ Infection ☐Major trauma, sepsis, burns up to 30%BSA ☐Burns over 30% BSA

Step 3: Please fill out TPN orders using Format A or Format B.

Format A

Orders:

Days per week: _____
☐ Cyclic: Infuse over _____ hours ☐ Continuous (24 hours/day)
Taper up and down by x1 hour

Macronutrient Components:

☐ Clinimix (5/15) 2000ml (Amino Acids 5%/Dextrose 15%) *Recommended for patients >65kg =1490 kCal*
☐ Clinimix (4.25/10) 2000ml (Amino Acids 4.25%/Dextrose 10%) *Recommended for patients <65kg =1020 kCal*
☐ Custom Formula:
Amino Acids (4 kcal/gram) _____% Dextrose (3.4 kcal/gram) _____% Volume (Exludes lipids): _____ml

Lipids (20%): 2 kcal/ml

☐ 250 ml/day (500 kcal/day)
☐ Custom: _____ml/day
Frequency: ☐ Daily ☐ Twice weekly ☐ Three times weekly ☐Other: _____

Electrolytes:

☐ Standard	☐ Custom (specify amount of each electrolyte)
Sodium 35 mEq/L	Na: _____ mEq (60-100 mEq)
Potasssium 30 mEq/L	K: _____ mEq (60-100 mEq)
Magnesium 5mEq/L	Mg: _____mEq (10-20 mEq)
Calcium 4.5 mEq/L	Ca: _____ mEq (9-18 mEq)
Phosphate 15 mMol/L	Phosphate: _____ mEq (20-30 mEq)
Acetate 80 mEq/L	Acetate: _____ mEq (0-100 mEq)
Chloride 39 mEq/L	Chloride: _____ mEq

Additives: (Check all required additives and specify amount)

- ☐ Multivitamin (MV1-12)* ☐ 10 ml/day ☐_____ml/day
- ☐ Trace Elements** ☐ 1 ml/day ☐_____ml/day
- ☐ Regular insulin* _____units/day
- ☐ Famotidine* _____ mg/day
- ☐ Ranitidine* _____ mg/day
- ☐ Ascorbic Acid _____ mg/day
- ☐ Folic Acid _____ mg/day
- ☐ Other: _____

**To be added immediately before administration*
***Trace elements per 1 ml:*
Zinc 5mg, Copper 1 mg, manganese 0.5mg, Chromium 10mcg, Selenium 60mcg

Format B

- ☐ Sodium Chloride: _____mEq/Day
- ☐ Sodium Acetate: _____mEq/Day
- ☐ Sodium Phosphate: _____ mmol/Day
- ☐ Potassium Chloride: _____ mEq/Day
- ☐ Potassium Acetate: _____mEq/Day
- ☐ Potassium Phosphate: _____ mmol/Day
- ☐ Calcium Gluconate: _____ mEq/Day
- ☐ Multivitamin MVI Adult: _____ mL/Day
- ☐ Multi-Trace 5 Concentrate: _____ml/Day
- ☐ Regular Insulin: _____ units/Day

- ☐ Amino Acids: _____ Grams/Day
- ☐ Dextrose: _____ Grams/Day
- ☐ Lipids: _____ Grams/Day

- ☐ Total Volume: _____ mL/Day
- ☐ Infuse Over: _____ Hrs/Day
- ☐ Infuse: _____Days/Week
- ☐ Total Calories: _____kCal/Day

Step 4: Please choose ancillary orders and monitoring options.

Ancillary Orders:

- ☐ Alteplase 2mg IV to declot central IV access as needed for occlusion
- ☐ Flush line with 5-10 ml of 0.9% NaCl and Heparin 100 units/ml as needed per SASH method
- ☐ _____

Lab/Monitoring:

- ☐ CBC w/ diff ☐ weekly ☐ every _____
- ☐ CMP ☐ weekly ☐ every _____
- ☐ Magnesium ☐ weekly ☐ every _____
- ☐ Phosphorus ☐ weekly ☐ every _____
- ☐ Pre-albumin ☐ weekly ☐ every _____
- ☐ Other _____ ☐weekly ☐ every _____

- ☐ Blood Glucose
  - ☐ twice daily (for continuous infusion)
  - ☐ 1 hour before infusion (cyclic infusion)
  - ☐ 2 hours into infusion (cyclic infusion)
  - ☐ with routine labs (if stable)
  - ☐ Other: _____

Lab monitoring and formula adjustment as needed by

☐ Prescribing physician ☐ PCP ☐ Clinical Pharmacist ☐ Other: _____

_____	_____	_____	_____	☐ DAW
Prescriber Signature	Please Print Name	Phone	Fax	

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