



HOLY CROSS HOSPITAL

PARENTERAL NUTRITION TWENTY FOUR HOUR ADULT

Friday, March 14
- Dr. Nawaz fails to order nutrition per consult recommendation.
- Nurses fail to note lack of nutrition. Patient provided no food since March 11.
Saturday, March 15
- Hospital fails to submit this PPN order, resulting in an additional 24-hour delay.
Sunday, March 16
- PICC line placement ordered for Central TPN, but PA on call has no PICC line insertion experience so procedure delayed until Monday.
- Hospital alters date on this Saturday PPN order from 3/15 to 3/16 and submits.
- PPN doesn't arrive until Sunday night at 8:00 pm, 58 hours after first recommended.
- TPN doesn't arrive until Monday night at 8:00 pm. Six days without food.
Prealbumin sinks to 3.8 mg/dl (reference=20-40 mg/dl) indicative of starvation.

INSTRUCTIONS:

Check boxes for all orders that apply. Fill-in all blank spaces of all checked orders. Write signature and print name, time and date at bottom of each form

ALL ORDERS MUST BE RECEIVED BY THE I.V. PHARMACY by 2 PM DAILY

VASCULAR ACCESS [] Central [X] Peripheral Time TPN started: 24 hr. bottle number:
DOES PT. TOLERATE ORAL/ENTERAL INTAKE? [] Yes [] No RN Signature

BASE SOLUTION [] STANDARD CENTRAL 1000/kCal/Liter [X] STANDARD PERIPHERAL 500/kCal/Liter [] Non-STANDARD-for 24 hours (fill in)
CHECK ONE BOX Protein 50gm(200kCal)/Liter Protein 35gm(140kCal)/Liter Protein gm/ 24 hr
Dextrose 147gm(500kCal)/Liter Dextrose 47gm(160kCal)/Liter Dextrose kCal/ 24 hr
Lipids 30gm(300kCal)/Liter Lipids 20gm(200kCal)/Liter Lipids kCal/ 24 hr

Sources: protein (Aminosyn 15%)=4 kCal/gm; dextrose 70%=3.4 kCal/gm; fat 20% =10 kCal/gm

VOLUME & RATE CHECK ONE BOX

[] 1 Liter/DAY @ 42 mL/hr [] 1.5 Liters/DAY @ 63 mL/hr [X] 2 Liters/DAY @ 83 mL/hr [] 2.5 Liters/DAY @ 104 mL/hr [] 3 Liters/DAY @ 125 mL/hr [] ___ Liters/DAY @ ___ mL/hr [] CYCLE ___ Liter x ___ hrs

MICRO NUTRIENTS CHECK ONE BOX

[] Standard—Central line ONLY Sodium 95 mEq Potassium 60 mEq Calcium 15 mEq Magnesium 15 mEq Phosphate 15 mM Chloride 90 mEq Acetate 90 mEq Trace Elements standard Multivitamins standard
[] LOW Standard—Central or Peripheral Sodium 56 mEq Potassium 40 mEq Calcium 10 mEq Magnesium 10 mEq Phosphate 5 mM Chloride 60 mEq Acetate 60 mEq Trace Elements standard Multivitamins standard
[] NON-Standard (for 24 hrs) Fill in Sodium Chloride... mEq Sodium Acetate... mEq Sodium Phosphate**... mM Potassium Chloride... mEq Potassium Acetate... mEq Potassium Phosphate... mM Calcium Gluconate... mEq Magnesium Sulfate... mEq Trace Elements... standard Multivitamins... standard

*K Phosphate= 4.4 mEq K & 3 mM Phosphorous /mL
**N Phosphate= 4 mEq Na & 3 mM Phosphorous /mL

ADDITIONS for 24 hrs [NO: Vitamin K (Phytonadione), Albumin, or Meds]

[] Insulin, Reg. Human ___ Units [] [] [] [] []

CHECK IF APPLICABLE

[] Omit Multivitamins [] Omit Trace Elements

STANDING ORDERS:

[X] Baseline, then every Monday and Thursday: Metabolic-basic, Metabolic-comprehensive, and Pre-albumin #132
[X] Baseline, then every Monday: albumin, Magnesium, and triglycerides
[X] Vitamin K 10 mg subcutaneously every Monday
[X] Weigh patient every Monday and Thursday

[X] START and CHANGE TPN SOLUTIONS DAILY at 8 PM.
[X] IF TPN is DISCONTINUED TEMPORARILY for ANY REASON start D10%W in ITS PLACE at the SAME RATE.
[X] Discontinue standing orders when TPN is discontinued.

If you have any questions, please contact the IV Pharmacist x7309 or unit Dietitian (x7724)

PHYSICIAN SIGNATURE [Signature] PHYSICIAN NAME (PRINT)/PAGER # [BATT] TIME 3/16/13 DATE 1230

WHITE - CHART YELLOW - PHARMACY