



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

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

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

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