BAPTIST MEMORIAL HOSPITAL – GOLDEN TRIANGLE

ORD

PHYSICIAN'S ORDERS

ALLERGIES: See Master Allergy Sheet

ORDERED Date	ORDERED Time	PARENTERAL NUTRITION ORDERS DEXTROSE CONCENTRATION 5% (REGIMEN #2)	TIME ORDER NOTED
		1. Vital signs every four (4) hours. Notify physician of temperature greater than 100.6°	
		2. Strict intake and output.	
		3. Daily weight.	
		4. Number infusion containers sequentially.	
		5. Infuse at _____ ml/hr.	
		6. If infusion is interrupted for any reason, infuse D5W at the above rate.	
		7. Lab work:	
		CMP, CBC, Magnesium serum level weekly	
		BMP daily (except on day of CMP)	
		8. Check if desired:	
		☐ Dietary consult for caloric recommendations	
		☐ Pharmacy consult for electrolyte adjustments	
		☐ Accuchecks with regular insulin sliding scale every 6 hours.	
		Physician Signature:	

▼ Addressograph / Patient Label ▼

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PARENTERAL NUTRITION ORDERS
DEXTROSE CONCENTRATION 5% (REGIMEN #2)

Form # 18-214.100 (06/07)

Original – Chart / Canary – Patient