



PHYSICIAN'S ORDERS

ALLERGIES: See Master Allergy Sheet

ORDERED		PARENTERAL NUTRITION ORDERS REGIMEN #3 AND #4 (DEXTROSE CONCENTRATION > 5%)	TIME ORDER NOTED
Date	Time		
		1. Infuse parenteral nutrition formula thru central venous catheter.	
		2. Vital signs every four (4) hours. Notify physician of temperature greater than 100.6°	
		3. Strict intake and output.	
		4. Daily weight.	
		5. Peripheral IV with _____ at _____ ml/hr.	
		6. Number parenteral nutrition infusion containers sequentially.	
		7. Initial infusion rate: Infuse at 50 ml/hr for 12 hours, then increase to 75 ml/hr for 12 hours, then increase to 100 ml/hr for 12 hours, then continue at _____ ml/hr (goal rate).	
		8. Do NOT use parenteral nutrition infusion line for any other purpose. (such as drawing blood, medication administration, measurement of CVP, etc.)	
		9. If parenteral infusion is stopped for any reason, infuse D10 into a peripheral or central line at 75 ml/hr and notify physician.	
		10. Lab work: CMP, Magnesium serum level, CBC, PT/INR, Pre-albumin weekly BMP daily (except on day of CMP)	
		11. Accuchecks with regular sliding scale coverage every 6 hours, unless otherwise ordered.	
		12. Change dressing over central venous catheter once weekly (after initial change).	
		13. Change tubing and 0.22 micron filter daily.	
		14. Check if desired: <input type="checkbox"/> Dietary consult for caloric recommendations <input type="checkbox"/> Pharmacy consult for electrolyte adjustments	
		Physician Signature:	

▼ Addressograph / Patient Label ▼



**PARENTERAL NUTRITION ORDERS
REGIMEN #3 AND #4 (DEXTROSE CONCENTRATION > 5%)**

Form # 18-214.101 (06/07)

Original – Chart / Canary – Patient