Parenteral Nutrition (PN) Order Form (Adults)

(To be hard-coded)

Notes: *This template provides a general framework; however, hospitals typically have their own standardized PN order forms, and it should be customized to meet local institutional requirements. More importantly, PN formulations for paediatric patients (both pre-term and term) differ significantly from adult formulations. Therefore, a separate, specialized order form is required for paediatric PN prescriptions.*

The physician enters the PN order in CliniCare, and it automatically flows into the Pharmacy Module within MedCare, just like any other medication order.

Patient Information

- Name: _____*Auto-fill*_____
- MRN / ID: _____Auto-fill_____
- Date of Birth: _____*Auto-fill*_____
- Weight: ___Auto-fill__ kg Height: __Auto-fill____ cm
- Date: _____Auto-fill_____

PN Prescription

- **Route:** ☐ Central ☐ Peripheral
- **Total Volume:** _____ mL/day
- **Infusion Duration:** _____ hours

Macronutrients

- Dextrose: _____ g (_____% solution)
- Amino Acids: _____ g (_____% solution)
- Lipids: _____ g (_____% solution)

Electrolytes (per day)

- Sodium: _____ mmol
- Potassium: _____ mmol
- Calcium: _____ mmol
- Magnesium: _____ mmol
- Phosphate: _____ mmol

- Chloride: _____ mmol
- Acetate: _____ mmol

Additives

- Multivitamins: ☐ Yes ☐ No
- Trace Elements: ☐ Yes ☐ No
- Insulin: _____ units
- Other: _____

Monitoring Parameters

- Blood Glucose: ☐ q6h ☐ q8h ☐ q12h
- Electrolytes: ☐ Daily ☐ Every 48h
- Liver Function Tests: ☐ Weekly
- Triglycerides: ☐ Weekly

Prescriber

- Name: Dr. …….
- Registration Number:----------
- Enter (Key-in) Pass Code: ……