

TPN or PPN

Ideal Body Weight (IBW) Equation
Men = 50 kg + [2.3 x (Ht/2.54-60)]
Women = 45.5 kg + [2.3 x (Ht/2.54-60)]
Where 'Ht' is height in centimeters

Ht (cm)	Men IBW x 1.2	Women IBW x 1.2
157.5	66	60
160	68	63
162.5	71	66
165	74	68
167.5	76	71
170	79	74
173	82	77
175	85	79
178	88	82
180	90	85
183	93	88

- Information**
- Pharmacist: Phone 3053**
 - Deadline 1 PM:** Orders to be in the pharmacy by 1 PM, otherwise last bag will be remade for one day only, then D₁₀W.
 - PPN.** Maximum amounts: Protein 90 Gms and Dextrose 250 Gms per 3 liters. Lipids (isotonic) as needed. PPN will be diluted to 900 mOsm per 1000 mL or less
 - Hepatic Failure or Renal insufficiency:** Use 0.7 Gms of Protein / Kg.
 - Usual TPN formula provides:**
~ 27.3 kcal/kg, as:
Protein 22 %
Carbohydrate 56 %
Lipids 22 %

No Potassium Formula. Check 'Do not add an electrolyte formula' (7-A) and add electrolytes below (7-B). Call ext. 3053 for more electrolyte formulas, if needed.

Electrolyte Additive	~ Final Concentration
36 mEq Na Ac	106 mEq Sodium
50 mEq NaCl	36 mEq Acetate
20 mEq NaPO ₄	15 mM Phosphate
11 mEq CaGluc	11 mEq Calcium
12 mEq Mag Sulf	12 mEq Magnesium
	50 mEq Chloride

† Routine Electrolyte Formulas

	Standard	Renal	Daily Range
Sodium	87.5 mEq	64 mEq	60-150 mEq
Potassium	72 mEq	25 mEq	60-150 mEq
Calcium	11.3 mEq	5.5 mEq	5- 15 mEq
Magnesium	12.5 mEq	6.25mEq	8- 24 mEq
Phosphate	15 mM	8 mM	20- 45 mM
Chloride	87.5 mEq	44 mEq	As needed
Acetate	74 mEq	74 mEq	As needed

(Some additional chloride and acetate will be present from the amino acid solution)
Standard: Lypholyte 50 mL + KPhos 15 mM
Renal: Lypholyte 25 mL + NaAc 10mEq + NaPO₄ 10.8 mEq

CHH 619

Originated 8/84

Revisions 9/93, 2/96, 2/00, 3/03, 8/03, 1/07

1 Dosing Weight. The LOWER number between [IBW x 1.2] _____ OR Actual Weight _____	Dosing Weight _____ Kg
2 TPN Bag Number (Number consecutively) # _____	
3 Grams of Protein Per Day Typical Adult TPN: 1.5 grams/kg/day (PPN: 90 grams per 3 liters is maximum)	_____ Gms
4 Grams of Dextrose Per Day Typical Adult TPN: 4.2 grams/kg/day (PPN: 250 grams per 3 liters is maximum) Use 1/2 the dextrose for Bag #1 if box is checked <input type="checkbox"/> Half in #1	_____ Gms
5 Grams of Lipid Per Day Typical Adult TPN/PPN: 0.7 grams/kg/day	_____ Gms
6 Volume Per Day Concentrate to Minimum Volume (~26ml/kg) --> or Specify Volume in 24 hour period <input type="checkbox"/> Min Vol _____ mL	
7-A. Electrolytes Per Day. (Check 1,2, or 3) 1. Add Standard Electrolyte Formula † <input type="checkbox"/> 2. Add Renal Electrolyte Formula † <input type="checkbox"/> 3. Do not add a pre-made Electrolyte Formula (Add, as needed, the extra electrolytes below) <input type="checkbox"/>	1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/>
7-B. Individual Electrolyte Additives 1. Potassium Chloride (KCl) ----- 1. _____ mEq 2. Sodium Acetate----- 2. _____ mEq 3. Sodium Chloride ----- 3. _____ mEq 4. Potassium Phosphate (4.4 mEq K ⁺ , 3mM Phos) 4. _____ mEq 5. Sodium Phosphate (4 mEq Na ⁺ , 3mM Phos) 5. _____ mEq 6. Potassium Acetate----- 6. _____ mEq 7. Calcium Gluconate----- 7. _____ mEq 8. Magnesium Sulfate----- 8. _____ mEq	
8 Other Additives 1. Multiple Vitamins (10 ml) <input type="checkbox"/> 2. Trace Elements (3 ml) <input type="checkbox"/> 3. Regular Insulin 3. _____ units 4. Zantac 4. _____ mg 5. Heparin 5. _____ units 6. Other (specify) _____ 6. _____	
9 Vitamin-K 10 mg subcutaneously Wednesdays (Do not order if on anticoagulation Tx or hypercoagulable) <input type="checkbox"/>	
Prescriber's Signature _____ AM PM _____ / _____ / _____	
Noted By: _____ RN _____ TPN Started by: _____ RN _____	
Actual Starting Time _____ AM PM Date _____ / _____ / _____	

Continue Same Formula

Bag# _____ "Continue TPN Orders"
Dr _____ Date ____/____/____ Time _____
Noted By: _____
Time Started _____ Date ____/____/____ By : _____
Bag# _____ "Continue TPN Orders"
Dr _____ Date ____/____/____ Time _____
Noted By: _____
Time Started _____ Date ____/____/____ By : _____
Bag# _____ "Continue TPN Orders"
Dr _____ Date ____/____/____ Time _____
Noted By: _____
Time Started _____ Date ____/____/____ By : _____
Bag# _____ "Continue TPN Orders"
Dr _____ Date ____/____/____ Time _____
Noted By: _____
Time Started _____ Date ____/____/____ By : _____

Patient Information