

**KINGSTON GENERAL HOSPITAL
PHYSICIAN'S ORDERS**

WEIGHT (KG)

DRUG SENSITIVITIES

Please use ballpoint pen and press firmly.

ORDER AND SIGNATURE	TRANSCRIPTION & RN NOTES
PARENTERAL NUTRITION ORDER FORM (ADULT ICU)	
Page 1 of 2	
<p>NOTE: Orders must be received in pharmacy by 1300h, otherwise solutions will be supplied for the following day**</p> <p><input type="checkbox"/> New Order (<i>complete Section A and Section B</i>)</p> <p><input type="checkbox"/> Continue Enteral Nutrition (EN) _____ (solution) at 10 mL/h</p> <p><input type="checkbox"/> Order Modification (<i>complete only section B</i>)</p> <p><input type="checkbox"/> Initiate Adult ICU Glycemic Control Protocol (<i>Physician to complete an Adult ICU Glycemic Control Protocol order form</i>)</p> <p><input type="checkbox"/> Section A: New Parenteral Nutrition (PN) Orders</p> <ol style="list-style-type: none"> Consult Clinical Dietician (<i>required for all initial orders</i>). CBC, platelets, INR, PTT, blood glucose, electrolytes, calcium, phosphate, magnesium, urea, creatinine, triglycerides, serum albumin, AST, alkaline phosphatase, total bilirubin. Twice weekly weights (every Monday and Thursday). Monitor intake/output q12 h. Initiate amino acid and dextrose infusion IV at _____ mL/h for 6 hours, then increase by 25 mL/h every 6 hours if blood glucose is less than 9 mmol/L until target PN rate reached (as ordered in section B). Daily electrolytes and blood glucose until patient has received PN for 5 days at target PN rate. Twice weekly (every Monday and Thursday) calcium, magnesium, phosphate, urea, creatinine, prealbumin, electrolytes and blood glucose. Weekly (every Monday) CBC, AST, alkaline phosphatase, total bilirubin, triglycerides, serum albumin, 24 hour urinary urea and creatinine clearance. <p><input type="checkbox"/> Section B: New or Modified Parenteral Nutrition (PN) orders (<i>refer to the Calculation of Adult Daily Energy Requirements on reverse</i>)</p> <ol style="list-style-type: none"> <u>Base solution</u> (<i>select one</i>): <ul style="list-style-type: none"> <input type="checkbox"/> Amino acids 5% and dextrose 25% (central) at target PN rate of _____ mL/h OR <input type="checkbox"/> Amino acids 5% and dextrose 16.6% (central) at target PN rate of _____ mL/h. OR <input type="checkbox"/> Amino acids 4.25% and dextrose 10% (central/peripheral) at target PN rate of _____ mL/h. OR <input type="checkbox"/> <i>Other (consult pharmacy):</i> _____ at _____ target PN rate of _____ mL/h. 	
Physician Signature:	
Printed Name:	
Date & Time:	

Physician Signature:	
Printed Name:	
Date & Time:	



CALCULATION OF ADULT DAILY ENERGY REQUIREMENTS

R.E.E. (RESTING ENERGY EXPENDITURE) x STRESS FACTOR

A) R.E.E. (Resting energy expenditure from Harris Benedict Equation)

$$\text{R.E.E. Men (kJ/day)} = (66.47 + 13.75 W + 5.0 H - 6.76 A) \times 4.2$$

$$\text{R.E.E. Women (kJ/day)} = (655.1 + 9.56 W + 1.85 H - 4.68 A) \times 4.2$$

W = weight in kilograms

H = height in centimeters

A = age in years

B) Stress Factor

Post-op with complications or prolonged recovery	1.24
Depletion	1.2
Peritonitis	1.2 - 1.5
Skeletal trauma	1.1 - 1.3
Multiple trauma	1.3 - 1.6
Sepsis	1.3 - 1.6
Burns	1.2 - 2.0
Cancer	1.2

CALCULATION OF ADULT DAILY REQUIREMENTS

Mild Stress	0.8 – 1 g/kg
Moderate Stress	1 – 2 g/kg
Severe Stress	2 – 3 g/kg

CALCULATION OF ADULT DAILY ELECTROLYTE REQUIREMENTS

Calcium	5 – 10 mmol
Magnesium	5 – 15 mmol
Potassium	60 - 180 mmol
Phosphate	30 - 45 mmol
Sodium	60 – 150 mmol

For further information regarding the multivitamins and trace elements contact the Pharmacy Department.

FOR **PEDIATRIC** REQUIREMENTS REFER TO PROTOCOL