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Smart Medicine STONY BROOK UNIVERSITY HOSPITAL Expert Care	PLEASE ATTACH PATIENT NAME LABEL

NEONATAL "VANILLA" PARENTERAL NUTRITION ORDER FORM

FOR USE ONLY IN PATIENTS UNDER 1500 GRAMS

CONTENTS PER 100mL

Trophamine	2 Grams	Dextrose	7.5% (final Concentration)
Sodium	0.1 mEq	Calcium	40 mg or 2 mEq elemental calcium
Acetate	1.94 mEq	Chloride	0.06 mEq
Osmolality	626	Volume	200mL *(100ml base solution with 100ml overfill)*

☞ Weight: Kg

☞ Run TPN at mL/hr (= mL/Kg/day)

Infuse this PN until patient specific bag arrives (can hang for up to 30 hours)

☑ Please send metabolic screen prior to starting Parenteral Nutrition

☞ Signature MD/LIP: ID #: Date: Time:

☞ Signature RN: ID #: Date: Time:

PLEASE SEND THIS ORDER TO PHARMACY VIA PYXIS CONNECT