Total Parenteral Nutrition (TPN) Initiation   [30400513]

If appropriate for patient condition, please consider the following order sets:
Glycemic Control - Insulin Infusion Physician Order #824
Glycemic Control - Subcutaneous Addendum Physician Order #825

Enteral Nutrition is the preferred route of feeding in critically ill patients requiring nutritional support.
Goal: Initiate tube feeding within 48 hours if predicted that patient will be NPO for 5 or more days.
If patient has compromised GI function (ileus, pancreatitis, fistula, etc.):
Trial of tube feeding indicated prior to initiating TPN
[Evidence Based Medicine - ASPEN]

Total Parenteral Nutrition (TPN) is not recommended unless one or more of the following conditions, bulleted below are met:
TPN use anticipated to be greater than 5 days, and enteral nutrition is not possible

Height_____________________
Weight_____________________
Allergies___________________

General

Notify [121328]

[X] Notify provider [NUR183]  Routine, Until discontinued, Starting S
Pulse greater than:
Respiratory rate less than:
Respiratory rate greater than:
Temperature greater than (celsius):
Urine output less than (mL/hr):
Systolic BP greater than:
Systolic BP less than:
Diastolic BP greater than:
Diastolic BP less than:
Other:
Of any critical lab values or if clotted line or leakage from catheter or insertion site

Provider’s Initial: ___________
<table>
<thead>
<tr>
<th>Nursing Interventions [121320]</th>
</tr>
</thead>
<tbody>
<tr>
<td>[X] <strong>Standard Guidelines for TPN therapy [NUR185]</strong></td>
</tr>
<tr>
<td>[X] <strong>Daily weights [NUR450]</strong></td>
</tr>
<tr>
<td>[X] <strong>Strict intake and output [NUR618]</strong></td>
</tr>
<tr>
<td>[X] <strong>POCT glucose [POC10]</strong></td>
</tr>
<tr>
<td>[X] <strong>POCT glucose [POC10]</strong></td>
</tr>
</tbody>
</table>

**Ancillary Referrals [123133]**

| [X] **Inpatient consult to Dietician [CON34]** | Reason for Consult? |
| [X] **Inpatient Consult to Pharmacy [CON100]** | Routine, Once |

**Provider’s Initial:** ___________
### Labs

**Chemistry [121329]**

<table>
<thead>
<tr>
<th>Test Description</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>TPN-10 [LAB3201]</td>
<td>Once</td>
</tr>
<tr>
<td>Hepatic function panel (HFP) [LAB20]</td>
<td>Once</td>
</tr>
<tr>
<td>Triglycerides [LAB134]</td>
<td>Once</td>
</tr>
<tr>
<td>Prealbumin [LAB115]</td>
<td>Once</td>
</tr>
</tbody>
</table>

**Hematology [123134]**

<table>
<thead>
<tr>
<th>Test Description</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBC and differential [LAB293]</td>
<td>Once For 1 Occurrences</td>
</tr>
</tbody>
</table>

**Anticoagulant [121330]**

<table>
<thead>
<tr>
<th>Test Description</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protime [LAB320]</td>
<td>Once</td>
</tr>
</tbody>
</table>

### Medications

**D10W if TPN Unavailable (Single Response) [40886594]**

<table>
<thead>
<tr>
<th>Medication Description</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEXTROSE 10% IN WATER (D10W) IV SOLP [2357]</td>
<td>1,000 mL, IntraVENous, Continuous PRN, other, if TPN unavailable * Infuse at same rate as the TPN solution until the TPN is available</td>
</tr>
</tbody>
</table>

**Glucose Management [408124697]**

<table>
<thead>
<tr>
<th>Test Description</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hemoglobin A1c [LAB90]</td>
<td>Once</td>
</tr>
<tr>
<td>Blood Glucose Panel [131637]</td>
<td>Routine, Every 4 hours, Starting S For 1 Days</td>
</tr>
</tbody>
</table>

**POCT glucose [POC10]**

<table>
<thead>
<tr>
<th>Test Description</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine, Every 4 hours, Starting S For 1 Days</td>
<td></td>
</tr>
<tr>
<td>Routine, Every 6 hours, Starting S+1</td>
<td></td>
</tr>
</tbody>
</table>

**Provider's Initial: ________________________**
Hypoglycemia Protocol (Blood glucose less than 70 mg/dL) [NUR185]
1. If patient awake and able to take PO - give 4 oz of clear regular soda (i.e. Sprite)
2. If patient awake and unable to take PO - give 25 ml 50% dextrose in water (D50W) IV push
3. If patient obtunded (due to hypoglycemia) - give 50 ml 50% dextrose in water (D50W) IV push
4. Recheck blood glucose in 15 minutes. If blood glucose less than 70 mg/dL, repeat above treatment. Recheck blood glucose every 30 minutes until greater than or equal to 80 mg/dL.
5. If glucose remains less than 70 mg/dL after 2 doses of soda/dextrose, then notify provider

Dextrose 50% IV [119654]
25-50 mL, IntraVENous, As needed, low blood sugar, see admin instructions
1. If patient awake and unable to take PO - give 25 ml 50% dextrose in water (D50W) IV push.
2. If patient obtunded (due to hypoglycemia) - give 50 ml 50% dextrose in water (D50W) IV push.

Glucagon (human recombinant) (GLUCAGEN) injection [126497]
1 mg, IntraMuscular, Once, when indicated (remains on MAR), low blood sugar, For blood sugar less than 70 If patient unable to take PO AND no IV access.
Give glucagon 1 mg IM x 1 dose only. Turn patient on side as nausea and vomiting frequently occur. Notify provider. Obtain IV access and start D5W if deemed appropriate by provider.

Insulin Regular Correction Scale (Novolin R) (Single Response) [408124698]
### PATIENT INFORMATION

**CHOOSE ONE**

<table>
<thead>
<tr>
<th>Ordered by</th>
<th>Ordered for</th>
<th>Required Dose</th>
<th>Required Dose Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>( )</td>
<td>insulin regular (NOVOLIN R) injection (LOW DOSE SUB-Q SCALE) [10289]</td>
<td>2-10 Units, SubCutaneous, As needed, high blood sugar</td>
<td>If fingerstick blood glucose over 180 mg/dL for 2 consecutive checks increase correction insulin scale to next higher dose. If NPO check blood glucose every 6 hours</td>
</tr>
<tr>
<td>( )</td>
<td>insulin regular (NOVOLIN R) injection (MEDIUM DOSE SUB-Q SCALE) [10289]</td>
<td>3-15 Units, SubCutaneous, As needed, high blood sugar</td>
<td>If fingerstick blood glucose over 180 mg/dL for 2 consecutive checks increase correction insulin scale to next higher dose. If NPO check blood glucose every 6 hours</td>
</tr>
</tbody>
</table>

**Blood Sugar [mg/dL]**

**Low Dose - Total Daily Dose**

- Under 40 Units/Day
  - 150-200: 2 units
  - 201-250: 4 units
  - 251-300: 6 units
  - 301-350: 8 units

- Over 350: Notify MD
  - 10 units

**Medium Dose - Total Daily Dose**

- 40-80 Units/Day
  - 150-200: 3 units
  - 201-250: 6 units
  - 251-300: 9 units
  - 301-350: 12 units

- Over 350: Notify MD
  - 15 units

**IMPORTANT:**

- IF PATIENT IS ADVANCED TO ANOTHER SLIDING SCALE (EX: MEDIUM OR HIGH) DO NOT MODIFY THIS ORDER. DISCONTINUE ORDER. Go to Glucose Management in orderset and order Sliding Scale Insulin order for patient condition to get correct scale for admin instructions.

- Will this be administered via an insulin pump?

---

**Provider’s Initial:** __________
PATIENT INFORMATION

insulin regular (NOVOLIN R) injection (HIGH DOSE SUB-Q SCALE) [10289]

4-18 Units, SubCutaneous, As needed, high blood sugar
If fingerstick blood glucose over 180 mg/dL for 2 consecutive checks increase correction insulin scale to next higher dose. If NPO check blood glucose every 6 hours

Blood Sugar [mg/dL] High Dose - Total Daily Dose
Over 80 Units/Day
150-200 4 units
201-250 8 units
251-300 11 units
301-350 15 units
Over 350-Notify MD 18 units

IF PATIENT IS ADVANCED TO ANOTHER SLIDING SCALE (EX: LOW OR MEDIUM) DO NOT MODIFY THIS ORDER. DISCONTINUE ORDER. Go to Glucose Management in orderset and order Sliding Scale Insulin order for patient condition to get correct scale for admin instructions.

Will this be administered via an insulin pump?

Insulin Aspart Correction Scale (Novo Log) (Single Response) [408124699]

CHOOSE ONE

insulin aspart (NovoLOG) injection (LOW DOSE SUB-Q SCALE) [28534]

2-10 Units, SubCutaneous, As needed, high blood sugar
If fingerstick blood glucose over 180 mg/dL for 2 consecutive checks increase correction insulin scale to next higher dose. If NPO check blood glucose every 6 hours

Blood Sugar [mg/dL] Low Dose - Total Daily Dose
Under 40 Units/Day
150-200 2 units
201-250 4 units
251-300 6 units
301-350 8 units
Over 350-Notify MD 10 units

IF PATIENT IS ADVANCED TO ANOTHER SLIDING SCALE (EX: MEDIUM OR HIGH) DO NOT MODIFY THIS ORDER. DISCONTINUE ORDER. Go to Glucose Management in orderset and order Sliding Scale Insulin order for patient condition to get correct scale for admin instructions.

Will this be administered via an insulin pump?

Provider’s Initial: __________
insulin aspart (NovoLOG) injection (MEDIUM DOSE SUB-Q SCALE) [28534]

3-15 Units, SubCutaneous, As needed, high blood sugar
If fingerstick blood glucose over 180 mg/dL for 2
consecutive checks increase correction insulin scale to
next higher dose. If NPO check blood glucose every 6
hours

Blood Sugar [mg/dL]  Medium Dose - Total Daily
Dose 40 - 80 Units/Day
150-200  3 units
201-250   6 units
251-300   9 units
301-350  12 units
Over 350-Notify MD    15 units

IF PATIENT IS ADVANCED TO ANOTHER SLIDING
SCALE (EX: LOW OR HIGH) DO NOT MODIFY THIS
ORDER. DISCONTINUE ORDER. Go to Glucose
Management in orderset and order Sliding Scale Insulin
order for patient condition to get correct scale for admin
instructions.
Will this be administered via an insulin pump?

() insulin aspart (NovoLOG) injection (HIGH DOSE SUB-Q SCALE) [28534]

4-18 Units, SubCutaneous, As needed, high blood sugar
If fingerstick blood glucose over 180 mg/dL for 2
consecutive checks increase correction insulin scale to
next higher dose. If NPO check blood glucose every 6
hours

Blood Sugar [mg/dL]  High Dose - Total Daily
Dose Over 80 Units/Day
150-200    4 units
201-250  8 units
251-300  11 units
301-350  15 units
Over 350-Notify MD    18 units

IF PATIENT IS ADVANCED TO ANOTHER SLIDING
SCALE (EX: LOW OR MEDIUM) DO NOT MODIFY THIS
ORDER. DISCONTINUE ORDER. Go to Glucose
Management in orderset and order Sliding Scale Insulin
order for patient condition to get correct scale for admin
instructions.
Will this be administered via an insulin pump?

DATE TIME ORDERING PROVIDER PRINT NAME

PROVIDER SIGNATURE

DATE TIME RN ACKNOWLEDGE

PATIENT INFORMATION