Neonatal Parenteral Nutrition [3040055]

| Height ______________________ |
| Weight _____________________ |
| Allergies ___________________ |

### General

**Nursing Assessment**

[X] Baby weight | Routine, Daily, Starting today

**Nursing Communication**

[] Document IV Catheter Placement | Routine, Until discontinued, Starting today

[] Total IV and PO rate parameters | Routine, Until discontinued, Starting today

**IV Fluid**

**Neonatal 2 in 1 TPN**

Standard Pediatric MVI dosing: under 1 kg = 1.5 mL, 1-3 kg = 3.25 mL, 3 kg = 5 mL

Pediatric Trace Elements contents per 0.2 ml: Zinc 200 mcg, Copper 20 mcg, Chromium 0.2 mcg and Manganese 5 mcg.

Trace elements for cholestatic liver disease omits Manganese and Copper.

Add zinc in addition to that found in trace elements if under 3 kg.

[] neonatal 2 in 1 TPN placeholder

**Lipids**

[] FAT EMULSION 20 % IV SYRINGE

**Standard Neonatal TPN**

[] dextrose 10 %/amino acid 2.5% neonatal std TPN

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Provider Initial: ________________________________

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<table>
<thead>
<tr>
<th>Fluid Builder</th>
<th>IntraVENous, Continuous</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] IV fluid builder for nursery</td>
<td>Dose: ___________________ Required</td>
</tr>
<tr>
<td></td>
<td>Infusion Site: ______________ Required</td>
</tr>
<tr>
<td></td>
<td>Base: ___________________ Required</td>
</tr>
</tbody>
</table>

Routine

Date: ______ Time: ______ Printed Name of Ordering Provider: ____________________________________________________________

Provider Signature: ____________________________________________________________________________________________

Date: ______ Time: ______ RN Acknowledged: ________________________________________________________________________

Provider Initial: ____________________________________________

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