Hydration and Parenteral Nutrition Order Referral Form

Please complete and fax the referral form to

Your Health, True Wealth

ChooseLocation(clickonbox)

PATIENT INFORMATION

Patient Name		DOB	Contact Phone
Address	City	State	Zip
Gender ☐M ☐F	Social Security, last 4 digits	DX	
Height (in.)	Usual Weight (lb.)	Current Weight (lb.)	
Allergies	Diet		

PRESCRIBER INFORMATION

Ordering Prescriber	Prescriber NPI		
Practice Name	Phone	Fax	
Practice Address	City	State	Zip

REQUIRED DOCUMENTATION

☐Demographics	☐Diagnosis	☐H & P/Clinical documentation	☐ Labs
☐Schedule PICC Placement	☐Needs HHA set-up	☐Existing HHA	

THERAPY ORDERS

Hydration: ☐0.9% Sodium Chloride ☐0.45% Sodium Chloride
Volume: Infuse over hours via gravity infusion ☐1000ml ☐2000ml ☐Other:
Frequency: ☐ Daily ☐Three times per week ☐Other:
Additives: ☐ 100mg Thiamine ☐10ml Adult MVI ☐1mg Folic Acid

☐ Parenteral Nutrition (TPN) Custom Formula by Soleo Health

☐ Custom TPN formula (Per Bag)

		Recommendations
Total Volume	ml	25-35ml/kg
Infuse Over	hours	Taper up hour taper down hour
Dextrose	grams	Max 5g/kg (10% of total volume for stability of 3 in 1)
Amino Acid	grams	0.8-2g/kg (4% of total volume for stability of 3 in 1)
Lipid (If lipid not daily, days per week)	grams	1g/kg (2% of total volume for stability of 3 in 1)

		Recommendations
Sodium Chloride	mEq	1-2mEq/kg
Sodium Acetate	mEq	Acetate to balance
Sodium Phosphate	mmol of PO4	10-15mmol Phos (1mmol NaPhos = 1.3mEq Na)
Potassium Chloride	mEq	11-2mEq/kg
Potassium Acetate	mEq	Acetate to balance
Potassium Phosphate	mmol of PO4	10-15mmol Phos (1mmol KPhos = 1.5mEq K)
Calcium Gluconate	mEq	10-15mEq
Magnesium Sulfate	mEq	8-12mEq

Trace Elements ☐ ml Tralement (1 ml Tralement: 3 mg Zinc, 0.3 mg Copper, 55 mcg Manganese, 60 mcg Selenium)

Patient Additives ☐ ml Adult MVI (Infuvite contains 150 mcg Vitamin K)

Additional Additives

Labs CMP, Magnesium, Phosphorus, Triglycerides, CBC/diff. ☐Draw pre-TPN labs within 5 days or TPN start of care. ☐24-48 hours after TPN starts. ☐Weekly:

Additional Orders

NURSING

Skilled RN to establish and maintain vascular access as needed, draw ordered labs, conduct patient assessments, and educate on home infusion, medication administration, self-monitoring and safety.

I authorize the above patient treatment and Northridge Pharmacy Specialty & Infusion to serve as my agent when investigating and seeking approval of coverage and benefits for the Patient's services included in this form, including all site of service options and patient financial responsibility amounts. Such information may be provided to Northridge Pharmacy Specialty & Infusion at fax: 818-882-8929.

Prescriber Name (Print) _____ Prescriber Signature _____ Date _____