

Appendix 2 – Examples of PN order prescriptions (below and above 13kg)

ROYAL HOSPITAL FOR CHILDREN AND YOUNG PEOPLE, EDINBURGH																			WEEKLY PARENTERAL NUTRITION ORDER		
PRESCRIPTION																					
Birth-13kg																					
Patient Name and CHI Number: Child 1 Training 2001212121											Ward: 4		If weaning from PN, date started.....								
Prescription Notes:																					
<ul style="list-style-type: none"> The prescription shows indicative quantities requested per kg body weight per day. Writing N.A.R. for an electrolyte signifies "No Additional Requirement" to the "standard" quantity already present in the selected volume of off-the-shelf bag. For approximate amounts of constituents per standard regimen see overleaf. Total quantities supplied will be found on the "Prescription Details for Parenteral Nutrition" sheet which comes with the PN from pharmacy and should be checked against the quantities on the bag label prior to the PN being infused. State wean (usually a 1 hour wean of glucose-containing bag) for PN over less than 24 hours per day e.g. 18+1=19 hours total. 																					
Date	Type of IV Access (P/C)	Hours of PN (State number of hours of wean if less than 24hour regimen)	PN wt (kg)	Pharmacy PN Prescribing Code (See Overleaf)	PN Volume ml/ kg	Nitrogen grams/ kg	Glucose grams/kg	Lipid grams/kg (includes lipid from Vitlipid)	Na ⁺ mmol/ kg	K ⁺ mmol/ kg	Ca ²⁺ mmol/ kg	Mg ²⁺ mmol/ kg	Phos mmol/ kg	Cl ⁻ State whethe r Na ⁺ +/or K ⁺	Acetate State whethe r Na ⁺ +/or K ⁺	Podirace 1ml/kg to a max of 13ml per day. Tick if required	Vitlipid Infant 4ml/kg to a max of 10ml per day. Tick if required	Solixito N 1ml/kg to a max of 10ml per day. Tick if required	Signature of Prescriber & Signature of Pharmacist plus bleep number		
29/01/21	C	24	3	2.4g Bag	70	0.24	6.3	1.4	3	2	NAR	NAR	NAR	Na	K	√	√	√	Prescriber J. Baggie Pharmacist A. Smith Prescriber		

ROYAL HOSPITAL FOR CHILDREN AND YOUNG PEOPLE, EDINBURGH																			WEEKLY PARENTERAL NUTRITION ORDER		
PRESCRIPTION																					
Over 13kg																					
Patient Name and CHI Number: Child 2 Training 2001152121											Ward: 4		If weaning from PN, date started.....								
Prescription Notes:																					
<ul style="list-style-type: none"> The prescription shows indicative quantities requested per kg body weight per day. Writing N.A.R. for an electrolyte signifies "No Additional Requirement" to the "standard" quantity already present in the selected volume of off-the-shelf bag. For approximate amounts of constituents per standard regimen see overleaf. Total quantities supplied will be found on the "Prescription Details for Parenteral Nutrition" sheet which comes with the PN from pharmacy and should be checked against the quantities on the bag label prior to the PN being infused. State wean (usually a 1 hour wean of glucose-containing bag) for PN over less than 24 hours per day e.g. 18+1=19 hours total. 																					
Date	Type of IV Access (P/C)	Hours of PN (State number of hours of wean if less than 24hour regimen)	PN wt (kg)	Pharmacy PN Prescribing Code (See separate crib sheet)	PN Volume ml/ kg	Nitrogen grams/ kg	Glucose grams/kg	Lipid grams/kg (includes lipid from Vitlipid)	Na ⁺ mmol/ kg	K ⁺ mmol/ kg	Ca ²⁺ mmol/ kg	Mg ²⁺ mmol/ kg	Phos mmol/ kg	Cl ⁻ State whethe r Na ⁺ +/or K ⁺	Acetate State whethe r Na ⁺ +/or K ⁺	Podirace 1ml/kg to a max of 15ml per day. Additance up to 10ml if >40kg Tick if required	Vitlipid Infant 4ml/kg to a max of 10ml per day. Tick if required	Solixito N 1ml/kg to a max of 10ml per day. Tick if required	Signature of Prescriber & Signature of Pharmacist plus bleep number		
29/01/21	C	24	25	Triomel N5	31	0.16	3.5	1.2	2	1.5	NAR	NAR	NAR	Na	K	√	√	√	Prescriber J. Baggie Pharmacist A. Smith Prescriber		