

ITH Pharma Use Only**Stability Check:** N/C Required Not Required**Statement Code:****Assigned Exp:****Stability Source:****Initial and Date:**

Batch No:

Order Priority: S/D O/N

Dispatch Date

(Stock bags)

Adult Parenteral Nutrition (PN) Stock Bag Order Form

(August 2012- version 2)

ITH Pharma DOES NOT take any clinical responsibility for prescribed PN.

Please complete the table below and fax with an accompanying cover note to ITH Pharma on 020 8838 8271 allowing 72 hours for delivery.

Regimes will be formulated with a maximum possible expiry.

Please call to confirm receipt of order form on 020 8838 8273.

Please PRINT clearly using black ink.

Order number	
Hospital name	
Regimen name	
Quantity required	

	Total requirements
Nitrogen (g)	
Glucose (g)	
Lipid (g)	
Non-nitrogen calories (KCal)	
Sodium (mMol)	
Potassium (mMol)	
Calcium (mMol)	
Magnesium (mMol)	
Phosphate (mMol)	
Additrac (ml)	
Solivito N (ml)	
Vitlipid N Adult (ml)	
Additional requirements (Please state)	
Venous access (please state - Central (C) Peripheral (P) Either (E))	
Volume (ml)	
Duration (hours) (if applicable)	
Flow rate (ml/hour) (if applicable)	
Ordering Pharmacist (print and sign) / date	
Contact telephone No.	Direct
	Switchboard
	Bleep number

Paperwork Requirements: None

Packaging Requirements: Light protection folded behind in outer bag

Prep By: Rao Thotkura Checked By: David Hearn Customer Checked By: _____