

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) Order Form****(April 2016- version 1)**

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

Please complete the table below and fax/email with an accompanying cover note to ITH Pharma before 10.30am for same day delivery or 11.30 for overnight delivery.

Please call to confirm receipt of order form.

Regimes will be formulated with a minimum 7- day expiry.

Please PRINT clearly using black ink.

Order number	
Patient name	
Hospital name	
Hospital number	
Date of birth	
Weight (kg)	

	Total requirements		
Date of feeding			
Regimen Name (if applicable)			
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)			
Flow rate (ml/hour) (if applicable)			
Ordering Pharmacist (print and sign) / date			
Contact telephone No.	Direct		
	Switchboard		
	Bleep number		

Paperwork Requirements: Details Sheet

Packaging Requirements: Light protection folded behind PN

Prep By: Shreenal Patel (PN Deputy Unit Manager) Checked By: David Hearn (PN Unit Manager)