

**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)****Neonatal/Paediatric Parenteral Nutrition (PN) Aqueous 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, allowing 72 hours for delivery.

Regimes will be formulated with a maximum possible expiry.

Please call to confirm receipt of order form.

Please PRINT clearly using black ink.

<b>Order number</b>	
<b>Hospital name</b>	
<b>Regimen name</b>	
<b>Quantity required</b>	

	<b>Requirements/kg</b>
Nitrogen (g)	
Glucose (g)	
Non-nitrogen calories (KCal)	
Sodium (mMol)	
Potassium (mMol)	
Calcium (mMol)	
Magnesium (mMol)	
Phosphate (mMol)	
Peditrace (ml)	
Solivito N (ml) ( <i>Recon. with WFI</i> )	
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)	
Overage	100 ml
<b>Ordering Pharmacist (print and sign) / date</b>	
<b>Contact telephone No.</b>	<b>Direct</b>
	<b>Switchboard</b>
	<b>Bleep number</b>

Paperwork Requirements: None

Packaging Requirements: Light protection folded behind in outer

Prep By: Rao Thotkura Checked By: David Hearn Customer Checked By: \_\_\_\_\_