

**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) 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 10.30 for same day delivery or 11.30 for overnight delivery.

Please call to confirm receipt of order form.

Regimes will be formulated with a 7- day expiry as separate phase bags.

Please PRINT clearly using black ink.

<b>Order number</b>			
<b>Patient name</b>			
<b>Hospital name</b>			
<b>Hospital number</b>			
<b>Date of birth</b>			
<b>Weight for PN calculation (kg) (Round to 2 decimal places)</b>			

	Requirements/kg		
<b>Date of feeding</b>			
Nitrogen (g)			
Glucose (g)			
Lipid (g) <i>(Inclusive of Vitlipid N Infant)</i>			
Non-nitrogen calories (KCal)			
Sodium (mMol)			
Potassium (mMol)			
Calcium (mMol)			
Magnesium (mMol)			
Phosphate (mMol) <i>(Inclusive of lipid phosphate)</i>			
Peditrace (ml) <b><i>(or max due to stability-you will not be contacted about the reduction)</i></b>			
Solivito N (ml) <i>(Recon. with WFI/Vitlipid Infant in aqueous/lipid phase (delete))</i>			
Vitlipid N Infant (ml)			
Additional requirements  (Please state)			
Venous access (please state - Central (C) Peripheral (P) Either (E))			
Volume (ml)			
Aqueous phase duration (hours)			
Lipid phase duration (hours)			
Overage	Aqueous: 100 ml		Lipid: 25 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:

Details sheet

Packaging Requirements:

Light protection folded behind PN