



**HOSPITAL SULTAN ABDUL AZIZ SHAH
UNIVERSITI PUTRA MALAYSIA
Document Code: HSAAS/FAR/BR224**

PARENTERAL NUTRITION ORDER FORM (ADULT)

PATIENT ORDER DESCRIPTION				Order Date	PN Details	
Name		Ward		Route of administration	Peripheral / Central	
MRN No.		Diagnosis				
Age				Duration to run	hours	
Race		Weight (kg)				
Gender		Height (cm)				

BLOOD TEST RESULT											
Glucose	Urea	Na ⁺	K ⁺	Creatinine	Albumin	T. Bilirubin	ALT	ALP	Ca ²⁺	Mg ²⁺	PO ₄ ²⁻

NUTRIENT REQUIREMENT		ORDER DESCRIPTION						REMARK/CHANGES	Received by	
		PERIPHERAL			CENTRAL					
		NuTRiflex 955 kcal (1250ml)	SmofKabiven 1000 kcal (1448ml)	NuTRiflex 1435 kcal (1875ml)	SmofKabiven 1600 kcal (1477ML)	SmofKabiven 2200 kcal (1970ML)	NuTRiflex Omega 740 kcal (625ML)			
Amino Acid	g	40	46	60	75	100	35.9	Date	Sign	
Glucose	g	80	103	120	187	250	90			
Lipid	g	50	41	75	56	75	25			
Sodium	mmol	50	36	75	60	80	33.5			
Potassium	mmol	30	28	45	45	60	23.5			
Calcium	mmol	3.0	2.3	4.5	3.8	5	2.65			
Phosphate	mmol	7.5	11.9	11.3	19	25	10			
Magnesium	mmol	3.0	4.6	4.5	7.5	10	2.65			
Zinc	mmol	0.03	0.03	0.045	0.06	0.08	0.02			
Chloride	mmol	48	32	72	52	70	30			
Acetate	mmol	40	96	60	157	209	30			
Multivitamin	ml									
Trace Elements	ml									
Osmolarity	mOsm/l	840	850	840	1500	1500	1540			

MEDICAL SPECIALIST/MEDICAL OFFICER	PHARMACIST	REMARKS

Kindly submit the request order before 9.30am. Please notify Pharmacy Dept for any correction/changes before 10.00am. For further enquiries, kindly contact ext (9698)