

PATIENT INFORMATION

Patient Name		DOB	Contact Phone	
Address		City	State	Zip
Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security, last 4 digits		DX	
Height (in.)	Usual Weight (lb.)		Current Weight (lb.)	
Allergies			Diet	

PRESCRIBER INFORMATION

Ordering Prescriber		Prescriber NPI		
Practice Name		Phone	Fax	
Practice Address		City	State	Zip

REQUIRED DOCUMENTATION

<input type="checkbox"/> Demographics	<input type="checkbox"/> Diagnosis	<input type="checkbox"/> H & P/Clinical documentation	<input type="checkbox"/> Labs
<input type="checkbox"/> Schedule PICC Placement	<input type="checkbox"/> Needs HHA set-up	<input type="checkbox"/> Existing HHA	

THERAPY ORDERS

Hydration: 0.9% Sodium Chloride 0.45% Sodium Chloride
 Volume: Infuse over _____ hours via gravity infusion 1000ml 2000ml Other:
 Frequency: Daily Three times per week Other:
 Additives: 100mg Thiamine 10ml Adult MVI 1 mg Folic Acid

Parenteral Nutrition (TPN) Custom Formula by Soleo Health

<input type="checkbox"/> Custom TPN formula (Per Bag)		Recommendations	Recommendations		
Total Volume	ml	25-35ml/kg	Sodium Chloride	mEq	1-2mEq/kg
Infuse Over	hours	Taper up _____ hour taper down _____ hour	Sodium Acetate	mEq	Acetate to balance
Dextrose	grams	Max 5g/kg (10% of total volume for stability of 3 in 1)	Sodium Phosphate	mmol of PO ₄	10-15mmol Phos (1mmol NaPhos = 1.3mEq Na)
Amino Acid	grams	0.8-2g/kg (4% of total volume for stability of 3 in 1)	Potassium Chloride	mEq	1-2mEq/kg
Lipid (If lipid not daily, days per week)	grams	1g/kg (2% of total volume for stability of 3 in 1)	Potassium Acetate	mEq	Acetate to balance
			Potassium Phosphate	mmol of PO ₄	10-15mmol Phos (1mmol KPhos = 1.5mEq K)
			Calcium Gluconate	mEq	10-15mEq
			Magnesium Sulfate	mEq	8-12mEq

Trace Elements ml Tralement (1 ml Tralement: 3 mg Zinc, 0.3 mg Copper, 55 mcg Manganese, 60 mcg Selenium)

Patient Additives ml Adult MVI (Infuvite contains 150 mcg Vitamin K)
 Additional Additives

Labs CMP, Magnesium, Phosphorus, Triglycerides, CBC/diff. Draw pre-TPN labs within 5 days or TPN start of care.
 24-48 hours after TPN starts. Weekly:

Additional Orders

NURSING

Skilled RN to establish and maintain vascular access as needed, draw ordered labs, conduct patient assessments, and educate on home infusion, medication administration, self-monitoring and safety.

I authorize the above patient treatment and Soleo Health to serve as my agent when investigating and seeking approval of coverage and benefits for the Patient's services included in this form, including all site of service options and patient financial responsibility amounts. Such information may be provided to Soleo Health at phone 844.575.1515, fax 844.797.5050, or email specialtyreferrals@soleohealth.com.

Prescriber Name (Print)

Prescriber Signature

Date