Hydration and Parenteral Nutrition Order Referral Form

Please send the following with clinical documentation, which includes visit, physical and history notes, plus lab results for last 3 months, to:

p: 844.575.1515 | f: 844.797.5050 | e: specialtyreferrals@soleohealth.com

This form is not a valid prescription

✂ Please detach before submitting to a pharmacy. Cut or tear here.

PATIENT INFORMATION

Patient Name		DOB	Contact Phone
Address	City	State	Zip
Gender ☐M ☐F	Social Security, last 4 digits	DX	Date
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

☐Demographics	☐Diagnosis	☐H & P/Clinical documentation	☐Labs
☐Schedule PICC Placement	☐Needs HHA set-up	☐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 ☐1mg Folic Acid

☐ Parenteral Nutrition (TPN) Custom Formula by Soleo Health

☐ Custom TPN formula (Per Bag)		Recommendations
Total Volume	ml	25-35ml/kg
Infuse Over	hours	Taper up hour taper down hour
Dextrose	grams	Max 5g/kg (10% of total volume for stability of 3 in 1)
Amino Acid	grams	0.8-2g/kg (4% of total volume for stability of 3 in 1)
Lipid (If lipid not daily, days per week)	grams	1g/kg (2% of total volume for stability of 3 in 1)

		Recommendations
Sodium Chloride	mEq	1-2mEq/kg
Sodium Acetate	mEq	Acetate to balance
Sodium Phosphate	mmol of PO4	10-15mmol Phos (1mmol NaPhos = 1.3mEq Na)
Potassium Chloride	mEq	1-2mEq/kg
Potassium Acetate	mEq	Acetate to balance
Potassium Phosphate	mmol of PO4	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.

The Pharmacy may contact the prescriber to comply with state-specific requirements. The prescriber is required to comply with any applicable state-specific prescription requirements (e.g., e-prescribing, prescription forms).