

# 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 <input type="checkbox"/> M <input type="checkbox"/> 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					
<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: <input type="checkbox"/> 0.9% Sodium Chloride <input type="checkbox"/> 0.45% Sodium Chloride					
Volume: Infuse over _____ hours via gravity infusion <input type="checkbox"/> 1000ml <input type="checkbox"/> 2000ml <input type="checkbox"/> Other:					
Frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Three times per week <input type="checkbox"/> Other:					
Additives: <input type="checkbox"/> 100mg Thiamine <input type="checkbox"/> 10ml Adult MVI <input type="checkbox"/> 1mg Folic Acid					
<input type="checkbox"/> 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	Sodium Acetate	mEq	Acetate to balance
		taper down _____ hour	Sodium Phosphate	mmol of PO <sub>4</sub>	10-15mmol Phos (1mmol NaPhos = 1.3mEq Na)
Dextrose	grams	Max 5g/kg (10% of total volume for stability of 3 in 1)	Potassium Chloride	mEq	1-2mEq/kg
			Potassium Acetate	mEq	Acetate to balance
Amino Acid	grams	0.8-2g/kg (4% of total volume for stability of 3 in 1)	Potassium Phosphate	mmol of PO <sub>4</sub>	10-15mmol Phos (1mmol KPhos = 1.5mEq K)
			Calcium Gluconate	mEq	10-15mEq
Lipid (If lipid not daily, _____ days per week)	grams	1g/kg (2% of total volume for stability of 3 in 1)	Magnesium Sulfate	mEq	8-12mEq
			Trace Elements <input type="checkbox"/> ml Tralement (1 ml Tralement: 3 mg Zinc, 0.3 mg Copper, 55 mcg Manganese, 60 mcg Selenium)		
Patient Additives <input type="checkbox"/> ml Adult MVI (Infuvite contains 150 mcg Vitamin K)		Additional Additives			
Labs CMP, Magnesium, Phosphorus, Triglycerides, CBC/diff. <input type="checkbox"/> Draw pre-TPN labs within 5 days or TPN start of care. <input type="checkbox"/> 24-48 hours after TPN starts. <input type="checkbox"/> 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).

The information in this form is intended only for the person(s) or entity to which it is addressed and may contain confidential or legally protected material. If you receive this information in error, please contact the sender and destroy the document(s) promptly at the direction of the sender.