

Name of Hospital
Neonatal Parenteral Nutrition Prescription
(Bespoke Parenteral Nutrition 24 hour)

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Name	Hospital No.
Date of Birth Address	NHS Number
Consultant	
Birth Gestation	Ward

Recommended intakes for stable growth: Preterm [NICE 2021/ESPGHAN 2018] Term [ESPGHAN 2018]

	90-120kcal/kg/day	75-85kcal/kg/day
Energy kcal/kg/day	90-120kcal/kg/day	75-85kcal/kg/day
Lipid g/kg/day	3-4g	3g/kg/day
Nitrogen g/kg/day	0.43-0.58g/kg/day	0.36g/kg/day
Amino acid g/kg/day	3.0-4.0/kg/day	1.5-3g/kg/day
Carbohydrate g/kg/day	9.0-16.0/kg/day	7.2-14.4g/kg/day
Sodium mmol/kg/day	D1&2 0-2; D3 0-(3-5); D4+ 2-5	2-3 mmol/kg/day
Potassium mmol/kg/day	D1-3 0-3; D4+2-3	1-3 mmol /kg/day
Calcium mmol/kg/day	0.8-1.0 day 1; 1.5-2.0 growing	0.8-1.5 mmol/kg/day
Magnesium mmol/kg/day	0.1-0.2 first days of life; 0.2-0.3 growing	0.1-0.2 mmol/kg/day
Phosphate mmol/kg/day	1.0 day1, 2.0 growing	0.7-1.3 mmol/kg/day
Chloride mmol/kg/day	D1-3 0-3; D4 2-5	2-4 mmol/kg/day

Date							
Days of Parenteral Nutrition							
Working Weight (kg)							
Volume of Aqueous PN (ml/kg)							
Volume of Lipid PN (ml/kg) Intralipid20%/SMOF* *delete as appropriate							
Total PN Volume (ml/kg)							
Volume of enteral feed (ml/kg)							
Other infusion (ml/kg)							
Total fluid volume (ml/kg)							
Infusion Time (hours) of Aqueous PN (usually 24 hours)							
Nitrogen (g/kg)							
Glucose (g/kg)							
Sodium (mmol/kg)							
Potassium (mmol/kg)							
Calcium (mmol/kg)							
Magnesium (mmol/kg)							
Total Phosphate (mmol/kg)							
Chloride (mmol/kg)							
Acetate (mmol/kg)							
Route of administration (delete as appropriate)	Central / Peripheral	Central / Peripheral	Central / Peripheral	Central / Peripheral	Central / Peripheral	Central / Peripheral	Central / Peripheral
Prescriber's Signature							
Prescriber's Name & Bleep No							
Screened by							

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PHARMACY DEPARTMENT SECTION

<i>Date</i>							
<i>Total volume of Aqueous PN to be infused</i>							
<i>Total volume of Lipid to be infused</i>							
<i>Ordered by</i>							
<i>Order number</i>							
<i>Checked by</i>							
<i>Maximum infusion rate of aqueous PN (ml/hour)</i>							
<i>Maximum infusion rate of lipid (ml/hour)</i>							

WARD ADMINISTRATION RECORD

<i>Aqueous PN - date infusion started</i>							
<i>Aqueous PN - time infusion started</i>							
<i>Set up by</i>							
<i>Checked by</i>							
<i>Lipid - date infusion started</i>							
<i>Lipid - time infusion started</i>							
<i>Set up by</i>							
<i>Checked by</i>							

BATCH NUMBER RECORDS

<i>Batch number of aqueous PN</i>							
<i>Batch number of Lipid</i>							
<i>Batch number recorded by</i>							

Additional Information:

Date	Comment	Initial & sign

Please note:

Lipid syringes from ITH will be provided with the following formulation:

Intralipid/SMOFLipid 20% 37.5ml

Vitlipid N Infant 10ml

Solivito N (WF1 10ml) 2.5ml

20ml/kg would then provide:

Solivito 1ml/kg /Vitlipid N 4ml/kg/ Lipid 3.4g /kg

- Solivito will be added to aqueous PN if lipid is not prescribed. It will be added as 1ml/kg/day where possible.
- Trace elements will be added as 1ml/kg/day where possible (maximum 15ml/day) to the aqueous phase.
- Maximum licensed dose of SMOF is 3g/kg/day.
- Aqueous PN solution of glucose concentration >12.5% or osmolarity >900mOsm/L must be infused via central line.
- Lipid syringes must be changed every 24 hours.
- Minimum overage for aqueous PN is 100ml and for lipid is 10ml (syringe).
- Chloride will be capped at 6mmol/kg/day unless otherwise specified. Aim for Chloride:Acetate molar ratio of 2:1. Seek clarification if acetate provided exceeds chloride. Chloride value will vary if any of the electrolytes is not ordered as standard. If a specific Chloride value is required, cross off "STD" and fill in the specific Chloride requirement.