



DATE

MRN

NAME

DATE OF BIRTH

# TOTAL PARENTERAL NUTRITION (TPN) ASSESSMENT FORM

IV Access: \_\_\_\_\_ Admission date: \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female

Drug/Food Allergies: \_\_\_\_\_

Past Medical History / Nutrition History: \_\_\_\_\_

Hospital Course: \_\_\_\_\_

Height: \_\_\_\_\_ cm Weight (wt): \_\_\_\_\_ kg Ideal Body Weight (IBW): \_\_\_\_\_ kg Percent (%) IBW: \_\_\_\_\_ kg

Adjusted Wt: \_\_\_\_\_ kg Usual Body Weight (UBW): \_\_\_\_\_ kg Percent (%) UBW: \_\_\_\_\_

Percent (%) weight loss: \_\_\_\_\_ time period: \_\_\_\_\_ Body Mass Index (BMI) : \_\_\_\_\_

**MEDICATIONS:**  current  
 home

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**LABORATORY / DATE:** \_\_\_\_\_

Sodium: \_\_\_\_\_ Calcium: \_\_\_\_\_ Prealbumin: \_\_\_\_\_ Albumin (baseline) \_\_\_\_\_

Potassium: \_\_\_\_\_ Magnesium: \_\_\_\_\_ Total Bilirubin: \_\_\_\_\_ Glucose: \_\_\_\_\_

Chloride: \_\_\_\_\_ Phosphorus: \_\_\_\_\_ SGPT/ALT: \_\_\_\_\_ SGOT/AST: \_\_\_\_\_

Bicarbonate: \_\_\_\_\_ BUN: \_\_\_\_\_ Creatinine: \_\_\_\_\_ Alkphos: \_\_\_\_\_

Nasogastric tube  Gastric tube  Jejunal tube  Drains \_\_\_\_\_

Skin problems \_\_\_\_\_

### INDICATION FOR TPN:

- has been or expected to be Nothing by Mouth (NPO) greater than 5 days
- severe enteritis /colitis: \_\_\_\_\_
- enterocutaneous fistula
- graft versus host disease
- severe mucositis
- severe pancreatitis
- discontinuity of gastrointestinal (GI) tract
- short gut syndrome
- bowel obstruction
- ileus secondary to: \_\_\_\_\_
- other: \_\_\_\_\_

Severity of Malnutrition:  none  mild  moderate  severe

Type of Malnutrition:  protein  calorie  mixed protein /calorie

ENERGY NEEDS: Basal \_\_\_\_\_ kcal /day Total \_\_\_\_\_ kcal /day \_\_\_\_\_ kcal /kg

PROTEIN NEEDS: \_\_\_\_\_ grams/day \_\_\_\_\_ grams /kg/day (IBW) actual adjusted weight

TPN Plan/ Intervention: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- additional thiamine and vitamin B-12 to TPN 3 days to replete stores
- additional zinc to TPN for GI losses
- additional vitamin C and zinc to TPN for wound healing

Dr. \_\_\_\_\_ has discussed and delegated the TPN plan of care to the Nutritional Support Service (NSS).

Assessed by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ / \_\_\_\_\_ NSS pager Number 2799 /Phone 16-0033  
(Print Signature and Title) AM PM