



Name of Hospital  
**Neonatal Parenteral Nutrition Prescription**  
**TERM CONCENTRATED**  
**24 hour bag**  
 E of E Term Concentrated PN Px (July 2022– version 12)  
 Page 2 of 2

Name \_\_\_\_\_ Hospital No. \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ NHS Number \_\_\_\_\_  
 Address \_\_\_\_\_  
 Consultant \_\_\_\_\_

**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 (WFI 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 0.74ml/100ml to 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.

**Recommended intake for stable growth (ESPGHAN 2018)**

Energy kcal/kg/day	75-85kcal/kg/day
Lipid g/kg/day	3g/kg/day
Nitrogen g/kg/day	0.36g/kg/day
Amino acid g/kg/day	1.5-3g/kg/day
Carbohydrate g/kg/day	7.2-14.4g/kg/day
Sodium mmol/kg/day	2-3 mmol/kg/day
Potassium mmol/kg/day	1-3 mmol /kg/day
Calcium mmol/kg/day	0.8-1.5 mmol/kg/day
Magnesium mmol/kg/day	0.1-0.2 mmol/kg/day
Phosphate mmol/kg/day	0.7-1.3 mmol/kg/day
Chloride mmol/kg/day	2-4 mmol/kg/day