**Neonatal Intensive Care Unit**

**Neonatal Parenteral Nutrition Prescription (TERM)†**

**Regional Standardised Concentrated PN bags**

* **Term infants ≥37/40 CGA, if ≥ 2.5kg (DAY 7 onwards)**

**Place Patient’s ID sticker here**

**Consultant:**

* Maximum volumes of PN are supplied by default - nursing staff titrate volume administered according to patient requirements
* Prescribe 48 hour bags where possible

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date** |  |  |  |  |  |  |
| **Day of Life/Gestation** |  |  |  |  |  |  |
| **Day of PN** |  |  |  |  |  |  |
| **Working Weight** (Kg) |  |  |  |  |  |  |
| **Total Fluid Requirement** (ml/Kg/day) |  |  |  |  |  |  |
| **Aqueous Bag Type + Volume** (ml/Kg/day)Circle bag type required**NB: Volumes cannot be altered. These refer solely to the volume of aqueous phase and do not include lipid.** | SWNeonatal PN**Bag 3****100** | SWNeonatal PN**Bag 3****100** | SWNeonatal PN**Bag 3****100** | SWNeonatal PN**Bag 3****100** | SWNeonatal PN**Bag 3****100** | SWNeonatal PN**Bag 3****100** |
| **Total Lipid/vits** (ml/Kg/day) | **20** | **20** | **20** | **20** | **20** | **20** |
| **Additional Fluid requirement** (ml/Kg/day) |  |  |  |  |  |  |
| **Aqueous Bag Batch No. + Expiry Date** |  |  |  |  |  |  |
| **Lipid/Vits syringe Batch No. + Expiry Date** |  |  |  |  |  |  |
| **Doctor’s Signature** |  |  |  |  |  |  |
| **Pharmacist’s Signature** |  |  |  |  |  |  |
| **Nurse’s Signature** |  |  |  |  |  |  |

**†** Adapted from the South West Neonatal Network - Regional Neonatal Parenteral Nutrition Guideline (March 2018)

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